Mears Care Limited

Patching Lodge Extra Care Scheme

Inspection report

Patching Lodge
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Date of inspection visit:
01 August 2017

Date of publication:
18 October 2017

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 1 August 2017 and was announced.

Patching Lodge Extra Care Scheme is a domiciliary care service and is registered to provide personal care and support for people living in their own home in Patching Lodge Extra Care Scheme, a sheltered housing complex managed by a housing association. This accommodation is for people over 60 years of age and care and support can be provided to people with a physical disability or learning disability, people with a sensory loss, for example hearing or sight loss and people with mental health problems or living with dementia. Twenty four hour care, seven days a week is provided with a dedicated on-site care staff team, and with an emergency call facility. Additional services provided include a restaurant (for main meals), organised social activities, a café, shop, library and a hairdressing salon. There were 33 people receiving a service at the time of the inspection, the majority of which received the regulated activity of personal care.

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

Following an inspection which was carried out on 15 February 2015 we found a number of areas which were in need of improvement. This was in relation to care and support plans and risk assessments not having been reviewed, there was a lack of continuity of staff providing the care calls and times the care and support was provided. Quality assurance systems had not been maintained to check the quality of the service provided and to help drive improvement. The provider sent the CQC an action plan stating what they would do to address these issues. We looked at these improvements as part of the last inspection on 27 June 2015. However, despite the improvements identified, we were unable at the inspection to determine whether these practices were fully embedded into the service. They would need to demonstrate appropriate arrangements over a defined period of time to ensure that the sustainability of good care could be achieved for people. At this inspection we found the improvements had been maintained and embedded in the service. However, we did find areas in need of improvement in relation to using feedback received to continue the development of the service. People were supported with their healthcare needs. Medicines were managed safely and people received the support they required from staff. There were systems in place to ensure that medicines were administered and reviewed appropriately. However, recording had not always been fully maintained to evidence the administration of medicines. Feedback was varied as to the frequency of staff meetings. Records showed us meetings had been held, but recently some had been cancelled. Staff meeting minutes had not always been completed to inform care staff of agreements made, especially if they had been unable to attend the meeting.

The majority of people and their carers spoke well of the care and support provided. They told us there was now a more consistent dedicated team of care staff working in Patching Lodge Extra Care Scheme. There was now good continuity of care staff providing their care calls. They felt the registered manager had worked

hard to address these areas and had listened to their concerns. People told us they always got their care call and they were happy with the care and the care staff that supported them.

Care staff told us there had been a number of changes to the staff team. However, they spoke well of the new management arrangements, and of the changes which had been made to improve the service provided. Staff told us there had been further recruitment of care staff to help cover staff vacancies and they had not now needed to use agency staff. They felt the team was working well together and there was good communication between the team members. One member of staff told us, "I love it here. I like working in the one building. We are fully staffed and the team are brilliant. If cover is needed people work extra." A system was in place to ensure priority in the times care calls had been made to people receiving personal care, or assistance with medicines. Senior staff were working to ensure people were notified when call times had been changed.

There were 16 care staff who worked in the scheme. Care staff had been recruited through safe recruitment procedures. People told us they were supported by kind and caring staff who understood their care needs. Care staff received a five day induction, basic training and additional specialist training where required. Care staff had supervision in one to one meetings in order for them to discuss their role, training needs and share any information or concerns. One member of staff told us, "We are fully staffed. We work really well together."

The needs and choices of people had been clearly documented in their care and support plans. People told us that they felt safe with the staff that supported them. Detailed risk assessments were in place to ensure people were safe within their own home and when they received care and support. Where people's needs changed, people's care and support plans had been reviewed to ensure the person received the care and treatment they required. Care and support plans had been reviewed and updated. People and care staff were aware reviews were happening and could tell us where reviews were planned and booked to take place.

Consent was sought from people with regard to the care that was delivered. All staff understood about people's capacity to consent to care and had a good understanding of the Mental Capacity Act 2005 (MCA) and associated legislation. One member of staff told us, "We always ask if they are happy to proceed and we record." Where people were unable to make decisions for themselves, staff had considered the person's capacity under the Mental Capacity Act 2005, and had taken appropriate action to arrange meetings to make a decision within their best interests.

Where required, care staff supported people to eat and drink and maintain a healthy diet.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were cared for by staff who had been recruited through safe procedures. They had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse.

People had individual assessments of potential risks to their health and welfare.

Procedures were in place to ensure the safe administration of medicines.

Is the service effective?

Good

The service was effective. Staff had a good understanding of people's care and support needs.

Care staff had an understanding around obtaining consent from people, and had attended training around the Mental Capacity Act 2005 (MCA).

There was a comprehensive training plan in place. Staff had the skills and knowledge to meet people's needs.

Where required, staff supported people to eat and drink and maintain a healthy diet.

Is the service caring?

Good

The service was caring. Care staff involved and treated people with compassion, kindness, and respect. People told us care staff provided care that ensured their privacy and dignity was respected.

People were pleased with the care and support they received. They felt their individual needs were met and understood by care staff.

Is the service responsive?

Good

The service was responsive. People had been assessed and their care and support needs identified.

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations and had been reviewed.

People had received information on how to make a complaint if they were unhappy with the service provided. The views of people were welcomed.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. Records had not always been fully maintained.

Systems were in place to audit and quality assure the care provided. People were able to comment on and be involved with the service provided to influence service delivery. However, it was not evidenced how this had been used to ensure continuous improvement of the service delivery.

The leadership and management promoted a caring and inclusive culture. Staff told us the management was approachable and very supportive.

Patching Lodge Extra Care Scheme

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The last inspection was on 1 June 2016 where the service was rated as Requires Improvement.

This inspection took place on 1 August 2017 and was announced. We told the registered manager 48 hours before our inspection that we would be coming. This was because we wanted to make sure that the registered manager and other appropriate care staff were available to speak with us on the day of our inspection. Two inspectors undertook the inspection, with 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. They helped us with the telephone calls to get feedback from six people and one relative being supported on 31 July 2017.

We asked the provider to complete 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. Before the inspection, we reviewed information we held about the service. This included previous inspection reports, complaints and any notifications. A notification is information about important events which the service is required to send us by law. We contacted the local authority commissioning team to ask them about their experiences of the service provided. We also received feedback from a social care professional.

During the inspection we went to the service's office and spoke with the registered manager, a senior member of care staff and four care staff. We spoke with the manager of the housing complex. We spent time

reviewing the records of the service, including policies and procedures, five people's care and support plans, the recruitment records for two care staff, training records for six care staff, complaints recording, accident/incident and safeguarding recording, and staff rotas. We also looked at the provider's quality assurance audits.

Good

Is the service safe?

Our findings

People and a relative told us they felt people were safe with the care provided by staff in the service.

At the inspection on 3 and 5 February 2015, we found areas which required improvement. This was because there had been a lack of continuity of care staff covering care calls and of the time care calls had been made. We looked at the improvements made to address this at the last inspection on 27 June 2015. We found significant improvements had been made to improve the continuity of care staff providing care calls, and systems were in place to prioritise the times care calls were made to ensure a safe delivery of service. However, despite the improvements identified, we were unable at the inspection to determine whether these practices were fully embedded into the service. They would need to demonstrate appropriate arrangements over a defined period of time to ensure that the sustainability of good care could be achieved for people. At this inspection we found the improvements had been maintained and embedded into the service.

There were sufficient numbers of care staff available to keep people safe. When considering new packages of care the registered manager took into consideration the number of hours care already provided, the number of care staff employed and if they would have sufficient availability. There were 16 care staff dedicated to providing support in the scheme. People told us they now usually got their visit from regular care staff. Care staff told us they usually provided care and support to the same people. Agency staff had not been used recently to cover care calls. One member of staff told us, "We work extra hours to cover holidays and sickness." Senior staff showed us how calls were rostered. They told us, calls were never missed as they were always able to cover any staff absences by allocating other care staff in the team to cover care calls. They showed us the system used highlighted individuals preferences to be considered, such as if a person had specifically requested a male or female member of staff to provide their care. People felt that care staff had sufficient time to deliver their care and stayed the allocated time with them. People told us when they needed their care calls at specific times, for example, for the safe administration of medicines, they got their care at a consistent time. Staff told us that generally there was enough staff on duty to cover the workload. One member of staff told us, "It can be a nightmare if someone goes off sick and you have another person's rota. Nine out of ten times they get someone else in or the senior care staff will help. Another member of staff told us, "It's a really good team."

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them, and protect people from harm. Each person's care and support plan had an assessment of the environmental risks and any risks due to the health and support needs of the person, and these had been discussed with them. The assessments detailed what the activity was and the associated risk, and guidance for staff to take to minimise the risk. For example, where people needed help to move, there was clear guidance for staff to ensure this was done safely. Care staff were able to confirm with us they had received training in moving and handling, had detailed guidance in place, and of procedures they were to follow. They told us that the care and support plans and risk assessments were up-to-date and reflected the care that was being provided. Senior members of staff told us how they reviewed the risk assessments. This was confirmed in the sample of records we looked at.

The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. These had been reviewed to ensure current guidance and advice had been considered. This included clear systems on protecting people from abuse. The registered manager told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. They had notified the Commission when safeguarding issues had arisen at the service in line with registration requirements, and therefore we could monitor that all appropriate action had been taken to safeguard people from harm. Care staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. We talked with care staff about how they would raise concerns of any risks to people and poor practice in the service. They had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff we spoke with had a clear understanding of their responsibility around reporting poor practice, for example, where abuse was suspected. Care staff all demonstrated knowledge of the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

Equipment maintenance was recorded, and care staff were aware they should report to senior staff any concerns about the equipment they used. Any incidents and accidents were recorded and the registered manager told us they kept an overview of these, and the provider was also informed and also kept an overview of these to monitor any patterns and the quality of the care provided and provide guidance and support where needed.

Procedures were in place for staff to respond to emergencies. There was a business continuity plan, which instructed staff and management on what to in the event of the service not being able to function normally. Care staff had guidance to follow in their handbooks and were aware of the procedures to follow. For example, care staff were able to describe the procedures they should follow if they could not gain access to a pre-arranged care call. The care staff told us they would report this to the office straight away and enable senior staff to quickly locate the person and ensure they were safe. There was an on call service available, so senior staff had access to information and guidance at all times when they were working and leading the staff team.

The majority of people were self-medicating with some requiring a prompt from care staff. Medicines policies and procedures were in place for staff to follow and there were systems to manage medicine safely. Care staff told us they had received medication training, and this was updated annually with a competency assessment. An audit system was in place to check medicines administration and recording had been completed. For one person who was supported with their medicines, they told us they had been happy with the care and support provided.

There was a programme of continuous recruitment of staff for the service. Comprehensive recruitment practices were followed for the employment of new care staff. The registered manager had the support of the provider's human resources department when recruiting staff. They told us that all new staff had been through a robust recruitment procedure to meet the requirements of the provider's policies and procedures. We looked at the recruitment records for two care staff recruited, and we checked these held the required documentation. New care staff had been through a recruitment process, written references had been sought, and criminal records check had been carried out by the provider to ensure that potential new care staff had no record of offences that could affect their suitability to protect adults.

Good

Is the service effective?

Our findings

People and a relative told us they felt staff understood people's care needs, and provided a good level of care. Care staff told us they always asked for peoples consent before assisting with any support.

Staff demonstrated an understanding of and there were clear policies around the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). 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. We checked whether the service was working within the principles of the MCA. Staff told us they had this training. They all had a good understanding of consent, and where people lacked the capacity to make decisions about their care and welfare. One member of staff told us, "We get consent by asking them, for example, are you ready for hoisting, we say everything we're doing before we touch the person, if they say no we wait." Another member of staff told us, "I ask (Person's name) at the beginning of the call about their breakfast if there is a refusal I try three times and if they still refuse I speak to the relative to help. We would report it if there was a problem." One person told us, "The carers always ask me if I am happy for them to help me with my personal care." Another person told us, "They ask me if I would like some help putting on my leg brace, and when it is on they ask if it is comfortable before they leave."

People were supported by care staff who had the knowledge and skills to carry out their roles. All new care staff completed the provider's five day induction. This was confirmed in the sample of staff records we looked at. The induction had recently been reviewed to incorporate the requirements of the care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that care staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There was a period of 'shadowing' a more experienced staff member, before new care staff started to undertake care calls on their own. The length of time new care staff shadowed was based on their previous experience, whether they felt they were ready, and a review of their performance. As part of the care staff's induction, feedback was obtained from people and the care staff shadowing them.

Staff received training to ensure they had the knowledge and skills to meet the care needs of people living in the service. Care staff received training that was specific to the needs of people, which included moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, catheter care, dementia care and infection control. Additional specific training to meet people's individual needs had been provided to support care staff in this role, for example with a percutaneous endoscopic gastrostomy, (PEG) feed. This is a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. PEG allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth and oesophagus. This was done through training provided by a healthcare professional. Care staff told us they were up-to-date with their training, received regular training updates and there was good access to training. One member of staff told us, "It's really good training and we can get

updates easily." Another member of staff told us, "The training is fantastic. I get a notification of the two day refresher training. The first is a solid week. We have had PEG training and first aid training is available." Care staff were also able to tell us about training which had been planned for them to attend during August including further PEG training and Dementia Friends training. Care staff told us they had been able to complete National Vocational Qualifications (NVQ) or Qualifications Credit Framework (QCF) in health and social care. They were kept up-to-date with people's care needs and were informed when they needed to complete refresher training.

The registered manager told us there were systems in place to support care staff through their probationary period, and to provide individual supervision and appraisal. This was through one-to-one meetings. These meetings gave care staff an opportunity to discuss their performance and for senior staff to identify any further training or support they required. Although feedback from care staff was varied as to how often this took place the registered manager showed us there was a supervision and appraisal plan in place which the senior staff were following to ensure staff had regular supervision and appraisal. Staff told us that the team worked well together and that communication was good. They felt well supported and could always go to a senior member of staff for support. The provider had a scheme where an 'employee of the month' was identified each month in the service for particular good work completed.

Where required, care staff supported people to eat and drink and maintain a healthy diet. People were supported at mealtimes to access food and drink of their choice. Care plans provided information about people's food and nutrition needs. For example, care plans included instructions on eating and drinking such as for one person 'Carers to cut food up in one cm pieces /use adapted beakers.' For another person the care plan detailed, 'I prefer a drink of Horlicks for bedtime and a flask of juice left for through the night.' One person told us they purchased microwave meals and the care staff then heated these up for them when they visited at lunchtime. Where required systems were in place for care staff to keep fluid and food charts, these enabled care staff to record how much the person was eating and drinking. Care staff told us there were several people they were monitoring their food and fluid intake, but at the time of the inspection no food and fluid charts needed to be completed. These provided an oversight of the person's nutritional intake and raise any further concerns if the person was not eating and drinking sufficiently. We saw that people were supported to go to the restaurant area to have their meal, or people could choose their meal from the selection on the day and eat this in their own room. One person told us how care staff took their lunch order and brought their lunch up to them as they were not able to go down to the restaurant themselves. Care staff told us they wrote out the menu for people and took it round in the morning and ask them for their choice. One member of staff told us, "There is always a vegetarian option and residents have snacks and alternatives in their flats." One person told us, "I had to wait for the doctor to visit and was not able to go to the canteen; a carer said that she would bring a meal over so I did not miss out on lunch."

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. Care staff understood the importance of monitoring people's health and wellbeing. Care staff commented how on a daily basis they monitored people and reported any changes or concerns regarding people's health.

People told us they had been supported to maintain good health and have healthcare support. One person told us, "My husband has a UTI (Infection) and one of our carers phoned me before she went off duty to check up on him. She didn't need to do that but it shows how they will go the extra mile." One member of staff told us, "We have double ups(Two members of care staff attending the call) and if we see something like a sore bottom we report it to senior care staff and the district nurses come in all the time."

Good

Is the service caring?

Our findings

People and a relative told us people were treated with kindness and compassion in their day-to-day care. They told us they were satisfied with the care and support provided. They were happy and liked the staff. One person told us, "The carers are lovely and caring." Another person told us, "I have lived here for three and a half years and I love it here. I am very happy." A relative told us, "The carers go a very good job under difficult conditions. I could not do their job, I don't have the patience."

People were matched with care staff with whom they were compatible with. Staff demonstrated an understanding of the purpose of the service, with the promotion and support to develop people's life skills, the importance of people's rights, respect, diversity and an understanding of the importance of respecting people's privacy and dignity. People told us they felt the care staff treated them with dignity and respect. Care staff had received training on privacy and dignity and had a good understanding of how this was embedded within their daily interactions with people. They were aware of the importance of maintaining people's privacy and dignity, and were able to give us examples of how they treated them with respect. One member of staff told us, "We personalise care by letting them wash their private areas and cover them with a towel." Another member of staff told us, "We give them choices for example choice of clothes." A third member of staff said, "We would ring the doorbell or knock and wait."

Care staff told us people were encouraged to influence their care and support plans. The majority of people told us they were happy with the arrangements of their care package. People told us their care and support was provided in the way they wanted it to be. They had been involved in drawing up their care plan and with any reviews that had taken place. They felt the care and support they received helped them retain their independence. For older people, independence is about exercising choice and control. People confirmed they felt care staff enabled them to have choice and control whilst promoting their independence. Care staff demonstrated they were knowledgeable about the people they supported. Preferred times to get up with support needed was documented. One member of senior staff commented, "I know who prefers their calls at certain times." They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. In one care plan it was documented, "I prefer carers to wake me with a smile and a good morning." One member of staff told us, "We know their routine, we help with independence for example supporting them to wash their own face, make them as independent as possible." A relative told us, "The staff team think outside the box and are always looking to provide new experiences." Care staff supported people to access the community and minimise the risk of them becoming socially isolated. For example, people were supported to participate in activities and use the facilities provided as part of the scheme.

Care records were stored securely at the service's office. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all care staff and was also included in the staff handbook. People received information around confidentiality as well. Care staff were aware of the importance of maintaining confidentiality.

For people who wished to have additional support whilst making decisions about their care, information on

how to access an advocacy service was available in the information guide given to people. The registered manager was aware of who they could contact if people needed this support.

Good

Is the service responsive?

Our findings

People and a relative told us they felt included and confirmed they were involved in the review of people's care and support. They were listened to and the service responded to their needs and concerns.

A detailed assessment had been completed for any new people wanting to use the service. This identified the care and support people needed to ensure their safety. The care and support plans were detailed and contained clear instructions about the care and support needs of the individual and the outcomes to be achieved. Individual risk assessments had been completed. Care staff told us that people's care and support plans were up-to-date and gave them the information they needed. Care and support plans were in the process of being reviewed, but if there were any changes to people's care and support needs care staff would ask for the information to be updated. They told us they had a communication book to inform each staff shift of the care provided, and had a handover meeting between staff shifts to ensure care staff remained up-to-date with people's care needs and of the care which had been provided. They told us this worked well and was informative.

People and their relatives were asked to give their feedback on the care provided through spot checks, reviews of the care provided and through quality assurance questionnaires which were sent out annually. It was recorded one person had commented during a spot check, 'They all work very hard. Much safer now, and has got better over the year.' A further quality assurance questionnaire was in the process of being sent out, so the outcome had not yet been collated. Compliments received were recorded. One compliment stated, 'I am really enjoying being at Patching Lodge. It has given me a new lease of life.'

Where people had concerns they were made aware of how to access the complaints procedure and this was available in the information guide given to people. The complaints policy gave information to people on how to make a complaint, and how this would be responded to. The policy set out the timescales that the representatives of the service would respond in, as well as contact details for outside agencies that people could contact if they were unhappy with the response. The information provided to people encouraged them to raise any concerns that they may have. Care staff told us they would direct people to raise any issues that they may have with directly the registered manager.

We looked at how people's concerns and complaints were responded to, and asked people what they would do if they were unhappy with the service. People told us that if they were not happy about something they would feel comfortable raising the issue and knew who they could speak with. Records showed comments, compliments and complaints were monitored and acted upon. Complaints were being handled and responded to appropriately and in line with the provider's policy. Where people had raised concerns they told us the staff had acted promptly and appropriately. The provider also kept and overview of any concerns raised and the quality of the care provided.

Requires Improvement

Is the service well-led?

Our findings

The senior staff promoted an open and inclusive culture. People were asked for their views about the service and commented they felt heard and respected. People and a relative told us there had been improvements to the management of the service. One person told us, "In the past we did not have the same carers but the new manager has changed this and it is much better." One member of staff told us, "I really like it here, I love it it's like a little hotel." Another member of staff told us when asked if the service was well led, "It is amazing and I can speak to her about anything, and (Senior care staff's name) is very supportive, it's definitely well led here." However, we found areas in need of improvement in relation to the completion of records.

At the inspection on 3 and 5 February 2015, we found areas which required improvement. This was because quality assurance checks had not always been completed to ensure the quality of the service provided had been maintained. For example, formal reviews of the care provided were not up-to-date and carried out in the timescale as detailed in the provider's policies and procedures. Supervision and appraisal of care staff had not in all cases been regularly provided. Staff training records were not up-to-date. Staff meetings had stopped for a period and care staff told us these were important to keep care staff up-to-date and fully informed. Audits on a number of aspects of the service, for example, the completion of care records and medication records had not been maintained. This had not ensured where improvements were required these had been identified and rectified. We found significant improvements had been made and action taken to address the issues highlighted. However, despite the improvements identified in relation to quality monitoring, we were unable at this inspection to determine whether the current audit arrangements are fully embedded into practice. There would need to be demonstrated appropriate quality monitoring arrangements over a defined period of time, to ensure that the sustainability of good care could be achieved for people. At this inspection we found quality assurance processes were in place and had been maintained.

We looked at the audits completed. For example, audits had been completed for the completion of people's care plans and medicines administration. The last medicines audit had highlighted a significant number of occasions when the recording of administration had not been completed. We discussed this with the registered manager who told us through the checks they had completed this was a recording issue and not that medicines had not been administered. They acknowledged this was an area they were working on with care staff to improve. We were shown work already completed with staff to address this issue. Additionally not all the staff meetings held had minutes of the meeting recorded, so these could be distributed to care staff for those who did not attend to have a record of the discussion and agreements made. Although feedback from people and their relatives had been sought there was no evidence of how this information had been used to inform the development of the service. These are areas in need of improvement.

Senior staff monitored the quality of the service by speaking with people each day to ensure they were happy with the service they received, completing reviews of the care provided, and undertaking visits/spot checks to review the quality of the service provided. This included arriving at times when the care staff were there to observe the standard of care and to obtain feedback from the person using the service. These visits were also used to review the care records kept at the person's home to ensure they were appropriately

completed. If any concerns were identified during spot checks care staff told us this was discussed with individual staff members during one to one meetings with their manager. Additionally, any issues identified, for example, relating to the recording of medicines this had been discussed with the care staff team as a topic at staff meetings. Feedback was varied when asked about the frequency of staff meetings. One member of staff told us, "We've not had one for ages but she is doing her best." We discussed this with the registered manager who acknowledged there had been a period recently when staff meetings had not been held but that one had now been booked for August 2017 for care staff to attend.

There was a management structure with identified leadership roles. This had been changed and the registered manager was now supported by a part-time visiting-officer and a part time co-ordinator, who also worked as care staff for the other half of their role and so knew people well. Care staff told us they felt the service was well led and that they were well supported. Care staff told us this structure worked well. They had been asked for feedback about the service through supervision, staff meetings and a staff questionnaire. Staff told us that the management had improved since (Senior care staff's name) had been employed and one member of staff told us, "Rotas have improved." Another member of staff told us, "It is especially good since (Senior care staff's name) came we all know where we are and staff morale is better. I feel I can go to them for personal problems. The last few months it's been stable." Staff told us that there was always someone 'on the floor' to go to for any help. One member of staff told us, "It's well managed the manager is always available to chat and there are really lovely staff."

Policies and procedures were in place for staff to follow. Senior staff were able to show us how they had sourced current information and good practice guidance, which had been used to inform the regular updates of the services policies and procedures.

The vision and values for the service was recorded for people to read, and discussed with new care staff in their induction. The aim was, 'To respect our customers' privacy, dignity and lifestyle in the way we work with them. Our care will be provided in the least intrusive way possible. We will treat the service user and everyone connected with them with courtesy at all times. Our workers are sensitive and responsive to race, culture, religion, disability, gender and sexuality and that of the service users family and representatives. Our ethos is to carry out tasks with the customer rather than for them wherever possible, to help maintain independence and autonomy'. Staff demonstrated an understanding of the purpose of the service, the importance of people's rights and individuality, and understood the importance of respecting people's privacy and dignity. We were told by care staff that there was on open culture at the service with clear lines of communication. All the feedback from people and care staff was that they felt comfortable raising issues and providing comments on the care provided in the service

The registered manager had regular support from a regional manager, and completed monitoring reports to be sent to the regional manager, which was then used to inform the provider and enable them to monitor the care provided. The registered manager also met regularly with other registered managers within the organisation. They told us this was an opportunity for the registered managers to be updated and share information, for example, on the new Care Act and its impact on the service provided. Also on practices to be followed, for example, changes to the provider's policies and procedures. They had then been able to bring this information back and discuss with care staff any changes to be made in their work.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). Senior staff had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. There was a policy and procedure on people's responsibility under the Duty of Candour. This is where providers are required to ensure the there is an open and honest culture within the service, with people and other 'relevant persons' (people acting lawfully on

behalf of people) when things go wrong with care and treatment. We discussed this with the registered manager during the inspection, who demonstrated an understanding of their responsibilities.