Mears Care Limited

Mears Care - Cambridge

Inspection report

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Date of inspection visit: 22, 26 and 28 October 2015
Date of publication: 22/01/2016

Ratings

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

Overall summary

Mears Care Cambridge is an agency that provides personal care to people living in their own homes. At the time of our inspection the service provided personal care to approximately 200 people living Cambridgeshire.

Our last inspection took place on 8 April 2013 we found the provider was meeting all the regulations we looked at.

The last registered manager left the service in June 2015. 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. The new manager took up post shortly after the registered manager left. They have significant experience of managing a similar service. Their application to register as manager was being processed by the CQC during this inspection.

Staff were only employed after the provider carried out satisfactory pre-employment checks. Staff were trained and well supported by their managers. There were sufficient staff to meet people's assessed needs. Systems

Summary of findings

were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and of how to protect people from harm.

People's health and care needs were effectively met and staff were aware of people's dietary needs. People received their prescribed medicines appropriately and medicines.

The CQC monitors the operations of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. We found people's rights to make decisions about their care were respected.

People received care and support from staff who were kind, friendly, and efficient. People and their relatives were encouraged to express their views on the service provided.

People, and their relatives where appropriate, were involved in their care assessments and reviews. Care records were detailed and provided staff with sufficient guidance to provide consistent care to each person that met their needs. Changes to people's care was kept under review to ensure that any changes were effective.

People and their relatives knew who they could speak with if they had a concern or complaint. A complaints procedure was in place. The manager responded appropriately to people's concerns or complaints.

People, relatives and staff told us there had been significant improvements in the way the service was run since the new manager took up post in June 2015. People and relatives were encouraged to provide feedback on the service in various ways both formally and informally. There was an effective quality assurance system in place and the manager had clear plans for the service' further improvement and development.

Mears Care Cambridge is an agency that provides personal care to people living in their own homes. At the time of our inspection the service provided personal care to approximately 200 people living Cambridgeshire.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People receiving a service were kept safe from harm because staff were aware of the actions to take to report their concerns.

There were systems in place to ensure people's safety was managed effectively. People were supported to manage their prescribed medicines safely.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely.

Good

Is the service effective?
The service was effective.

People received care from staff who were trained and supported to provide safe and appropriate care. Staff knew the people they cared for well and understood, and met their needs.

People's rights to make decisions about their care were respected.

People's health and nutritional needs were effectively met.

Good

Is the service caring?
The service was caring.

People received care and support from staff who were kind, friendly, and efficient.

People and their relatives had opportunities to comment on the service provided and be involved in the care planning process.

Good

Is the service responsive?
The service was responsive.

People, and their relatives, were involved in their care assessments and reviews. People's care records were detailed and provided staff with sufficient guidance to provide consistent care to each person.

People and their relatives knew who they could speak with if they had a concern or complaint. A complaints procedure was in place. The manager responded appropriately to people's concerns or complaints.

Good

Is the service well-led?
The service was well led.

The manager was experienced and staff were managed to provide people with safe and appropriate care.

There were systems in place to continually monitor and drive improvement of the standard and quality of care that people received.

Good

Summary of findings

The manager had clear plans in place for further improvement and development of the service over the next 12 months.

Mears Care - Cambridge

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 announced inspection took place on 22, 26 and 28 October 2015 and was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office and we need to be sure they would be present for our inspection.

Before our inspection we looked at all the information we held about the service. This included the 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 any improvements they plan to make.

We looked at other information that we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

During our inspection we spoke with 12 people and two relatives by telephone visited four people and two relatives in people's homes. We also spoke with the manager, a senior co-ordinator, a visiting officer, a co-ordinator, a training manager and seven care workers. We received feedback from Cambridgeshire County Council contracts monitoring team.

We looked at eight people's care records, staff training records and two staff recruitment records. We also looked at records relating to the management of the service including audits, meeting minutes and records relating to compliments and complaints.

Good

Is the service safe?

Our findings

There were sufficient staff to meet people's needs safely. People told us that staff understood and met their care needs. Most people said the service had improved recently and that they received a consistent standard of care, with equally well-trained and competent staff covering their care when their regular care workers were on leave of off sick. They told us that on these occasions their call times sometimes changed slightly, but not to any great extent. Most people said that someone from the office would ring to inform them if their care worker was more than 30 minutes late. One person said, "They're very seldom late."

One person told us that they used to employ a private carer if they needed an earlier visit because in the past they felt they could not trust the service to ensure care workers arrived on time. However, they told us the service had recently improved, and they felt that these issues may not occur again.

However, some people told us they felt rushed by some care workers. One person told us, "'They are so busy, sometimes they're in and out like lightning." Another person told us that their evening call was far too early and this meant they sat in their night-clothes for a long time before going to bed.

Although people told us there had been significant improvements in the reliability of the service, we identified one person who's call had been missed. This resulted in a significant delay in their personal care, breakfast and their morning medicines. Where missed calls and or medicine errors had occurred we saw the manager took appropriate, prompt, action to report, investigate and put actions in place to reduce the risk of re-occurrence. This included the missed call identified above.

The manager told us that they were in the process of recruiting additional care workers which would help to ensure that all people's calls were covered more efficiently. They had carried out a piece of work to ensure visits were arranged on each 'round' to suit people's preferences and reduce the time care workers spent travelling between visits. This made care workers' time more effective and helped to ensure people received their calls as arranged. Care workers told us that this had had a positive effect on them and people who received the service. They told us the manager had identified issues and worked to improve matters. One care worker said, "[The manager] is really on the ball and getting things running nicely." Care workers told us they usually had sufficient time scheduled to complete their visits. One care worker said, "Sometimes it's a bit of a rush but they [care co-ordinators] put a gap in our schedules so we can catch up. The policy is if [we are] running late we ring the office and they call the person. It's much better now they do that."

Staff told us that there was always a co-ordinator on call out of office hours. These staff were available to offer advice and arrange visit cover in emergencies. One care worker told us, "They [the on call staff] are always there if you're on the spot. You can always phone for advice."

Overall, people were safely supported with their medicines. They told us that that, where staff managed their medicines, this was done efficiently and professionally, and that appropriate written records were kept.

Before staff administered people's medicines they confirmed the person's current prescribed medicines with their GP. This helped to ensure that only currently prescribed medicines were administered to the person. Appropriate arrangements were in place for the recording of medicines administered. This included medicines that were prescribed to be given 'when required'. However, no record was made of when medicines were received. This meant that, where the staff were responsible for administering their medicines, it was impossible to audit the medicines held in stock for each person.

Staff told us, and records verified, that they received training in the safe administration of medicines. This included a written test and competency assessments by a senior member of staff. One care worker told us, "They [senior staff] are really strict about medicines and MAR [medicines administration records] charts. We've got to learn it or they let you go." This meant that staff were trained and competent to administer people's medicines.

Last year the provider ran a campaign which focused on the safe administration of medicines. This included the introduction of a card that fitted in with staff member's identity badges and was therefore easily carried with them at all times. The card reminded staff basic 'do's and don'ts' when supporting people with their medicines.

Everybody we spoke with told us that they felt safe with their care workers and trusted them. Prior to the inspection the manager told us, "My team has a clear understanding of

Good

Is the service safe?

safeguarding and policy and procedures to follow when a concern is raised." We found this to be the case. All the staff told us they had received training in safeguarding people from harm. They were knowledgeable about safeguarding and described how to recognise, report and escalate any concerns in order to protect people from harm, or the risk of harm.

Care and other records showed that robust risk assessments were carried out prior to care being provided. Where care was provided following a person's discharge from hospital, a member of staff trained to carry out risk assessments attended the first call and carried out a risk assessment prior to care being provided to the person. This helped to reduce the risk of harm occurring to people, whist still promoting their independence. These included, but were not limited to, risks such as skin care, falls and supporting people to move using equipment.

One person commented that their care workers paid particular attention to the security of their home. They told us, "All of them are very good at making sure my windows and doors are locked at the end of the day. I appreciate that. It gives me peace of mind that they check for me." Records showed that risks to people's security had been assessed and included how staff could access the person's home if the person was unable to open the door.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. We saw that this procedure included the reporting of missed calls. The manager audited incident and accident reports and identified where action was required to reduce the risk of recurrences. For example, we saw that company policies had been implemented to increase all staff members awareness of their responsibilities to help reduce the risk of, and report, missed calls. Where calls had been missed we saw that the manager had investigated and addressed the issue with staff members to reduce the risk of reoccurrence.

We found that regular checks were carried out on equipment to ensure it was safe to use and had been serviced. This included, for example, equipment to assist people to move.

Staff told us that the required checks were carried out before they started working with people. Records verified that this was the case. The checks included evidence of prospective staff member's experience and good character. This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service.

Good

Is the service effective?

Our findings

Prior to our inspection the manager told us, "Carers receive an induction to care, refresher courses and specific training to service user's needs." We found this to be the case.

People told us they felt that staff were well trained, and provided them with a good service.

One relative told us, "My [family member's] carers are well trained, and know exactly what to do. They understand my [family member's] needs, and limitations. It's not easy being a carer, so they look after me as well." Another person told us, "They all know what they're doing and what they're not supposed to do. Like housework, that's not their job." One person commented about new care staff, "They introduce themselves and get on with it. They seem to know what to do."

Staff told us they received training appropriate for their job roles. Staff confirmed that they had received an induction from an experienced member of staff when they started working at the service. One care worker told us, "I enjoyed the four days induction and found it really useful. Intensive, but useful." They went on to tell us about a range of training they received before they provided care to people. These included safeguarding people from harm, assisting people to safely move and safe administration of medicines. Another care worker told us they found the induction "really useful" even though they were an experienced care worker. We saw staff completed a workbook that included assessments showing they understood their role, and topics such as duty of care, working in a person centred way and dementia and cognitive issues.

Following their induction staff had undertaken a range of training in topics relevant to the work they performed. One staff member said, "We are trained well. We do a lot of training." Staff told us that in addition to the basic training for their job roles, there were also opportunities for staff to complete additional training. For example, one staff member told us they had completed a level three diploma in health and social care, another said they had cared for a person who used oxygen and had received specific training to support the person with this.

Prior to our inspection the manager told us that 40 of the 65 staff team had completed a national vocational qualification (NVQ) or diploma in health and social care. In addition the manager had introduced the Quality Care Framework (QCF) and the Care Certificate which are nationally recognised qualifications. We saw that learning was constantly reinforced by the manager. For example, there were posters throughout the service's office on various topics, key information was also included and reiterated in newsletters, staff meetings and one to one supervisions. This showed there was a high emphasis put on training and working to best practice within the service.

Staff said the manager had re-introduced staff meetings and they received one to one supervision. Staff told us that senior staff were supportive. One care worker told us, "We are told don't second guess." They said there was always someone available to give advice over the telephone and that this was helpful.

Office staff told us they received direct support from the manager. An office based staff member said, "A lot of the time [the manager] sits in office with us and is able to guide us in the right way [of doing things]."

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.

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. The manager and staff told us that no one using the service was deprived of their liberty.

We checked and found the service was working within the principles of the MCA. People told us their rights to make decisions were respected. Care records showed that people's consent had been sought in relation to their care plan. The manager demonstrated a clear understanding of their responsibility to protect the rights of people who were not able to make their own decisions. She told us that no-one had best interest decisions in place, but she gave clear examples of when these would be applied. Staff told us they had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS)

People told us that staff supported them with their meals where this was identified in their care plans. One person

Good

Is the service effective?

told us, “They do my breakfast and tea for me – it’s no problem. They do a good job and ask me what I would like. They also leave a jug of water, and some juice. They look after me very well.” Records showed that consideration was taken in regard to people’s nutritional needs. For example, people’s need for special diets due to health conditions.

People’s care records showed that care workers supported them to see a range of healthcare professionals when it was required. These included GP’s and community nurses. This meant that people were supported with their healthcare needs. A care co-ordinator told us, “The carers are really good at reporting concerns.”

Good

Is the service caring?

Our findings

Prior to our inspection the manager told us, "We aim to provide regular carers who are well matched to service user's needs and wishes." Most people said this was the case. One relative told us, "My [family member] has had the same, wonderful carer for six years now, the same carer every morning. [The care worker is] very good, and it makes us feel very grateful and lucky."

People and their relatives made positive comments about the staff. People described care workers as "lovely," "kind", "going the extra mile." One person told us, "They [the care workers] are all lovely, kind-hearted people. It makes such a difference to me." The person's relative confirmed this, saying, "They [the care workers] really couldn't be any better." Another person said, "In all the years I've been with them [the service], nobody has ever been unkind to me. They're very good to me." A third person said, "They are all so kind. I really can't fault them." People responded to the provider's survey, describing care workers as, 'kind,' 'friendly' and 'efficient'.

The staff we asked told us that they would be happy for their family member to be cared for by the service. They told us about the importance of involving people in every day decisions about their care and keeping them informed if there were unavoidable changes.

Staff knew people well and told us about people's health and personal care needs and preferences. Staff spoke about people in a respectful way, referring to them by their preferred name. They were also aware of people's religious and cultural values and beliefs. This information had been incorporated into people's care plans and was taken into consideration when care was delivered.

People told us that where they expressed a gender preference in their care worker, this was usually respected. One person's relative told us, "My [family member] does not like having male carers [providing personal care] … Mears has put that on [my family member's] records, and they never send a man out to [my family member]. [My family member] is grateful for that." Another relative told us that the office had once sent a male carer to look after his family member. They said the person did not feel comfortable with this. They told us, "I rang the office … I'm glad to say that a male carer has never come again."

Where people expressed a preference for the gender of their care workers, this had been recorded. However, the service's computer system had been upgraded a month before the inspection and this information had not automatically transferred. A member of the office staff told us they were aware of this and were manually entering the information. The manager advised us this would be completed by the end of October 2015.However, this meant that in the interim there was a risk that people may receive care from a care worker who was not of their preferred gender.

Care records showed that people were involved wherever possible in their assessments and care planning process. We saw that people and, where appropriate their relatives, were involved in care reviews and that their opinions were listened to and taken into consideration when providing care. For example, call times were changed whenever possible when people requested this.

Good

Is the service responsive?

Our findings

People told us that care workers understood people's needs and knew people well. One relative told us, "[The care workers] will notice if [my family member] is having a bad day, and will talk to me about it. We'll talk it over together."

People's care needs were assessed prior to them receiving care. This helped to ensure that staff could meet people's needs. The service received an assessment from social services. Staff told us they carried out their own assessment to ensure this was accurate and the person's needs had not changed. These assessments were then used to develop care plans and guidance for staff to follow.

Assessments and care plans included information about people's health needs, religious beliefs, what was important to the person and how the person preferred their care needs to be met. Care records provided sufficient detail and guidance for staff to follow so they could provide care safely and in the way the people preferred. Examples included guidance on assisting people to move, medicines and personal hygiene. Staff involved people and, where appropriate, their relatives in writing and reviewing care plans. Staff told us, and records showed, that people's care plans were accurate and updated promptly. One staff member told us, "Care plans get reviewed when anything changes, or every six months."

We found that staff were knowledgeable about people's needs and preferences. Staff were responsive to people's changing needs and preferences. For example, during our inspection staff were concerned about one person's skin condition. They contacted the person's GP who arranged for the community nurse to visit.

Staff completed records of each visit to each person. These provided key information on the care provided and the person's condition. Where complex care was provided the notes reflected this.

The manager had introduced a system when people were admitted to hospital, for sharing information about the person's needs with hospital staff. The service's staff also carried out an assessment and completed a 'restart checklist' prior to people being discharged back home. This meant that people's needs were more effectively met following discharge from hospital.

People and their relatives said that they knew who to speak to if they had any concerns. Some people told us they had complained , felt their issues had been taken seriously and appropriate action had been taken. One person told us they complained about a specific care worker. They said their complaint was resolved the that the care worker had "never been back.'

Another person said that a supervisor had visited them after they complained about a member of staff, and had promised to keep the complaint anonymous and that this was respected. The person said, "I had to laugh, [the care worker] had no idea it was me who had complained. In the end [the care worker] left. I don't know if [the care worker] was sacked, but I was pleased with how it was handled."

The complaints procedure was available in the folders in people's homes. Staff had a good working understanding of how to refer complaints to senior managers for them to address. . We found that complaints were investigated and dealt with appropriately and thoroughly within the timescales stated in the complaints procedure. We saw that the manager learned from complaints and made improvements where appropriate. For example, systems had been improved to reduce the risk of missed calls.

Good

Is the service well-led?

Our findings

People and relatives made positive comments about the service. One person told us, "I'm very satisfied, and I honestly can't think of anything I'd change about my care." Another person said, "We used to have a poor office manager. Now we have a new manager who is much better. Messages now get passed on, and it's a more efficient service." A third person made a similar comment, saying that they felt the service was improving because of "a change at the top." We asked people if they would recommend the agency to others, and received an overwhelmingly positive response.

The last registered manager left the service in June 2015. 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. The new manager took up post shortly after the registered manager left. They have significant experience of managing a similar service. Their application to register as manager was being processed by the CQC during this inspection.

The manager was supported by a senior care co-ordinator, care co-ordinators, administrator, training manager, senior care workers and care workers. They also received support from the provider's organisation. Staff understood their lines of accountability and the reporting structure within the service. This was reinforced at team meetings and in correspondence with staff. This included reminding staff of the whistle blowing procedure to raise concerns within the provider's organisation.

Staff all said they felt able to question practice, both formally through staff meetings and supervisions, or more informally. They told us they felt well supported by senior staff within the organisation. The staff we spoke with all told us the manager was very approachable and that they felt confident she would address any issues they raised. The manager had also written to all staff reminding them of the provider's whistle blowing policy and encouraged staff to speak with her directly if they had concerns. One member of staff commented, "Now [the manager] is here problems do get sorted quickly. I know she'll deal with it. I can go to her and she'll sort problems out." Another staff member said, "[The manager's] the kind of person if I've got something that's pressing now, I can go to see her and get it resolved straight away." A third member of staff said, "I think [the manager] is turning the company round. She's to the point. She explains things to us and is clear about what is, and is not, acceptable."

Senior staff told us that the provider organisation provided staff with good information that helped them keep updated with best practice and developments in relation to the service provided. For example, each year the provider introduced a campaign which focused on a particular area of service delivery. Last year this was medicines and included easy to use information that care workers could carry with them to calls. The manager told us that next year's campaign will focus on assisting people to move safely.

The manager was proactive in looking for ways to improve the service. They had carried out a staff survey in June 2015 which showed staff morale was low. They identified a key factor in this was the travel time care workers had to their first visit and between visits. In response to the survey the manager produced an action plan to bring about improvement. This included, for example, a project where 'rounds' were redefined and ensured best use of care workers time, taking into account people's preferences. Staff told us this had improved things by reducing their travel time.

We found the manager also sought people's views about the service. For example, in May 2015 people's views were asked for via telephone calls. People responded with positive comments about the overall service with 31 of the 33 people rating the service as 'satisfactory' or above. We noted that 13 of these people rated the service as 'excellent'.

In June 2015 a survey of people's views was carried out in June 2015. The vast majority of the answers were complimentary about the service. For example, 90 of the 91 people who responded to the survey said the service met their needs, 13 people said this was done in an 'outstanding' way. The survey asked how people rated the service overall. Two people said it was 'unsatisfactory', four, that it 'required improvement'. Of the remaining 85 people, nine people said it was satisfactory, 16 said it was 'good', 44 people said it was 'very good' and 16 people said it was 'outstanding'. The majority of negative comments were about inconsistent call times and poor communication. However, the majority of comments were positive and

Good

Is the service well-led?

showed the service had recently improved. For example, one person commented, 'In the past things have been erratic with too many carers but now I have a regular carer who is excellent and the office staff are very helpful.' Another comment read, 'Staff are very good, communication has improved and I hope this continues.'

Where people had identified themselves in their survey responses and made a negative comment, staff had contacted them to explore how the service could be improved. For example, some people asked for their call time to be changed. We saw that changes had been made where this could be accommodated.

The manager had produced an action plan to bring about improvements. One member of staff told us, "I can now see where the branch is going and I'm proud of it. I'm proud to say I'm working for Mears."

Some people told us that they used to have visits from the agency, but that now they are sent questionnaires. Nobody we spoke with liked filling these in, though some people told us they did return them. One person told us, "I'd rather have someone to talk to. Nobody ever does that now. They do come to look at my books, but they don't ask me any questions." A relative confirmed this, saying, "They've not been out for some years now, they used to. We get questionnaires now. We fill them in, but we don't hear anything back." Another person told us that they valued the opportunity to speak about their care, saying it would be nice if staff from the service did this occasionally. The manager told us that when the new staff were inducted into their roles they planned to reintroduce more frequent visits to review people's care and gain their views.

We found the manager had various ways that they monitored the quality of people's care. For example, the manager read all assessments and care plans to ensure they were of a satisfactory standard. They investigated any complaints, missed calls, and accidents or incidents that occurred. Their report included actions taken and lessons learned to prevent re-occurrence. This information was further monitored by their line manager and the provider's central team. This helped to ensure appropriate actions had been taken.

The manager used charts so they could see at a glance which members of staff were due refresher training and which people's care needed to be reviewed. The manager explained to us that both of these areas needed to improve and showed us how they had addressed the issues since they had been in post. This included recruiting new staff and some re-organisation of the way things were done. For example, staff told us that they would be rostered specific time to complete online training, rather than "trying to fit it in." Staff were very positive about the changes the manager had introduced.

Senior staff carried out 'spot checks' of care staff's work at least twice each year. This meant that a senior member of staff observed the care they provided to ensure they were meeting the service's standards.

The service produced a regular newsletter for staff incorporating information such as training opportunities, meeting dates and seasonal topics. These included a reminder of such items as the clock times changing and to be extra vigilant in making sure people were warm and drinking plenty of fluids. This helped to improve communication between office staff and care workers.

The provider organisation and manager constantly looked for ways to improve the service provided to people. For example, the training manager told us that staff training packages were constantly reassessed to ensure the training they provided for staff ensured staff were equipped to meet the needs of the people they provided care to. The manager was actively involved in attending local meetings for care providers to share and gain knowledge from each other.

We saw that surveys encouraged people to suggest ways of improving the service and this was also asked at staff meetings. The manager had worked with external health and social care professionals to improve the information shared between the agency and hospital when people were admitted to and discharged from hospitals. This had helped to improve people's experiences during these transitions.

The manager and provider organisation recognised and celebrated good practice. For example, people and staff voted for members of staff who they felt had 'gone the extra mile'. The monthly winners were announced in the newsletter.

Records we held about the service, records we looked at during our inspection, and our discussions with the manager confirmed that notifications had been sent to the Care Quality Commission (CQC) as required. A notification

Good

Is the service well-led?

is information about important events that the provider is required by law to notify us about. This showed us that the manager had an understanding of their role and responsibilities.

The manager confirmed that the regulated activity 'treatment of disease, disorder or injury' was not carried out at this service. We therefore did not assess this during our inspection on 22 October 2015. We have asked the provider to consider removing this service from that part of their registration

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.