

Agincare UK Limited

# Agincare UK Notts County

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 19 July 2016 and was announced.

Agincare Notts County provides personal care in people's homes to adults of all ages with a range of health care needs. On the day of our inspection around 300 people were using the service, living in and around Nottinghamshire and Nottingham city centre.

At the time of our inspection, the registered manager had recently left and the provider had appointed a replacement who had recently started work but had still to make their application to CQC to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service and those supporting them knew who to report any concerns to if they felt they or others had been the victim of abuse. Risks to people's health and safety were managed and detailed plans were in place to enable staff to support people safely. Accidents and incidents were investigated.

There were enough staff to ensure that people received their calls at the planned time and meet their care needs. Where required, people received the support they needed to safely manage their medicines.

Staff were provided with the knowledge and skills to care for people effectively and received supervision of their work.

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

Where people required support to eat and drink enough, this support was provided. Staff made sure that people had access to their GP and other health care professionals when needed

Positive and caring relationships had been developed between staff and people who used the service. People were involved in the planning and reviewing of their care and making decisions about what care they wanted. People were treated with dignity and respect by staff who understood the importance of this.

People's care plans provided comprehensive information about their basic care needs and were regularly reviewed and updated. However, care plans did not always contain such detailed information about any specific medical conditions people may have and the implications of this for the support being provided. People felt able to make a complaint and knew how to do so.

The culture of the service was open. People were supported by staff who were clear about what was expected of them and staff had confidence that they would get the support they needed, both during and outside of office hours. People and staff were asked for their opinions about the quality of the service. The manager ensured that audits were undertaken and practice observed to ensure that the care provided met people's needs.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were supported by staff who could identify the different types of abuse and knew who to report concerns to. Staff were also aware of the steps that they needed to take to protect people from avoidable harm.

People were supported by a sufficient number of staff who had been appropriately recruited.

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

### Is the service effective?

Good ●

The service was effective.

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

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

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

Staff reported any change to a person's presentation so that people were able to see their GP or healthcare professional when they needed to.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff who had developed positive, caring relationships with them.

People were treated with kindness and compassion by staff who involved them in planning their care.

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

### Is the service responsive?

Good ●

The service was responsive.

People received care that was responsive to their needs. People's care plans were regularly reviewed and updated.

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

### Is the service well-led?

Good ●

The service was well-led.

The manager was building an open, positive culture in the service.

People were supported by staff who were clear about what was expected of them and had confidence that they would get the support they needed.

A quality monitoring system was in place to check that the care met people's needs and people were asked for their views about the service

# Agincare UK Notts County

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 19 July 2016 and was announced. The provider was given 48 hours' notice because the location provides care to people in their own homes; we needed to be sure that someone would be in. The inspection team consisted of 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.

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

During our inspection we spoke with thirteen people who were using the service and seven relatives. We also spoke with eleven members of the staff team, the manager and assistant manager.

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

# Is the service safe?

## Our findings

People repeatedly told us that they felt safe with their care workers, believing them to be reliable, efficient and trustworthy. One person told us, 'I always feel safe with them (the care workers), they know how to look after me.' Another person said that they appreciated the fact that staff wore smart, distinctive uniforms with one person telling us, 'It means I can tell who they are, and I'm not just letting anyone into my home.' People also told us that the fact they are sent accurate rotas, which were received on time, add to their sense of safety and security. We also spoke with relatives who were confident that their family members were safe while receiving care from Agincare Notts County.

Staff could describe the different types of abuse which may occur and told us how they would act to protect people if they suspected anything untoward had occurred. One staff member told us, 'People are safe, yes. If I thought someone wasn't I would speak to the manager.' They were confident that the registered manager would act to protect people if concerns were raised and added, 'I know I can ring MASH, (MASH is the Multi Agency Safeguarding Hub in Nottinghamshire) and report it them too.' Another staff member explained to us the importance of keeping key-safe numbers secure and always ensuring the number was well scrambled when leaving a person's home.

There was information in people's care plans about how to provide support people to reduce the risk of harm to themselves and others. Staff were aware of this information and could explain what they did to keep people safe. We saw that where required, information had been shared with the local authority about incidents that had occurred which had effected people who were supported by Agincare. The manager described how the availability of senior staff 24 hours a day contributed to people being protected from avoidable harm.

The people we spoke with were satisfied with the way in which risks to their health and safety were managed and their freedom was respected. One person told us how the staff, 'Don't panic,' they were always very calm and professional which helped them. Relatives were also confident that risks were well managed with one relative saying, 'My son has never been put at risk, (while being supported by Agincare staff), which helps put my mind at ease.'

Staff were able to tell us how they kept people safe. We heard how staff referred to the risk assessments in people's care planning records to ensure that they knew how to provide support to mitigate any risks that had been identified. Another staff member told us how any incident or accident which may occur was investigated so that steps could be put into place to prevent reoccurrence. We also spoke to a staff member who explained to us how the manager of the service had worked with them to ensure that they were safe at work and any considerations for their health were met.

The care records we looked at showed that risks to people's safety had been appropriately assessed. Plans had been put in place for staff to follow to assist them in maintaining people's safety. Regular audits of incidents and accidents were made by the regional manager to ensure that any required improvements identified were implemented to reduce the risks to those using the service. The provider also confirmed on

the PIR the key policies and procedures that were given to people when they began using Agincare services and also to all staff which also contributed to their safety.

People told us they believed there were enough staff as their care worker stayed with them for the required time, and they did not feel rushed. One person told us, "I have no visitors others than my carers. I know when they're coming, they're reliable and very pleasant to me." We were also told that if a member of staff went off sick, or was delayed at another call, people were not left waiting for any great length of time for a carer to arrive with them. Relatives we spoke to told us that there had been issues with punctuality in the past, but there had been a considerable improvement since changes were made at the office.

Staff also felt there was enough staff available to keep people safe and meet their needs. One staff member said, "There's enough staff, and we usually work with the same people so they have continuity." Another expanded on this saying, "We are always getting new people so they are always having to recruit new staff, but there are always enough of us."

The manager told us they felt that there were sufficient staff to support those using the service at the time of our inspection. They also factored in time to allow for sickness and any planned absence, such as training or leave when they calculated how many staff they needed. However, as there were always new referrals coming through and to allow for staff turnover, the manager ensured that there was ongoing recruitment. As far as possible, the duty rota was written to accommodate people's preferred call times and staff were assigned to regular routes. People's support plans were regularly reviewed so that any changes to the staffing requirements of their calls could be updated and any additional funding agreed.

People could be assured they were cared for by staff who had undergone the necessary pre-employment checks. We looked at the recruitment files for three members of staff. These files had the appropriate records in place including, references, details of previous employment and proof of identity documents. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

The people we spoke with told us they got their medicines as prescribed and in a timely fashion. One person we spoke with said, "They bring them (the tablets) to me, and watch to make sure I've taken them. It works very well." Another person confirmed this saying, "They do exactly what's needed. When they put the cream on my legs for me every day, they're so gentle." A third person told us how they had needed some rescue medicine when they were suddenly taken ill while out with one of their care workers. They confirmed that the staff did, "Exactly the right thing, and I was soon well enough to be taken home."

Staff we spoke with were confident in supporting people with their medicines. One staff member said, "They are all in blister packs and written on the MAR sheet, (record of medicines)." They described how they supported people to take their medicines and explained how new medicine records were delivered to each person every month, with the completed ones returned to the office for checking. Another staff member told us how they were always informed if a person's medicine changed and could also get advice or support if they were in doubt about anything to do with people's medicines. They confirmed that action was always taken by the manager or retraining offered if any errors were found in the way that staff had administered people's medicines and we saw records that supported this.

The care plans we looked at contained information about what support, if any, people required with their medicines. Medication administration records were completed to confirm whether or not people had taken



their medicines. We saw that these were checked at the office at the end of each month to ensure that people had been given their medicines as prescribed. Where medicines had not been signed for the manager took appropriate action to understand the reasons why.

## Is the service effective?

### Our findings

People we spoke with felt that staff were well-trained and able to deliver care to their satisfaction. One person told us, "I tend to have the same [care workers] and they know how to treat me. They know if I'm not well." Another person said, "They seem very competent, and I think they could cope with anything." Relatives also felt that the staff had the knowledge and skills they needed to carry out their roles and responsibilities, with one relative saying, "They're all well-trained." Another relative confirmed this telling us, "[My family member] gets good consistent care from staff who know exactly what to do."

Staff we spoke with told us they had good support and training. One staff member told us, "The training is great fun and very informative. You can always ask questions – whatever they are - so there is no doubt." Another staff member said that they found the mix of some taught course training and some workbook completion learning was helpful. We also heard how all new staff completed classroom based training followed by a period of time shadowing and learning from more experienced staff before they undertook calls on their own to ensure that they were confident and competent to deliver care well.

The manager described how they monitored staff training needs to ensure that staff received the training they needed. The provider had a system in place which was being used for recording the training that staff undertook to ensure that they had the skills that they needed and that any courses that required periodic updating were arranged. The staff we spoke with felt well supported. They told us they received regular supervision and an annual appraisal of their work. The records we looked at confirmed this. The manager ensured that they periodically undertook observation of staff practice. In turn the manager also told us that they felt well supported by their line manager and received regular supervision.

People were able to be involved in making decisions about their care and provided consent where possible. Alternatively, relatives were involved in decision making where the person was not able to be involved themselves. People we spoke with confirmed they had agreed to the content of their support plans and staff always asked for their consent before providing care and support for them. One person said, "The carers always discuss things with me first." A relative confirmed this, saying, "The carers themselves are excellent, they try to work around [my family member's] wishes, and they feel happy with them."

A staff member told us how they always asked people before providing them with support saying, "You have to see it from their side, you can't just walk into their home and get on with it; you have to chat and make sure everything you do is okay." Another staff member expanded upon this adding, "Some people's capacity to make a decision can change from day to day and we always have to be aware of that when we are asking people for their consent. There is never any excuse for not involving someone in a decision which affects them."

We saw that people's decision making had been taken into account when writing their care plan. Records showed that the principles of the Mental Capacity Act 2005 (MCA) had been considered when determining a person's ability to consent to decisions about their care. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do

so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had also received training which covered the Mental Capacity Act to ensure that they understood what this legislation means for the way that they support people. The support planning template used by Agincare had recently been reviewed and better information around people's capacity and consent was being added to support plans as they were reviewed.

Most people told me that they, or their relatives, took responsibility for their meals. Those who received support in this regard from Agincare told us that they were thoroughly satisfied and people were supported to eat and drink enough to keep them healthy. One person told us, "I'm diabetic, so I must have food at certain times. If they've not arrived I'll ring the office, but that's very rare, and they'll send someone quick." A relative told us how care staff always prepared their family member's drinks in the way that they liked them and never rushed their relation. We also heard how staff supported people to choose what they ate, for example by using the pictures in the food order booklet to help people to choose.

We spoke with staff who told us how they ensured that people ate and drank enough, recording what had been offered in the records they kept. Staff told us how important it was to encourage people to maintain a balanced diet, especially if they may need to omit a particular food group due to an allergy. Staff also stressed the importance of any dietary requirements relating to people's cultural backgrounds. We also heard how, in addition to meal preparation, staff also acknowledged that some people liked company when they ate and would take their own snacks or sandwiches with them on the call so that they could eat with the person and keep them company. We saw recorded on the PIR how any additional support a person needed to maintain their diet was identified and we saw this being used in the support planning records.

Whilst staff were not responsible for assisting people to make healthcare appointments, they told us they would advise people if they felt it would be beneficial to book a doctor's appointment. This ensured that people had access to the healthcare professionals they needed at the right time. One person told us, "The staff would notice if I wasn't well. I had a swollen leg recently, and they rang the GP who sorted it for me." They went on to say that their care workers would always discuss issues with them first, and then make telephone calls that maybe necessary. A relative explained to us how the staff monitored their family member's condition and always suggested that the district nurses were called when needed.

Staff described how they would respond if they felt someone needed to see their doctor or attend a hospital appointment. The care plans we looked at confirmed that people received input from visiting healthcare professionals, such as their GP and district nurse, on a regular basis. Staff ensured the guidance provided by healthcare professionals was implemented within people's care plans. Staff explained to us how they were always informed by the manager of any changes which had been made to a person's support plan as a result of an appointment with a medical practitioner so that they could be sure to check the relevant details next time they supported the person.

We were also told how staff would have no hesitation in ringing a person's doctor for advice, or 999 for an ambulance, if they felt that this was required at any time and how, if they were concerned about someone's well-being, staff remained with the person until help arrived.

## Is the service caring?

### Our findings

People told us that staff were caring, thoughtful and treated them well. They said they had formed positive relationships with them. One person told us, "I look forward to them coming, they treat me very well and they'll sit down and have a chat. They know that other than them, I see nobody, so they're very kind to me." Another person confirmed this saying, "The carers are very good, they'll sit and have a conversation with me if I'm a bit down, they'll always listen." Relatives we spoke with agreed. One relative told us, "I have absolutely no complaints about them, (the staff), they are friendly, really nice."

The staff working at the office saw the importance of people receiving their care from a regular team of people so that they could get to know their likes and preference. They were endeavouring to keep the call runs staff made the same each day to facilitate this. A member of care staff explained how these regular runs had helped them to form positive and caring relationships with people saying, "We usually visit the same people on our 'run' so we get to know them, and them us." Another staff member reflected, "It is much nicer working with the same group of people regularly. Conversations become more natural, and more about them than the care that they need." People clearly appreciated this too. For example, one person told us, "I really appreciate them, (the staff), we always have a little laugh together too, and they talk about all sorts to me."

People and staff told us there was sufficient time available during each call for staff to develop positive relationships and carry out any tasks in an unhurried manner. Staff explained to us how they would always do any small extra tasks that were important to people like watering their houseplants. We heard from people that they valued this gesture. People's care plans described their needs in a concise and personalised way and gave staff clear guidance about the preferred way to care for each person and minimise risk. We saw that most people's care plans contained details such as people's hobbies and interests and 'what not to talk about' to support staff in conversations with them. There was also information about people's likes and dislikes and how this impacted on the way they preferred to be cared for.

People were supported to make day to day choices relating to how their care was provided. One person told us, "I have regular girls who know me well, and know how to help me, it makes all the difference." They explained to us how they sometimes struggled to get their words out. They said staff were understanding and told them to take their time. We also spoke with a relative who told us that they appreciated the fact that carers listened to them, and understood that they knew their family member's needs better than anyone. They told us, "I'm totally involved in [my family member's] care, they include me."

Staff understood the importance of encouraging people to express their views and make decisions about their care and support on an hour by hour basis. One staff member told us, "People need to feel OK about us caring for them. If they say 'no' when I ask, we'll have a chat and maybe they will come around to saying 'yes'." Another staff member said, "We are working with grown adults who make their own choices, we have to ask and listen to them."

Staff at the office explained to us how they involved the person in agreeing how they wished to be supported and in any subsequent reviews. People also told us about their experience of having their service reviewed and said that they felt their wishes and input had been thoroughly respected. Staff also told us how, if a person's needs were changing they would call the office and the person's care plan would be reviewed and updated. The details within the care plans we looked at stated how people were to be supported to have choice and maximise their independence. We saw that people's care plans were reviewed regularly and incorporated any changes a person may want.

We spoke to the manager about the use of advocacy services. People were provided with information about how to access an advocacy service and information on a local advocacy service was displayed in the office. However no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People were treated in a dignified and respectful manner by staff. One person told us they felt the carers they had were, "Really lovely and always polite to me." Another person explained how the support from Agincare staff had enabled them to retain their independence saying, "I feel very isolated, so I look forward to them coming, it's the highlight of my day. I need very chatty people, and they've been chosen very well for my needs." A relative we spoke to said, "[My family member] needs coffee in the morning to get them going. The carers know that, and they give them time to come round. They don't rush them."

Staff explained to us how they promoted people's dignity. They told us how important it was to preserve people's dignity if they were providing care while other people were in the vicinity and may, on occasions, need to speak up on behalf of the person and respectfully ask for some privacy. Another staff member spoke about their duty to promote people's independence so that they were able to remain safely in their own home for as long as they wished. Staff also spoke to us about the different expectations of older and younger people they cared for and how they needed to respond differently to each person to ensure that they felt their dignity had been maintained. For example, staff said that some people like to be referred to as 'Mr' or 'Mrs', while others liked the banter of a respectful nickname.

As was recorded on the PIR, we saw that the principles of dignity were embedded in Agincare company policies and procedures. Each person kept their care planning records in their own home, located where they wished so that they were available to staff. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully and staff made consistent and clear records in accordance with the person's wishes. Personal details for people which were held in the office were kept in files which were stored securely in a cabinet so that they could only be accessed by those who needed them.

## Is the service responsive?

### Our findings

People felt that they received the care and support they required and that it was responsive to their needs. We heard that people felt listened to, and their choices and preferences were taken into account whenever possible. One person told us, "The girls themselves are excellent, they try to work around my wishes. I am very happy with them." A relative explained to us how the service responded to their family members changing needs telling us, "The girls are absolutely amazing, fantastic! They really care for [my family member] and know how to handle them. They are like part of my family now, and they look after me too if I'm having a bad day."

Staff understood the importance of the service being personalised to each person. One staff member told us, "We always focus on the person we are working with, one at a time. We care for them how they want to be cared for and talk about the things that interest them." Another staff member explained how the continuity of working with the same people regularly meant that they were able to respond quicker a person's changing needs, and this was backed up by comments from relatives who told us of instances when this had happened.

We checked with staff if they felt that there was sufficient time allocated to each call. Staff confirmed that there was sufficient time allocated as well as enough time to travel between calls. Staff were also clear that they would speak to the office if they felt a person's needs were changing so that their support plan and timing of calls could be reviewed. Similarly, people were confident that Agincare would respond if they needed their service to change. For example, one person we spoke with told us, "If I need to cancel a visit, or change the time I ring the office, and they'll sort it out."

Information about people's care needs was provided to staff in care plans as well as written in daily notes and communication books where needed. The care records we looked at showed sufficient information to meet people's basic care needs. Information around people's clinical conditions, however, was not always fully identified and recorded. For example, we saw information about people's medical history noted in their care records, but there was not always following information with regards to whether staff might need to support them in a particular way because of this. The manager told us that better information around people's clinical conditions was being added to support plans as they were reviewed. Staff told us that they had the time to read people's care plans and were kept informed where there had been changes. It was evident that staff had an understanding of people's care needs and how they had changed over time.

People felt able to raise concerns and complaints and told us they knew how to do so. One person said, "The office staff are wonderful to me, always very helpful, and will sort out any issues." Another person added, "I feel I can always say how I feel, and they will listen to me." Relatives we spoke with were also confident that they could raise a concern. One relative told us, "When things go wrong, I've felt listened to."

Staff were confident that they could speak up if they needed to and that their concerns would be listened to. One staff member told us, "There is always someone in the office we can speak to 24/7." Another staff member was confident that the registered manager would act on their concern saying, "Any issues that [the

manager] is told about will always be addressed."

People had access to the complaints procedure which was given to them when they started using the service. The PIR stated that complaint forms were held within each person's care planning records so that they could make a complaint using the formal process if they felt the need. The manager was able to show us their complaints file and we saw the correct processes for dealing with complaints were followed. The complaints had been investigated within the timescales stated in the complaints procedure. Communication had been maintained with the complainant throughout the process and appropriate responses were sent when the outcome of any investigation made by the manager had been completed. Outcomes of the complaints were well documented and this included any lessons that had been learned to improve future practice. Regular audits of complaints were made by the regional manager to ensure that any improvements identified were implemented.

## Is the service well-led?

### Our findings

People benefitted from the positive and open culture at Agincare Notts County. We heard that people felt comfortable and confident to speak up if they had any concerns with the staff that were supporting them. For example, one person told us, "I told [the manager] about some of my concerns, like about timings and rotas not being accurate. They listened to me, and now things are better." Relatives we spoke with also told us that they felt comfortable in speaking up if they had a concern.

Staff spoke highly of the manager and the team leaders, telling us they felt well supported and that there was an open and transparent culture at the service. Staff said they were comfortable raising concerns or saying if they had made a mistake. They told us that they felt that there was strong teamwork and everyone pulled together to resolve problems.

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

Staff had confidence in the leadership of the service. Several staff members told us about improvements that had been made at the service since the new manager had started. One staff member told us, "The manager knows their job and also knows the local area so it is a much better place to work now." Other staff were equally emphatic about all of the office based staff and said that they would call them if they were concerned or worried about anything.

The conditions of registration with CQC were met. The service had a manager who had a good understanding of their responsibilities, and how they needed to respond to ensure that the needs of those using the service were met. Arrangements were in hand for them to become registered with CQC as Registered Manager. There was good delegation of tasks between management at the office with each person knowing what was required of them, and staff knowing who was responsible for what. The registered manager was supported by a regional manager who made regular visits to monitor the service. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received required notifications in a timely way.

The quality of the service people received was regularly assessed and monitored. Staff and those who used the service spoke enthusiastically about the changes they had seen recently at the service. People told us that they would now recommend Agincare to their friends if they needed homecare, with one person saying, "I told them, (their friends), Agincare will look after you."

The PIR outlined the audits completed by the regional manager each month. These helped to ensure a high quality service was maintained. This covered areas such as accident and incidents, safeguarding and complaints to ensure that the service complied with legislative requirements and promoted best practice. They also spoke with people to check that they were happy with the service that they were receiving.



People's care planning records and other records relevant to the running of the service were well maintained and the manager had appropriate systems in place that ensured they continued to be. Where any areas of improvement within the documentation had been identified this had been addressed.

People were encouraged to give feedback on the quality of the service provided. The views of those using the service were sought through regular surveys and meetings. Several people told us that they had received questionnaires asking for their feedback about the service they received, and that this was appreciated. This information was used to inform the planning of the service that was provided.

Clear communication structures were in place within the service. There were regular staff meetings which gave the registered manager an opportunity to deliver clear and consistent messages to staff, and for staff to discuss issues as a group.