Agincare UK Limited

Agincare UK Newcastle under Lyme

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Agincare UK Newcastle under Lyme is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults, younger disabled adults and children. At the time of our inspection there were 68 people using the service.

There was a manager in post at the time of the inspection; they had made an application to register with us (Care Quality Commission). 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.

At our last inspection on 28 and 29 September 2016 we found the service was rated Requires Improvement. This was because there were not robust systems in place to ensure staff were suitable to work with people that used the service, there was not clear guidance for staff for administering some medicines and the systems to monitor the quality of the service were not effective. We issued the service with a requirement notice for breach of Regulation 17, governance arrangements. At this inspection we found improvements had been made and the provider was meeting the regulations. Improvements to the systems for checking staff were suitable to work with people had been made and the guidance was available for staff on administering medicines and overall governance arrangements had improved, but further work was needed.

This is the third consecutive time the service has been rated Requires Improvement.

People did not always receive support from staff at their preferred time. Medicine stocks were not always available where staff were responsible for ordering peoples medicine. Governance arrangements needed further improvement and peoples feedback needed to be considered to drive improvement within the service. The manager had systems in place to implement learning from incidents and when things went wrong, however these were not always used as they should be by staff.

Risk assessments and management plans were in place to keep people safe. People were safeguarded from abuse. People were protected from the risk of infection.

People's needs were assessed and their care plans were used to deliver effective care. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff were trained to deliver effective support to people and had their competency checked. People were supported to maintain a healthy diet. People were supported to access health professionals when required.

People were supported by caring staff that protected their privacy and dignity. People had support to make decisions and choices about their care and maintain their independence. People's communication needs

were assessed and they received support to communicate effectively.

People's preferences were understood by staff and were used to provide person centred care. People understood how to make a complaint. People received support with care at the end of their life, which allowed them to have a dignified and pain free death.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People did not always receive medicine as required as stock had run out.

People were not always supported by sufficient staff at the time of their choosing.

People were supported to manage risks to their safety.

People were safeguarded from harm.

People were supported by safely recruited staff.

People were protected from the risk of infection.

There were systems in place to learn from when things went wrong.

Is the service effective?

Good

The service was effective.

People's needs were assessed and detailed plans were in place.

People were supported by knowledgeable staff that were well supported.

People had support to have their nutrition and hydration needs met.

People received consistent care and support.

People were supported to maintain their health and well-being.

People were supported to have maximum choice and control of their lives.

Is the service caring?

Good

The service was caring.

People were supported by staff that were caring.

People were able to decide how their care and support was delivered.

People said their privacy and dignity was maintained.

Is the service responsive?

Good

The service was responsive.

People's preferences were understood, clearly documented and used to provide person centred care.

People's complaints were investigated and responded to.

People were supported at the end of their lives.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality audits were in place but did not always identify issues and drive improvements to the service.

Communication with the management team was not consistently effective.

The manager understood their role and responsibilities.

There were systems in place to learn from incidents; however these were not always followed.

Agincare UK Newcastle under Lyme

Detailed findings

Background to this inspection

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

The inspection was carried out over three days. The site visit took place on 5 and 6 July 2018. Calls to people were made on 5, 6 and 10 July 2018 and calls to staff were made on 6 and 10 July 2018. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff. We needed to be sure that they would be in. The inspection team consisted of three inspectors and two experts 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.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We also contacted the Local Authority Safeguarding Team for information they held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with 18 people who used the service and 12 relatives. We also spoke with the manager, two care coordinators and eight staff.

We reviewed the care records of nine people and four staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including staff rotas, training records, complaint logs, audits, and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 28 and 29 September 2016 we found systems in place to check the suitability of staff working at the service were not robust and information about medicine administration was not always documented for staff. At this inspection we found the provider had made some improvements, however we found further improvements were needed.

People and their relatives told us they did not feel there were sufficient staff to provide continuity of staff or keep to their preferred times. People and relatives told us staff were often late and they were not sure which member of staff would attend their call, although everyone we spoke with told us they had no experiences of missed calls. One person told us, "The staff usually arrive within about 30 minutes of their allotted time, we just wait until they get to us which isn't usually much of a problem. We have some regular staff, but those tend to work Monday to Friday, so over the weekend we can see different staff, some of whom we might not have met before. We haven't experienced any totally missed calls however." One relative said, "It is up and down. Timing has now improved as it was very poor but they still don't call if held up and going to be late, we have to call them. They have never missed coming though." Another relative said, "Our two staff are always on time and never missed coming to us." Whilst another told us, "Times are different between 8.30am and 10am. We have spoken to the company about it but nothing has changed. They do always come to us though but never call us."

Staff told us they felt there were sufficient staff most days to meet people's needs. They told us they provided care most of the time to the same service users to ensure continuity of care and that temporary staff (agency staff) were not used by the provider. One staff member said, "We never use agency staff; we just pick up extra hours. We have a good system and all calls are covered." Staff told us they felt they had enough time between calls and usually managed to get to their calls on time unless they were stuck in traffic and they had 30 minutes either way to get to their calls, but people were contacted if they were late. Records we reviewed showed people were being supported at different times for their care. However, where calls were time specific, for example where people needed to take medicines at specific times, we found these were always on time. The manager was aware that some people were having calls later than they would like, however they told us they had a constant recruitment process on-going to address this. This showed there were not enough staff to ensure they could be deployed at the times people preferred.

Most people we spoke with did not receive support with their medicines, however where they did people were happy with the support they received. One person told us, "I have tablets and they get them out for me with a drink. I am able to take them myself when they get them for me." We saw there was a medicines policy in place, which staff understood, there was clear guidance in place for administering medicines, including topical medicines. Medicines were mostly in prepared packs from the pharmacist and there were medicine administration charts (MAR) in place which were completed accurately. However, one person had one of their medicines in a box from the pharmacist. The person's medicine had run out of stock and they were without their medicine for seven days; however, they had not suffered any effects from missing their medicine. We spoke to the manager about this, and they told us action was taken on the day the medicine ran out and staff checked with the doctor and pharmacy when the medicine was to be delivered, but it took

a number of days to arrive. The manager told us they were going to introduce a system of weekly checks on boxed medicines to ensure this could not happen again, we saw the documentation and guidance for staff was put in place on day two of the inspection. This showed improvements were needed to ensure peoples medicines stocks were checked and they did not go without their medicine.

People told us staff helped them to feel safe. One person said, "They only come in the morning to me and I feel safe in the knowledge knowing that they are coming to check I haven't fallen." Another person said, "I do feel safe, it is a safe comfort for me knowing they are coming to ensure I am alright." A relative told us, "Very safe. They make sure [person's name] is fine before they go to day care which takes the pressure off me." Staff could tell us about how to recognise the signs of abuse and told us they had received training. We saw there was a safeguarding policy in place and where incidents had occurred these had been reported to the appropriate bodies. The manager understood their responsibilities and kept records relating to safeguarding incidents. This demonstrates there were systems in place to ensure people were safeguarded from abuse.

People and their relatives told us staff supported them to manage risks to their safety. For example, one person required a hoist for transfers, they told us, "I am very safe with the carers. I am bed bound but need hoisting to get me upright and they ensure I am comfortably and safely moved using the hoist." Another person told us about the support they had to prevent the risk of falling, they told us, "I have to walk on a stick and crutches, I need two staff now, and they support me when getting me up and going to the bath or lounge so I cannot fall." A relative told us, "[Person's name] has slide sheets and straps for a turning aid. The staff take their time making sure [person's name] is secure before moving them. It is peace of mind for me." People had clear risk assessments and plans in place to manage risks to their safety. Staff understood these risks and could describe how they supported people safely to manage them. For example, one person was at risk of dehydration and of pressure sores. Staff described how they followed the advice from a visiting health professional and helped them by encouraging fluid intake and monitoring how much the person had drank during the day. We also saw there was guidance in place in peoples care plans for how staff should support people, for example with using a hoist and with specific dietary requirements. Records supported what we were told. This shows people were supported by staff that understood how to protect them from risks to their safety.

The provider had a policy in place which was followed to ensure safe recruitment of staff. For example, they carried out checks to ensure new staff were suitable to work with people before they started work and obtained work history and references. A check with the Disclosure and Barring Service (DBS) had to be in place before people started work. The DBS helps employers make safer recruitment decisions. This meant people received support from safely recruited staff.

People were protected from the spread of infection. One person told us, "The staff always come with their uniforms on and I have to say they are always clean. They also have their gloves and aprons." Another person said "Hygiene standards have never been a problem, and we've always got plenty of aprons and gloves here. I don't mind how many times they change them or need to wash their hands as long as it means we can keep the risk of infection down." Staff had been trained in how to reduce the risks of infection and could describe the systems in place. This showed people were protected from the risk of infection and cross contamination.

The manager told us they had a system in place to support learning when things went wrong. This included asking staff involved to come into the office and discuss the incident. Learning was then shared with staff through a newsletter and staff meetings. We saw records which supported what we were told. However, we found one incident had not been fully documented in the system by staff, although appropriate action had

been taken to support the person concerned, the manager had not been made aware. We spoke to the manager about this, and we found this was during a period where there was a gap in management support. The manager told us they were confident now staff would report any incidents and follow the correct procedure. This meant some improvements were needed to ensure staff followed procedures for reporting incidents.

Good

Is the service effective?

Our findings

At our last inspection on 28 and 29 September 2016 we found the service was effective. At this inspection we found the service continued to be effective.

People and their relatives told us they had an assessment and a care plan in place before receiving the service. One person said, "We have been with the agency for well over six months now and I do remember sitting down with somebody and talking through the care that I needed once I came home from hospital. I know the care plan is in my folder, because sometimes when I get a new staff member, they have to look in there to see exactly what it is I need help with." Staff could describe in detail the care and support people needed and told us they read the care plans before carrying out people's care. A care field supervisor said, "We do dementia assessments for people with dementia. It's about their dementia, behaviour and risks around this. We check if they've got a Community Psychiatric Nurse and other mental health professionals involved." We found people's assessments identified their needs and the care plan guided staff on how to deliver their care. There were specific assessments in place for different aspects of care. For example, where people had nutritional needs, this was detailed with guidance for staff. Staff could describe people's needs and how they followed the care plan to meet them. One staff member described how they supported someone with continence aids to manage this safely. We found assessments took account of people's diverse backgrounds and care plans gave information to staff to support people, for example with regards to their culture or religion. This meant people's needs were assessed and care plans were in place to support the staff in understanding how to meet them.

People and relatives had mixed views about whether staff were trained well. One person told us, "No issues with their training and skills at all." Another person told us, "You can tell from the way they help me wash and dress and shower that they know what they are doing." Some people however, felt when new staff started they sometimes needed more training or support with some aspects of their care. However, staff told us they received an induction and shadowing, and they had to undertake a six month probationary period. The manager told us they carried out competency checks before new staff worked with people on their own, records showed these were completed. Staff told us they had on-going training in a variety of subjects relating to care provision. They told us they were up to date with their training and usually received reminders if their training was due. Records confirmed staff had completed training in areas such as safeguarding, infection control and manual handling and received regular supervisions and appraisals. This meant staff received an induction into their role, shadowing and training to support them in their role.

People and their relatives told us staff recorded everything from the visit in a book and they were familiar with their care. One person said, "Normally I have the same carer except if on holidays like now. Everything is recorded in a book here." People and relatives had mixed views about how consistent the staff teams were that came to the calls. The manager told us they were working towards ensuring the same team of staff would attend calls to improve consistency for people. The manager said staff communicated well between themselves and with the office if there were any changes with people's care. Staff confirmed they communicated changes and recorded information in the persons records, the records we saw also confirmed this. This meant whilst communication was good and staff worked consistently, there was

improvement needed to the consistency of staff attending the calls.

People were supported to have food and drinks of their choice. One person said, "If I wish to have a meal they will prepare it. I have food delivered and they will microwave one for me or make me a sandwich. They will get whatever I ask for." A relative told us, "[Person's name] needs encouragement to both eat and drink. The staff encourage them and always make sure they write down so I can see exactly how much fluid [person's name] has had. The staff never mind making something, if there is a particular thing that [person's name] actually fancies." Staff could describe the type of support people received with meals and drinks and any risks they had to manage any preferences people had. One staff member said, "[Person's name has a food and fluid chart. We write down everything. They have a drinking bottle which we fill up every call. They like a hot drink too. Everything is put on a small table which the person can reach." We saw dietary needs were assessed, any risks identified and plans were in place to manage these. For example, one person had a plan in place to support them to eat a suitable diet as they were living with diabetes. This meant people were supported with their diet, their needs were assessed and preferences considered by staff.

Most people could access health professionals without support from staff. One relative said, "The staff have provided support. They found [person's name] needed help and advice from a district nurse and the staff phoned to make an appointment. They are very good and will assist with anything." Staff gave us examples of when they had contacted a GP or district nurse when they had concerns about a person. We found staff worked well with health professionals to seek advice and this was followed. For example, one person was being supported by a district nurse and they required regular changes to their care as a result of their treatment plan. We found staff had a system in place to receive updates from the nurse and these were followed. We also saw staff monitored the person and shared the information with the district nurse. This meant people had access to support to maintain their health and well-being.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People and their relatives were asked if staff sought consent before providing care and support. One person told us, "Yes they always ask how I am and don't start anything without asking me if it is ok first." Another person told us, "Every time. They won't start without asking me first and asking me how I am." Staff understood the principles of the MCA and how to seek consent from people. Staff told us they would report to the office any concerns about people's capacity to enable them to have an assessment. Staff said they understood how decisions would need to be taken in people's best interests. The manager told us staff had training in the MCA and mental capacity assessments were undertaken when required and best interest decisions were recorded where people were unable to consent. Records we saw supported this. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The manger understood where people lived in their own homes providers must make applications to the Court of Protection if they are being deprived of their liberty. This demonstrated a good understanding of the principles of the MCA.

Good

Is the service caring?

Our findings

At our last inspection on 28 and 29 September 2016 we found the service was not consistently caring. At this inspection we found the service had made the required improvements.

People and their relatives felt the staff were caring in their approach. One person told us, "I am very happy. They all are all lovely caring, and considerate." Another person said, "They have all been wonderful and very caring." Other comments from people included, "All are very caring with me friendly and happy," and "They are all nice whoever comes and very caring and kind to me." A relative told us, "I go and visit my [relative] every day as they are only just up the road. The staff are all very friendly and I know them well now. They will always let me know straight away if they are concerned about anything to do with [person's name] general health or their overall mood." All the staff used caring terms when they spoke about people. One staff member said, "I love it. I've worked in care for nearly 18 years. It's rewarding. You're helping people who can't help themselves." The manager told us this was an area that was checked through spot checks on staff and with questionnaire and phone calls and they were confident the staff were caring. This showed people were supported by kind and caring staff.

People were involved in making decisions about their care. One person told us, "I was involved in everything, whether it was the time that I wanted the carers in the morning, or how I wanted the care to be organised or what type of carer I thought I'd get on better with." A relative told us, "[Person's name] is happy with them and everything they ask for they get. They are certainly in control." Staff told us that they ensured people directed their own support. One staff member said, "I give people lots of choices. I get a selection of clothes out and ask them to choose and same goes for their meals." Staff also confirmed they supported people to maintain as much independence as possible. For example, one staff member told us, "We give them a choice of what they want. We ask them if they want a shower or a wash and we ask them if they want to do things by themselves and we assist them as they wish." Another staff member said, "We motivate and reassure them to do more for themselves and it gives them a confidence boost." We saw care plans ensured people were offered a choice and their independence was promoted. This meant people were supported to make choices and maintain their independence.

People had their communication needs assessed and support was provided in the way they needed to help them understand. We confirmed this from the records we saw, for example, one plan described how the person sometimes got words mixed up and gave guidance for staff on what the person was trying to say. Staff were able to describe the type of support they gave to help people communicate. For example, one staff member said, "I use very specific mouth movements and hand gestures with one person that has a hearing difficulty." Another staff member said, "I used to communicate with a person through singing. The person was living with dementia and it helped them understand." This shows people had support to communicate.

People were treated with dignity and respect and privacy was maintained by staff. One person said, "They close the door and wait outside when I am using the toilet." A relative told us, "I know it's very important to my [relative], but the staff are very good and my [relative] never has to remind them to shut the door." Staff

gave us examples of how they provided care in ways that would make the person feel valued and respected. They gave us examples of how they maintained people's dignity when they provided personal care. One staff member said, "When you undress people, you put towels across them. You go by what they say or want." We saw staff were respectful when speaking with people on the phone during the inspection and about people who used the service when they spoke to us about people, records were maintained and people's privacy was protected. We saw one record that used some language which was not professional and could be interpreted as disrespectful. The manager said they would speak to the staff member concerned and do a general reminder to all staff. This was however an isolated incident, as people were treated respectfully and with dignity.

Good

Is the service responsive?

Our findings

At our last inspection on 28 and 29 September 2016 we found the service was good. At this inspection we found the service continued to be good.

People were supported to have their care the way they preferred. One person told us the staff supported them with their morning routine, just how they liked things done, they added "Most of the staff I've had are very mindful of the fact that they're in someone's home and they do respect how you like things to be done." Another person told us they had difficulty getting comfortable due to their condition and staff were always supportive in assisting them, they added, "The staff member doesn't mind whatever they have to do to make me comfortable and they insist that they won't go until they know that the discomfort is at a level that I can cope with." Another person told us, "I have to say I'm rather stuck in my ways, so I do like things to be done the way I've always done them." The person said staff respected their choices. The manager told us the assessment process and care plan took account of people's current and past history which helped staff to get to know people well. Staff confirmed this and could describe people's preferences. For example, one staff member said, "Whilst doing some personal care today with [person's name] we discussed football and Brexit and it breaks the ice. If you can make fun and have a laugh, then it's not as personal for people." Another staff member said, [Person's name] is lovely, they love cricket and were in the armed forces so we've built quite a decent relationship. It gives us something to talk about whilst you're providing personal care, so it takes their mind off things."

People's individual needs including cultural, religious and sexual needs, were considered. The manager told us as part of the assessment and care plan these were taken into account. Staff confirmed this telling us about how people's personal preferences and beliefs were respected. One staff member said, "We've got one person who likes to have their prayers before they go to bed. We try to fit their evening calls around they prayer routine." Another staff member said, "We have one person who goes to the Mosque occasionally. It's just about taking interest in their beliefs. We can't go to them before their prayers."

People and their relatives understood how to make a complaint. One person said, "I know how to complain, it was explained to me at the first meeting with the manager and there is a leaflet about it in my folder." Another person told us, "I have in the past made a complaint, they have sorted it out now though so all good at the moment." We saw there was a complaints policy in place and the manager could demonstrate how complaints were investigated and responded to.

People were supported with end of life care to have a dignified and pain free death. The manager told us there were specific plans in place for people and they engaged with other professionals involved in supporting the people at the end of their life. We found that the assessment and care plan described the support people needed and staff were aware of this. Staff described how they supported people, for example, they could tell us how one person was able to manage most of their care themselves, how they monitored for some changes and the actions they would take. Staff said, they were involved in supporting the person with the aspects of their care they found difficult due to their condition, without taking control away from the person. This demonstrates people were supported with dignity at the end of their life.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 28 and 29 September 2016 we found the service was not well led and was in breach of the regulations. At this inspection we found the service was meeting the regulations however, further improvements were needed.

There were quality checks in place to enable the manager and provider to check on the quality of the service people received. For example, daily records were checked on a monthly basis; however the provider's policy was only to check a percentage of records each month. This meant some people's records were not checked and the manager had not identified some of the concerns we found. For example, some records had missed entries where staff had not completed what care people had received. The manager was able to provide evidence the person had received their care, however as the audit did not look at all records, this was only investigated when we found the concern. Peoples MAR charts were also checked in this way, which meant if people had not had their prescribed medicine the audit system would not have identified this. We checked MAR charts and found there were no missed entries. The manager informed us after the inspection that with immediate effect they would be auditing all people's records as they come in to the office on a monthly basis to ensure they identified issues straight away and then they could be investigated.

We found there was no system in place to check medicines stock. This meant one person had run out of medicine before an order had been placed for more supplies. There was also a delay in obtaining the medicine from the pharmacy. This meant the system had not ensured people had access to their medicines. The manager told us they would introduce a system straight away to ensure stocks were checked and recorded by staff to prevent this from happening.

There was a system in place to monitor and investigate accidents and incidents. Staff confirmed for us they understood how to manage and report incidents. However, staff were not always following the procedure and we found one incident had not been logged in the way that it should, which meant that whilst the person involved had received the correct support, there was no opportunity for management review to see if there were wider lessons to be learned. We spoke to the manager about this and they said the incident had happened before they arrived during a period when the service had limited management support. They said they were now confident the system in place was being used by staff. This shows some improvements were needed to ensure staff were using the systems in place to report incidents.

There were systems in place to monitor call times and alert the management team if calls were running late or had been missed. We found there had been no missed calls as the alerts prevented this. However, the reports we saw showed there had been late calls. The manager was aware of this and told us they used the reports on call times to review where people had received calls late and investigate why this had happened. There was a plan in place to try and make sure staff worked more consistently and the manager hoped with continued recruitment, the issues with late calls could be addressed. We will check progress about this at our next inspection.

People and their relatives had mixed views about whether the service had asked for their feedback and

acted on it. One person told us, "Yes, I have had surveys and returned them." Whilst another person said, "No, I don't remember having one." People and relatives told us they had spoken to the management team about call times and about not being notified when staff were going to be late. However, they did not feel action had been taken to address this. One person said, "I have contacted the management team about the call times but they don't call back." One relative said, "In my experience, it's usually me, contacting the office, if I don't know who's coming to my relative or they're running really late. They never contact me first." However, despite this people told us overall, they were happy with the service they received and would recommend the service to others. One person said, "Yes I am happy but I don't get a rota about times or who coming which would be good to have but the care is fine." Another person said, "[Staff member's name] is outstanding. They deserve an award, just a plea for more reliable timings of visits." The manager told us they completed telephone feedback calls with people using the service records showed this used in a weekly operational report to the area manager to show what action was being taken. The most recent report showed mostly positive feedback had been received from people using the service. Despite this, most people felt more needed to be done to address the call times. The manager was working to improve this and was continuing to adjust calls to ensure people had the times they wanted and consistent staff; however this had not been fully addressed at the time of the inspection. This meant whilst people were happy with most aspects of the service they did not feel their feedback about call times and staff being late was acted on.

Staff told us they felt involved in the service and well informed. They said the manager was approachable and there were systems in place to support them. Staff told us they now had regular staff meetings since the new manager started. One staff member said, "The manager introduced a monthly newsletter for staff, so we know what is happening." Staff we spoke with told us that that the new manager was good and approachable. One staff member said, "The manager is friendly and polite and always speaks to us." Another added, "The manager talks to staff and is really approachable." Whilst another said, "They are open to suggestions and take everything on board." The manager told us they did a weekly operations report which was reviewed by the regional manager. The manager said, "The operations report is done weekly. The regional manager comes up every week. I'm quite well supported. We also do a weekly conference call. We share what we've done differently."

The manager understood their responsibilities for notifications; we found these were submitted when needed and the manager could describe their responsibilities. Notifications are required by law when incidents occur, such as allegations of abuse and serious incidents. We found these had been submitted as required. We also saw the rating was displayed at the location. This showed the manager understood their responsibilities.