

Shirecare Limited

Shirecare

Inspection report

Concorde House
Nottingham Road
Nottingham
Nottinghamshire
NG7 7FF

Tel: 01158700290
Website: www.shirecare.co.uk

Date of inspection visit:
28 November 2019

Date of publication:
20 December 2019

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Shirecare is a domiciliary care agency. It provides personal care to people living in their own homes within and around Nottingham and Derby. It provides a service to older and younger adults living with a range of health conditions and needs, to live independently in the community. Not everyone using Shirecare receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, 56 people were receiving personal care as part of their care package.

People's experience of using this service and what we found

Improvements had been made to the systems and processes that monitored the quality and safety of the service. Further work was required to implement ways of analysing incidents and late or missed calls for themes and patterns to support any learning opportunities. The registered manager took immediate action during the inspection to address this.

Improvements had been made to how medicines were managed. Action was still required to ensure hand written medicine administration records, were checked and signed by a second staff member to avoid mistakes being made. During the inspection the registered manager took action to address this. Following the inspection, the registered manager confirmed this had been completed and a new system had been introduced.

Whilst every effort was made for people to receive care from regular staff at the times they wanted, a reoccurring theme from people was they had experienced late calls. Three people reported they had experienced a missed call; however this could not be evidenced.

People's needs, preferences and routines were assessed and acted upon. Guidance provided in care plans for staff had been improved upon. However, guidance and information were not consistently detailed.

Risks associated with people's care needs, including the environment had been assessed and staff had guidance of how to manage any known risks. Staff had received training in safeguarding adults and the registered manager was aware of their role and responsibilities to act on any safeguarding concerns.

Staff recruitment was ongoing and at the time of the inspection, sufficient staff were deployed to meet people's care needs. Robust checks were completed on staff's suitability to provide care before they commenced their employment.

People were protected from the risk of cross contamination because best practice guidance in infection control practice was followed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received an induction and improvements had been made to the training staff received. Staff had spot checks completed to review their practice to ensure standards were maintained.

People were supported with their health care needs. Staff monitored people's health and care needs and shared information with healthcare professionals when required. Where people required assistance with nutrition and hydration needs, staff had detailed guidance of the support people required.

People were complimentary about staff and considered them to be kind and caring. At the time of the inspection no person was receiving end of life care, however staff had received training in this area of care. People received care and support that respected their privacy and dignity. People's communication and sensory needs were assessed.

The providers' complaints procedure had been shared with people and people received opportunities to share their experience about the service.

The registered manager and provider understood their registration regulatory responsibilities.

Rating at last inspection

The last rating for this service was Requires Improvement (published 31 October 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations. The service has improved to an overall rating of Good. Responsive remains Requires Improvement, further action is required to ensure people receive a service that is consistently responsive.

Why we inspected

This was a planned inspection based on the previous rating.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Shirecare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors and one Expert-by-Experience. An Expert-by-Experience is a person who has had personal experience of using or caring for someone who uses this type of care service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. Inspection activity started on 26 November 2019 and ended on 27 November 2019. This is when we contacted people who used the service for their experience and spoke with some staff. We visited the office location on 30 November 2019 and met with the management team.

What we did before the inspection

We reviewed any notifications we had received from the service (events which happened in the service that the provider is required to tell us about). We reviewed the last inspection report. We asked Healthwatch Nottingham for any information they had about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with four people who used the service and seven relatives about their experience of the care provided. We spoke with the registered manager, the nominated person(provider) nine care staff, the provider's trainer and two care coordinators. We reviewed a range of records. This included seven people's care records. We looked at four staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service, including staff training, audits and checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked the registered manager to provide us with details of policies and procedures. Information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection, the provider had put people at risk of not receiving their medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

Using Medicines safely

- Where required, people received support to ensure they received their prescribed medicines safely. One relative told us how staff administered medicines safely and were careful to record this. Another relative raised a concern about the support provided with their relative's medicines. We discussed this with the registered manager and viewed medicines records. Appropriate action had been taken and best practice followed.
- Improved audits and checks had been introduced and were working well. As well as medicine administration records (MAR) an electronic mobile app was used by staff to confirm people had received support in line with their care plan. Body maps were used to instruct staff of the site application for topical creams.
- MAR's viewed confirmed people had received their medicines. Staff had recorded correctly if people had refused or if there had been changes to a person's prescribed medicines. We did note that hand written entries of people's medicines had not been checked by a second staff member. This is important to ensure errors are not made in transcribing. The registered manager agreed to take immediate action to address this.
- Staff received annual training in the management and administration of medicines and had their competency assessed. A medicines policy was available to staff to support their practice.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from abuse and avoidable harm. People told us they felt safe with the staff that supported them and had no concerns about their care. A person said, "I feel safe and they are good how they hoist me."
- Staff received annual safeguarding training and had a safeguarding policy and procedure to support their practice. Staff were aware of their responsibilities to protect people from harm and abuse. This included the procedure for reporting concerns to external bodies such as, the local multi-agency safeguarding team, police and CQC.
- The provider also had a whistle blowing procedure that staff were aware of and told us they would not hesitate to use. A 'whistle-blower' is a staff member who exposes any kind of information or activity that is

deemed illegal, unethical, or not correct within an organisation.

- Incidents were recorded and reviewed by the registered manager. Incident records showed action had been taken to reduce further risks such as referrals to occupational therapy services and the GP.
- The registered manager told us an electronic system monitored calls and alerted office staff to any late or missed calls. A late call was classed as a call 30 minutes after the allocated call time. The registered manager told us there had been no missed calls. However, three people told us they had experienced a missed call some months earlier. We were unable to confirm this. We noted there was no analysis of late or missed calls to support the registered manager in monitoring any themes and trends. The registered manager told us they would address this immediately.

Assessing risk, safety monitoring and management

- Staff had guidance of the care and support people required to manage known risks. This also included safety in relation to the environment. Information was updated and reviewed to support staff. Guidance included how to support people to manage risks associated with health conditions and included guidance on falls and skin care.
- People told us they felt staff supported them safely with risks such as moving and handling, including security of their property.
- Staff told us they read people's care plans and risk assessments to make themselves familiar with how to support people safely. Care coordinators or the senior care worker, provided staff with additional information they needed. This was particularly important if staff were providing support to people they were unfamiliar with; such as when covering for other staff who were absent from work.
- Monthly checks of daily records for a selection of people was completed by the registered manager. This was to ensure care needs were being met in accordance with individual assessed needs and safety.

Staffing and recruitment

- Staff recruitment was ongoing to ensure there were sufficient staff employed and deployed to meet people's care needs. An electronic system was used to monitor calls. The on-call duty system was managed by a member of the management team and provided staff with any support needs.
- Every effort was made to match staff with people who lived in their geographical area to reduce staff travel time.
- The provider had safe staff recruitment checks in place, to mitigate against the risk of employing unsuitable staff. This included checks on staff identity, employment history and criminal records and references were requested prior to employment.
- Staff received training in health and safety, including first aid. Spot checks were completed regularly to assess staff's competency.

Preventing and controlling infection

- Infection control measures were used by staff when providing care. This included single disposable aprons and gloves to reduce the risk of cross contamination. Staff had completed infection control and food hygiene training.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- New and improved systems were in place to assess people's individual care needs and preferences. This included consideration of people's diverse needs in relation to the protected characteristics under the Equality Act. For example, people's disability, race, religion and sexual orientation was recorded. This was important to reduce the risk of people experiencing any form of discrimination.
- The provider had up to date policies that reflected current legislation and best practice guidance in health and social care standards.
- Staff had access to information factsheets on health conditions, such as diabetes care to support their awareness, understanding and best practice guidance.

Staff support: induction, training, skills and experience

- People received effective care from staff who had received an induction and annual refresher training. The provider had invested in training and had recruited an internal trainer. All training was accredited, and the provider was an approved training centre. This means training standards and delivery was monitored externally.
- The trainer told us, and the training plan confirmed, staff had received training the provider had identified as required. The management team told us they had a commitment in providing good quality training that was reflective of people's care needs. An example of this was whilst staff had received dementia awareness training, it had been identified staff required a more in-depth training and this had been planned for.
- Staff told us they received three days of training and this was helpful and supportive. A staff member said, "Training is face to face which is much better. We used the moving and handling equipment which was good." The trainer told us how staff received blended learning that included completing workbooks, discussion, and observation.
- Staff confirmed they received opportunities to discuss their work and they had regular spot checks on their care practice. Staff felt well supported by the senior care staff supervisor, who's role was to provide additional support and guidance to care staff. A staff member said, "On call [senior care staff supervisor] is very supportive. I've worked for other care companies, but never had the level of support I get with this one."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff provided external professionals such as ambulance staff and community healthcare professionals, with relevant information to support a person in their ongoing care.
- Staff told us how they monitored people's health and reported any concerns either to the person's relative

or GP. A staff member said, "We work a lot with the district nursing team and report any concerns to them or the GP."

- Support with oral healthcare was not consistently recorded and staff had not received training in oral healthcare. However, in discussion with the registered manager they agreed to review best practice guidance in oral healthcare to support improvements in this area.

Supporting people to eat and drink enough with choice in a balanced diet

- Where people required support with their food and hydration needs, staff provided effective support. A relative said, "They [staff] prepare food and help [relation] eat and they always make sure they've had enough to eat and drink."
- People's nutritional support needs and preferences were recorded. Guidance included information about any dietary needs associated with health conditions, religion or cultural needs.
- Staff told us where they provided support with meals and drinks, they encouraged and respected people's choices. Support also included checking food use by dates and ensuring people were left with drinks and snacks in easy reach.

Ensuring consent to care and treatment in line with law and guidance

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.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA

- Consideration of people's mental capacity to consent to their care and support had been documented. The registered manager told us at the time of our inspection, people had capacity to consent to their care package. The registered manager was aware of their responsibilities should a person be deemed to lack capacity and the process of making a best interest decision.
- There were inconsistencies in staff's level of understanding about the MCA. However, staff recognised the importance of supporting people as fully as possible in decisions about their care. Staff advised if they had any concerns they would report this to the management team. The registered manager took immediate action for staff to receive further training.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care and support from staff who were kind, caring and compassionate. Feedback from people was consistently positive about the care staff provided. A person said, "They are absolutely wonderful and really will do anything for you to help. The carer today, for example, noticed I had a reminder to buy milk and they went off and bought some." A relative said, "They are fantastic professional staff and [relation] looks forward to seeing them all. They sit and talk with them."
- Staff spoken with showed a great interest in people's care and welfare needs. They spoke kindly of people and clearly had developed positive relationships with them. A staff member said, "I have regular people I go and see. I think that's a good thing because you build up bonds and people like to have regular staff." Another staff member said, "I really love my role, it's so rewarding helping people to remain living in the community."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care. A relative said, "The staff are so caring and have a smile, they go above and beyond. They involve [relation] in their care and give a choice in what they want. They all chat away as they work and never rush or hurry them along." Another relative said, "They take their time to chat with [relation] and explain what they are doing as they work."
- A staff member told us how people were supported with their communication needs to ensure they were fully involved in their care. For example, people living with dementia had an information booklet that provided helpful information and guidance such as how best to communicate with them.
- Care records confirmed how the management team had met with people and their relative to discuss their care package. A relative told us how their relations needs had increased and how the care package had changed to accommodate this,
- Information had been made available for people about how they could access and receive support from an independent advocate to make decisions where needed. This information was in the provider's service user guide. Advocates support and represent people who do not have family or friends to advocate for them, at times when important decisions are being made about their health or social care.

Respecting and promoting people's privacy, dignity and independence

- People received care that respected their privacy and dignity. This was confirmed by a relative who said, "They [staff] give a full and kind explanation and respect [relations] dignity; never making them feel embarrassed." This reflected additional positive comments about staff's approach to dignity and respect.
- Staff recognised the importance of promoting people's independence, this was reflected in positive

comments received. A relative said, "We feel that [relation] is respected, staff offer choices and encourage their independence where possible."

- People's care plans provided staff with guidance about promoting people's privacy, dignity, respect and independence. Staff gave examples of how they supported people to maintain their independence as much as possible or how they supported people to regain their independence following a period of ill health.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the information recorded. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff used a secure mobile app to share and exchange information with the management team.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Feedback from people about their care package being on time was variable. Some people reported they had experienced late calls and missed calls. A person said, "Sometimes a 4pm call would be as late as 6.30pm." Another person said, "There is the odd late call but usually due to unavoidable circumstances." A third person said, "There were a couple of missed calls a few months ago."
- From reviewing care records we were unable to confirm any missed calls. Whilst we noted some late calls, these were within the 30-minute period people could expect staff to arrive. Some people reported they were informed in advance if staff were running late and others told us they were not.
- Staff reported the staff rota did not always provide sufficient travel time and this caused them to be late and was stressful. The management team told us they were aware of these concerns and had begun to make improvements to the staff rota. A staff member said, "We've made improvements in one patch and now we're working on making improvements in another. We don't take on any new care packages if we don't have capacity." The registered manager told us how a new senior care role had been introduced who was not included in the staff rota. This staff member was used to cover any visits that required covering due to unforeseen circumstances.
- People told us they preferred to have the same regular care staff to provide care. Feedback about continuity of care staff was mixed. A person said, "They are mostly regular staff who know me and always turn up promptly." Another person said, "I did have one regular care staff but now have different ones, but they are usually on time." The management team told us they were aware people preferred consistent staff and they strived to provide this as far as possible.
- People's care plans varied in the level of detail provided to staff about their support needs. For example, a person's pre-assessment completed by the local authority, stated they had experienced a stroke, and this had left them with a left sided weakness. This information was not provided in the person's care records. Another person's mobility care plan stated what equipment they used to support their mobility but recorded the person mobility needs by saying, 'can't really walk around'. A third person's catheter care plan was well detailed, supportive and informative for staff. We discussed these inconsistencies with the registered manager. They told us they would book staff responsible for developing care plans onto additional training.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and sensory needs were assessed and planned for. However, the guidance

provided to staff about people's care and support needs were not consistently recorded. For example, information about the support required with hearing aids such as cleaning and battery checks were not included.

- The management team told us they had not been required to provide information in alternative formats such as large print, but they told us they would do so if required. The provider's service user guide that informed people about what they could expect from the service, advised they could request a copy in alternative formats. This meant people would not be disadvantaged by not having information that met their individual sensory and communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Information about people's life history, interests, hobbies and what was important to them was limited. However, the registered manager told us that people were often reluctant to share this information but was aware of the importance of it to support staff to provide personalised care.
- Staff demonstrated a good understanding of the risk of self-isolation. A staff member said, "I love making sure people are okay, some are very isolated and see very few people. I treat them like one of my own family. If I have extra time, I stay longer and have a chat, people love it, they just want to chat to people and have some company."

Improving care quality in response to complaints or concerns

- People had access to the provider's complaint procedure. People told us they were aware of how to make a complaint and that whilst they had not needed to, felt confident to do so. A relative said, "We are actively encouraged to feedback any concerns. You can talk to someone in the office 24 hours a day and they will always do their best to help."
- The complaints log showed one complaint had been received since our last inspection. This had been investigated in accordance with the complaint policy and procedure, and action had been taken to make improvements.

End of life care and support

- At the time of our inspection, no person was receiving end of life care. However, staff had received end of life care training. The registered manager was aware of the need to complete specific end of life care plans, to support the person in receiving the care they wished at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection, the provider did not have sufficient formal audits and checks to monitor the quality and safety of the service (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 17

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- New and improved systems and processes had been introduced that monitored quality and safety. This included monthly checks completed by the registered manager of people's daily notes. This was to check the level of detail, accuracy and to confirm people had received care in line with their assessment and care plans. MAR's were also checked monthly and accidents and incidents. Where improvements were required, the registered manager documented what they had done to raise standards. This included additional staff training and reminding staff of expectations and responsibilities.
- Improvements had been made to the management team structure. This included the introduction of an internal trainer, the appointment of an on-call senior care supervisor and two care coordinators. Both the registered manager and nominated person were fully involved in the service including covering care calls. This meant there was a clear managerial structure, with clear roles and responsibilities.
- The management team including staff, spoke positively about the improvements made and told us about the ongoing improvements. This included staff training and support. The management team told us it had been problematic to have full staff meetings but recognised the need to provide staff opportunities to meet together to discuss the service and be involved in its continued development. The management team were working on improving travel times and had purchased a company car to support staff with travelling and were reviewing staff rotas.
- The registered manager used CQC updates and alerts and researched best practice guidance, to support their awareness in driving forward improvements. Following our inspection, we received confirmation of action taken to ensure all MAR's of people's prescribed medicines were checked by a second person to ensure transcribing was correct. A log of any late and or missed calls, had also been introduced to enable increased oversight and accountability of calls.
- The provider had met their registration regulatory requirements of notifying CQC of certain events when they happened at the service. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking

information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team had an open and transparent approach. When things went wrong the management team were honest and learnt from this and made improvements. For example, they invested in becoming a learning centre to improve staff training. A mobile app had been introduced to improve oversight of calls and the administration of medicines and communication with staff.
- There was a system to report if staff were running late. Overall people told us they were informed if staff were going to be late. There was also an on-call duty system for people and staff to use outside office hours. Overall this was working well.
- Where complaints or concerns were raised, the registered manager responded quickly. The management team showed great passion, commitment and drive to continually drive forward improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received mixed feedback from people about their experience in engagement with the management team. Three people told us they did not know who the registered manager was. Whilst others told us they had met the registered manager. Some people told us they had experienced some difficulties contacting the office, however others told us they had not experienced any problems at any time. We shared this feedback with the registered manager who agreed to take action to make improvements.
- Overall people were happy with the care they received. A relative said, "We feel valued as clients and everyone goes above and beyond to help. They are doing a good job. I would like to thank them for their exceptionally high standard and the peace of mind that it gives me." Others told us they would recommend the service to others. A person said, "I am fortunate to have such wonderful cheery staff who brighten my day; it is a lovely start to every day."
- People were invited to provide feedback about their care via an annual satisfaction survey. The last survey was completed in January 2018. From 16 surveys returned 13 people gave positive feedback about contacting the care service team. As a response to make improvements, two full time care coordinators were recruited. 14 people reported they were likely to recommend the service to others.
- Spot checks on staff's performance gave people an opportunity to also share feedback about the care they received. An annual review meeting with people to discuss their care package was also arranged. However, the registered manager told us if people's needs changed earlier review meetings were completed.
- Communication and engagement with staff were via email, telephone and face to face. Staff could attend the office to see the management at any time.