Alandra Care Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Alandra Care Ltd is a domiciliary care agency registered to provide personal care to people living in their own houses. It is registered to provide care to those living with dementia, older people, physical disabilities, learning disabilities and younger adults.

This comprehensive inspection took place on 29 October and 05 November 2018 and was announced.

Not everyone using this service receives a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with personal care, which means help with tasks related to personal hygiene and eating. Where people receive personal care we also take into account consider any wider social care provided. At the time of our inspection the service supported 39 people with their personal care needs.

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

At the time of our inspection the service was in the process of being transferred to another provider. The transitional arrangements are reflected in this report.

At our last inspection in October 2017 we found breaches of regulation. These were a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009 for a failure to submit statutory notifications; breaches of Regulations 12, 17 and 18 Health and Social Care Act (Regulated Activities) Regulations 2014 for a failure to mitigate risks regarding safe and proper use of medicines, a failure to maintain quality assurance systems and a failure to deploy sufficient numbers of staff to meet the needs of people using the service.

At this inspection we found improvements had been made and these breaches had been met. A monitoring system for managing statutory notifications was in place. Risks relating to medicines were robustly documented and understood. More staff had been recruited and quality assurance systems and audits were in place to monitor the service people received.

While these improvements had been made since our last inspection, some areas of practice needed to be embedded and sustained. Quality assurances processes gave the registered manager oversight of the service, but some areas such as ensuring all staff were up to date with regular training still needed to improve. Some people who used the service told us that the transitional arrangements had impacted the quality of care they received. Staff did not feel fully integrated into one team with new staff from the new owners. The registered manager recognised these areas needed to be addressed and had a support plan in place and we saw evidence this was being actioned. While these improvements were being made, time was now needed to fully embed these changes to sustain improvement.

Risks to people and the environment had been identified and staff understood how to manage risks to help ensure people were safe. People were supported to receive their medicines safely by staff that were trained in administering medicines. People told us they felt safe. One person told us, "Yes, I feel safe, they are very good."

People were protected from avoidable harm. There was a safeguarding policy and staff received training. Staff knew how to recognise the potential signs of abuse and knew what action to take to keep people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood best interest decision making where people lacked capacity in line with the principles of the Mental Capacity Act 2005. Staff sought people's consent before giving personal care.

People were supported to maintain their health and had assistance to access health care services when they needed to. One person said, "They can tell very quickly if I'm not well, and always call the doctor." Concerns and complaints were responded to.

People received kind and compassionate care. People told us the staff were kind and caring and they were happy with the service they received. One person said, "I feel very fortunate I can stay at home with their wonderful support." We saw positive interactions between people and the staff caring for them. Staff said they enjoyed working for the service and felt supported by the registered manager. Another person said, "They treat me with absolute kindness, I am very happy to have them."

The registered manager had a plan to ensure people who used the service and staff felt supported through the change of ownership as far as possible. People and relatives remained engaged and involved in the care and support provided. Daily feedback was sought through people's engagement with staff, meetings and care reviews.

Further information is in the detailed findings below.

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.

The provider had policies and procedures for safeguarding people from possible abuse and neglect. Staff knew how to recognise the signs and they knew what to do if they suspected any abuse had occurred.

Risks to people were assessed and recorded so staff knew how to keep people safe.

Sufficient numbers of staff were provided to meet people's needs.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff received an induction when they started work and were trained in relevant areas.

Consent to care and treatment was sought by staff on a daily basis, and staff understood their responsibilities with regard to the Mental Capacity Act 2005.

People were supported to eat and drink enough when needed and could exercise choice.

People were supported access other health care services.

Is the service caring?

Good

The service was caring.

People received kind and compassionate care and were treated with dignity and respect.

People's dignity and independence was respected and promoted.

People were supported to make choices about their care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not always receive care from staff who knew them well as a result of a change of ownership.

People did not always receive their care on time although action had been taken to improve this.

Care plans and risk assessments provided guidance on how people needs were to be met, and reflected their preferences and choices.

People knew how to complain and felt comfortable to do so and said their concerns were addressed

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems and processes for monitoring the quality of the service had improved but needed more time to be embedded and sustained.

Staff felt supported by the management, despite going through a period of change.

There was good communication where staff felt comfortable to raise any issues or suggestions.

Alandra Care 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 comprehensive inspection took place on 29 October and 05 November 2018 and was announced. We gave the provider 48 hours' notice of the inspection visit, because the location provides a domiciliary care service and we needed to be sure the manager, staff and people we needed to speak to were available. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has a personal experience of using or caring for someone who uses this type of care services.

Before the inspection we reviewed information we held about the service including any notifications complaints or safeguarding alerts that we had received. A notification is information about important events which the service is required to send to us by law. We contacted other health and social care professionals who have experience of the provider to obtain their views. The provider did not meet the minimum requirement of completing the Provider Information Return at least once annually. This is information we require providers to send us 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.

We pathway tracked the care of two people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care. During the inspection we spoke to the registered manager, the head of service delivery and four care staff. We spoke to eleven people who used the service and four of their relatives. We looked at a range of documents including policies and procedures such as safeguarding, incident and accident records, medication protocols and quality assurance information. We looked at complaints and compliments and feedback from people who used the service. We reviewed three staff files including information about recruitment and training.

Good

Is the service safe?

Our findings

At our last inspection in October 2017 we found the care was not always safe. We rated this key question as Requires Improvement as the provider was not always ensuring people's support with medicines corresponded with the assessment of their needs and medicines records were not always accurate. This was a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found the provider had failed to deploy sufficient numbers of staff to keep people safe and meet their needs, particularly at weekends. This was a breach of Regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the last inspection the provider developed an action plan to address both these issues and at this inspection we found the breaches of Regulations 12 and 18 had been met. At this inspection we found that the provider had made improvements and this key question was rated as Good.

People told us that they felt safe. One person told us, "Oh yes, I do feel safe." Other people said, "Yes, I am safe" and "I have no qualms at all."

People received their medicines safely by staff who were trained and competent to do so. Staff received regular training to ensure their practice remained safe. There was also guidance for administering medications 'as and when'. People told us they were supported to receive their medication on time and it was recorded correctly. We checked the Medicine Administration Records in a person's home and found these were correctly recorded. We looked at risk assessments for people who needed support with their medication and these were detailed. This included where people self-administered their medicines. Risk assessments included what the medication was for, the potential risks and side effects and detailed guidance for staff on what action to take. For example, one person had complex needs and needed support with a significant amount of medicines, including time specific medicines. Their care plan contained a comprehensive risk assessment and very detailed guidance for staff. The registered manager had also identified specific staff to lead on this person's care visits to further ensure their safety. Management of medicines was regularly audited. One staff member told us, "Medication is always very well organised."

There were sufficient numbers of staff to meet people's needs. Since the last inspection the registered manager had recruited seven new staff, with three more staff about to begin induction. The registered manager told us that they now looked more closely at staff deployment specifically at weekends before agreeing to take on new clients, to ensure the calls could be covered sufficiently. Staff rotas were arranged into two weekend rotas with different sets of staff that alternated every week. The registered manager looked to see whether a person's care visits could be sufficiently covered by both weekend shifts before agreeing a new package of care. The provider had recently introduced an electronic tagging system to monitor whether people's calls were on time.

The provider ensured new staff were suitable to work with the people. Recruitment processes included obtaining previous work history and written references from previous employers to assure themselves of a candidate's suitability. Records showed that checks had been made with the Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people

who use care and support services. Photographic records were also on file to confirm staff member's identities. New staff completed an induction and this included a period of shadowing experienced staff before being assessed as competent to work with people. All new staff had a three-month review with the registered manager after commencing employment.

Risk to people's safety were assessed and monitored. People received a full needs assessment before receiving care. The provider used range of tools to assess risks to people, such as mobility assessments to manage risk of falls. Where people had specific risks these was detailed, including any specialist advice from healthcare professionals. For example, one person lived with seizures and was at risk of choking. The person had been assessed by speech and language therapists [SALT] and a risk assessment was in place with detailed guidance for staff on how to manage the person's risks. Another person had complex moving and handling needs. Their care plan included a comprehensive risk and needs assessment completed by an occupational therapist. This contained detailed guidance for staff and included the use of specialist equipment and a recommendation that staff receive training. We visited the person in their home and observed staff using the equipment in line with guidance.

Risks associated with the safety of the environment and equipment were identified and managed appropriately for the office premises. The registered manager ensured up to date risk assessments and safety checks were in place.

People were protected against the risks of potential abuse. Staff understood safeguarding adults' procedures and what to do if they suspected any type of abuse. Staff told us they would not hesitate to report any bad practice they witnessed or suspected, and they would report it to a manager or external agency straight away. One staff member said, "if I had any concerns I'd raise them straight away with the registered manager. Better to be wrong than not do anything." A safeguarding policy and whistleblowing policy were available and staff were aware of it.

People were protected by the prevention and control of infection. People told us that staff always used Personal Protective Equipment (PPE) such as gloves and aprons and we observed this in practice. Staff received training and one member of staff said, "Gloves, aprons. Some people like you to put shoe covers on. All that PPE is in my car, alcohol hand gel. The company provides all that." Another staff member told us, "We can help ourselves from the office, there is always plenty available."

Lessons were learnt from accidents and incidents. There was a system in place to record accidents and incidents with information about what had happened, and any action taken to prevent a further accident as far as possible. Learning identified was communicated via a weekly update email sent to all staff concerning every person who used the service. Urgent issues could be communicated immediately to all staff via company mobile phones.

Good

Is the service effective?

Our findings

People told us they were confident in the skills of staff. Staff had the skills, knowledge and competency to deliver effective care and support. There was a training plan that covered a broad range of areas and the registered manager had an overview and awareness of the status of staff training. Staff told us that in the past training had mostly been delivered online which they felt was not always the most effective way to learn, but under the new ownership this was under review. Staff said they felt sufficiently trained to carry out their duties, and one member of staff told us they had recently undertaken refresher training to ensure their skills were kept up to date. Staff told us they felt if they needed extra training, they could ask for it. For example, one member of staff told us they had received additional training from the community nursing team to support a person with specific complex needs.

The registered manager ensured staff received appropriate professional development and supervision to meet the needs of the people they cared for. Staff supervision was up to date and staff underwent regular reviews of their practice. Staff told us they felt supported and recognised the part that regular scheduled supervision played. Staff said, "I feel supported, I have regular supervisions, though if I had any concerns I could just go into the office and talk to someone."

People's care, treatment and support continued to be delivered in line with current legislation and standards. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the provider was working within the principles of the MCA.

Care plans were sufficiently detailed with respect to MCA and included whether people could make specific decisions for themselves. Initial assessments prior to people receiving care included whether people could make decisions for themselves. Where people had capacity to make decisions for themselves, they were supported to be engaged in their care. One person said, "the staff give me lots of encouragement." Consideration was given to whether people were supported by others to make decisions, such as an advocate or a person with legal authority to do so. Where best interest decisions were made for people who lacked capacity, this was documented and we saw people were consulted appropriately. For example, one person lacked capacity around medication which was complex. The person's care plan appropriately documented involvement from the GP, Pharmacy and the person's Power of Attorney for health and there were detailed instructions for staff on how to support the person with their medication. Staff files confirmed that MCA training formed part of mandatory training and staff understood the principles of the MCA. Staff talked knowledgably about the people they cared for, and how they supported people who lacked capacity or where their capacity may fluctuate. One staff member told us, "It might be they can do it today but can't tomorrow." People and their relatives told us that staff always sought consent before delivering care.

People continued to be supported to maintain good health and received on-going healthcare support. People had access to care, support and treatment in a timely way and the service liaised appropriately with

social and health services when people's needs changed. For example, we saw people received support from occupational therapists, speech and language therapists, and GPs. Staff were proactive in ensuring people had support from other healthcare professionals. For example, on one care visit we observed a member of staff noted that the person appeared to have a more productive cough than when they had been visited earlier in the day. The member of staff advised the person's relative to contact the GP and this was done.

People continued to be supported to maintain a balanced diet. Where the service supported people with eating and meal preparation, this was detailed in their care plan. One person had complex needs and was at risk of choking due to difficulties with swallowing. Their care plan contained a detailed risk assessment and instructions to staff from speech and language therapists to ensure food was given in the right consistency for them and all fluids were thickened. Another person who had support with meal preparation told us, "Their cooking is very good."

Good

Is the service caring?

Our findings

People received kind and compassionate care and staff had developed positive relationships with people. One person said, "We always have a bit of laugh, which is very important." Another person said, "They cheer me up by having a bit of banter." We observed warm, friendly interactions between people and staff and there was laughter and genuine affection between staff and the people they cared for. We visited two people in their homes and observed the care they received. On both visits, the staff demonstrated a high level of respect for the person, and their interactions were genuinely warm, caring and kind. Both people were able to communicate verbally at all times and could tell us they felt well looked after. Staff spoke affectionately about the people they cared for and knew the people they looked after very well and could anticipate their needs. One person said, "I have the best carers, they are all top class." Another person said, "I feel very fortunate I can stay at home with their wonderful support."

People we spoke to all told us they were treated with dignity and respect. One person told us, "All the carers are very pleasant." Another person said, "They are very kind and considerate. A relative said, "They have lovely conversation with him." Another person said, "They are extremely polite. They treat me with absolute kindness, I am very happy to have them." Staff called people by their preferred name and maintained people's dignity during personal care. One staff member said, "Always the first priority for me, close the curtains, shut the door, make sure the person is covered, leave people to their privacy, wait outside the door." We saw this in practice for example, at one person's home staff were supporting the person to transfer from the toilet to their chair using a standing hoist. Staff were gentle and took great care to seat the person slowly and carefully, while maintaining their dignity at all times.

People were supported to make choices about their care. Staff told us they asked people how they wanted things done and we saw this in practice. For example, one staff member ensured the person was left comfortable with the things around them as they wanted, such as a stool for their feet, blanket for their legs, and a shawl round the person's shoulders. People were supported to maintain their independence as much as possible. One person said, "The staff give me lots of encouragement." Another person said, "They watch me do something and check I'm safe. They let me see how much I can do, and then step in."

Staff continued to understand equality, diversity and human rights. Care plans included people's preferences, for example regards gender and religion where they wished to discuss them. People's differences were respected and were supported to maintain their identity and personal and physical appearance in accordance with their own wishes. One member of staff said, "I always ask them what they want, and then they can choose, like their clothes and how they want to dress."

People's private information remained secure. Care documentation was held confidentially and systems and processes protected people's private information. Sensitive information was stored securely in the registered manager's office which was locked when they were not present.

Requires Improvement

Is the service responsive?

Our findings

People told us that they did not always receive care from people who knew them well. People told us that the transitional arrangements with staff from the new company had impacted on the care they received. People told us that it was taking time for staff from the new company to understand their needs well. One person told us, "On the whole they are very pleasant. But I am seeing lots of different carers from the new company, so I have to tell them everything. This morning the carer did not know what to do." Another person told us, "Yes they do understand. But more recently I have seen quite a few different people." People who had retained their original carers were happy with the care they received. One person told us, "Yes, they do understand my needs." Another person told us that, "Yes, I think they do understand my care needs" Another person told us, "This service is my lifeline, I always see the same person."

People we spoke to had mixed views about whether they always received their care at their preferred time. Some people told us they had received late calls, while others had not. One person told us, "They are not timely. Recently they have been regularly late. The new company has not got its act together." One relative said, "We have had two missed calls with the new company." However, another person said, "They do come on time. There have been no missed calls" and other people said, "They are usually on time – if they are going to be late, they ring me" and "They are usually on time, unless there is a problem, which is very rare." A week prior to our inspection the provider had introduced an electronic tagging system which enabled them to log staff in and out of care visits. This meant any late calls deployed outside the provider's policy of 30 minute leeway could be monitored and analysed more closely. While this needed more time to be fully embedded, data showed a very small number of late visits over the week prior to our inspection.

Staff told us they had sufficient staff and enough time on their calls. One staff member said, "Call durations are right. I have enough time on calls. Travel times are getting better – the odd one where it's still an issue." Another staff member said, "We have adequate time, if we do have a problem the office do change things – if the client deteriorates we can increase the call time, the registered manager is good at that, gets things done."

We spoke to the registered manager who told us that ensuring that people received consistent care that was responsive to their needs from staff who knew them well had been challenging with bringing two groups of staff together into one team. The registered manager had listened to people and was taking steps to introduce change more slowly and gradually transition staff over to working with people. This included introducing new staff to people through more pairs working or shadowing established staff. The transitional arrangements as a result of new ownership needed more time to be embedded and this was an area of practice that needed to improve.

People were at the centre of care planning and were involved in the process. Assessments were carried out before providing personal care for people and people's preferences were recorded. For example, people were asked whether they had a preference for male or female staff. People's emotional and social needs were considered together with their religious and cultural needs. Staff told us they had access to the care plan before supporting people.

Staff who had been working with Alandra Care Ltd for some time knew the people they looked after well. Staff identified that activities and interests were an integral part of people's lives and understood this was important to providing person centred care. One person's care plan detailed information about their likes and dislikes, hobbies and interests and it reflected that the person enjoyed arts and crafts, listening to music and having stories read to them. Another person's care plan reflected that they liked perfume, handbags and cats, that the person preferred to wear make up as they took pride in their appearance and was determined to improve their health and independence through assistance.

People told us their care plans were reviewed and they were involved in those reviews. Where appropriate, relatives and advocates were consulted. Care plans were formally reviewed once annually and the registered manager had plans to increase this to every six months. Care plans were updated if people's care needs changed. One person told us, "The carers report any changes in my needs to the managers."

Care continued to be person centred with respect to people's healthcare needs. Records of referrals to and visits from healthcare professionals in people's care files with detailed guidance for staff, such as speech and language therapists (SALT), GP's, occupational therapists and physiotherapists.

The provider had incorporated the Accessible Information Standard (AIS) when assessing people's needs. This is the standard that aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services. Providers must identify record, flag, share and meet people's information and communication needs in line with section 250 of the Health and Social Care Act 2012. All organisations that provide NHS care or adult social care must follow the Standard in full from 1st August 2016 onwards. Care plans showed people's sensory and communication needs were being recorded and considered. This included whether people needed any specific aids or technology to support their communication.

Where people needed to raise concerns, the provider was responsive. The providers complaints procedure to was available for people and their relatives to view. Staff told us the management were responsive and "They will act on any concerns." People told us they knew how to raise concerns and had no hesitation in speaking to the registered manager. One relative said, "They do their best to respond to concerns. "Another relative told us that they had raised a concern and this had been responded to. Complaints were managed in line with the providers policy and we saw any concerns raised were actioned. The registered manager also fully understood their responsibilities relating to Duty of Candour. Duty of Candour is a regulation that ensures providers are open and transparent with people who use services and this includes specific guidelines providers must follow if things go wrong with care and treatment.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in October 2017 we found the service was not always well led. We rated this key question as Requires Improvement as the provider had not ensured that statutory notifications had been submitted to the Care Quality Commission (CQC) such as safeguarding concerns. Although the provider had notified the local authority safeguarding teams, they had not notified the CQC as a statutory requirement and this was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At the last inspection we also found that quality assurance systems were not always effective in identifying risks or areas of practice that needed to improve and this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the breaches of Regulations 17 and 18 had been met. Though these improvements had been made, this key question continued to be rated as Requires Improvement as these changes needed more time to be embedded.

After the last inspection the provider developed an action plan to address these issues. The registered manager had implemented a process to review all activity in the service weekly specifically to identify any incidents that met the criteria for statutory notification to ensure they were submitted. In the registered managers absence this task was delegated to the care co-ordinator.

Systems and processes were in place to assess, monitor and improve the quality of the service being delivered but these needed to be further embedded. The registered manager undertook regular review of accidents and incidents, spot checks of staff performance as well as regular monthly audits on medication and MAR charts and care plans. These audits looked for trends and to identify issues that needed to be addressed. These audits had led to improvements in some areas of practice but not all. For example, at the last inspection we found that staff were not all up to date with their training. At this inspection, we saw the registered manager had taken steps to implement better oversight of staff training, and new training was being introduced as a result new ownership. Though improvements had been made there were still some staff who were not up to date with all the training the provider considered essential. However, the regular audits of MAR charts meant that any issues were immediately identified and notified to staff without delay via a weekly email. Where the registered manager felt that refresher training on MAR charts would be beneficial this was organised and records showed this had been booked for 28 & 29 November 2018.

The provider did not meet the minimum requirement of completing the Provider Information Return (PIR) at least once annually. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We invited the provider to submit their PIR on 06 August 2018 and the deadline to return the information was 07 September 2018. We received a statutory notification for a change of email address for the registered manager but this was submitted after the PIR request had been sent. Nevertheless, the PIR request was also sent to the nominated individual for the service who is also a registered person and no response to the request was received. The registered manager recognised that this should have been submitted and we took this into account when we made the judgements in this report.

People and staff spoke positively about culture of Alandra Care Limited and that this enabled people to live

how they wanted to. The registered manager told us that the values of Alandra Care Limited were, "Going the extra mile at every call and making it personalised. Getting to know the person, their life, not just their illness. For a lot of our clients, we're the only people they see." One member of staff told us that the service had a local focus with "a real family feel" and this was understood and valued by staff and the people who use the service.

The registered manager acknowledged that the change of ownership had been unsettling for some people who use the service and for staff. There was commitment to improving the way existing staff from Alandra Care Limited and staff from the new owners communicated and worked together in order to deliver quality care for people and ensure consistent values and behaviours across the company. Currently communication was by way of a weekly update email sent to all staff providing an update on every person using the service, including any updates to their care needs. Urgent issues could be communicated immediately to all staff via company mobile phones. However, there were limited opportunities for staff to get together to share learning and integrate fully into one team. The registered manager told us that imbedding the culture and values of the service with staff was an area of practice that needed to improve.

The registered manager had implemented a slower transition for some people who used the service, to ensure they retained their current carers until the changes were fully implemented. Staff had officially transferred over to the new ownership in September 2018 and the registered manager planned to introduce more pairs working for staff, as well as learning events and regular team meetings with both groups of staff to ensure the values and culture of Alandra Care Limited were retained and embedded.

Staff continued to work in partnership with other agencies to ensure people's needs were met. We saw that the registered manager and staff had developed relationships with a variety of healthcare professionals to meet people's needs. People, staff and relatives remained engaged and involved in the service provided. Daily feedback was sought through people's engagement with staff, meetings and care reviews. The registered manager regularly sought the views of people via a survey. Due to the change in ownership, the survey planned for May 2018 had been deferred to December 2018, but people told us their views were sought and it was clear from previous surveys feedback from people was acted upon. The service also sought the views of staff and the registered manager was looking for better ways to engage with staff and get their feedback. For example, a staff survey sent out in April 2018 had resulted in limited returns, so there was an action plan to relaunch the staff survey online to make it easier for staff to respond.

Staff told us they felt supported by the management. Staff felt they could talk to the managers and raise any concerns. One staff member said, "I'm happy, I like working for the company." Staff told us that the new ownership had involved changes. One member of staff said that despite the recent changes, "The registered manager has done great. I feel supported by the office. I have regular supervision, although you can just go in and talk to someone." Good work was recognised and rewarded. Staff were thanked for their service in a variety of ways including an employee of the month scheme. The provider planned to introduce long service awards. Supervisions included feedback on good practice, and compliments people who use the service had made.