

Harmony Homecare (NW) Limited

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## 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 announced inspection was undertaken on Monday 24 July 2017. The inspection was announced to ensure it could be facilitated on that day by the registered manager. This was the first comprehensive inspection we had undertaken at this service since registering with CQC in January 2016.

Harmony Homecare North West is a domiciliary care agency that is registered to provide personal care to people in their own homes and is also registered to provide a sitting service to children. The agency provides support to people living in the Wigan area of Greater Manchester. At the time of the inspection there were approximately 160 people using the service. This was the first comprehensive inspection we had undertaken at this location.

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

The people we spoke with told us they felt safe. The staff we spoke with had a good understanding about safeguarding and whistleblowing procedures and told us they wouldn't hesitate to report concerns about people's safety.

We looked at how medication was handled at one of the houses we visited. We found Medication Administration Records (MARs) were signed by staff when medication had been administered. People who used the service also told us they received their medication as part of their care package and told us they always received it on time.

We found there were sufficient staff to care for people safely. Staff spoken with didn't raise any concerns about staffing numbers within the service and said their rotas were well managed, with sufficient travel time available in between calls.

Staff were recruited safely, with appropriate checks undertaken before they began working with people who used the service. This included ensuring Disclosure Barring Service/Criminal Records Bureau (DBS/CRB) checks were undertaken and references from previous employers sought.

The staff we spoke with told us they had access to sufficient training and supervision as part of their ongoing development. Staff said they felt supervision was an important part of their job role where they could discuss different aspects of their work. Some staff training still needed to be completed, however the registered manager confirmed these courses were in the process of being arranged.

Staff provided support to people to eat and drink as necessary. This included assistance with food preparation and ensuring people were left with something to drink when their call had finished. One person

had recently commenced with a mashed diet due to them having swallowing problems and this was recorded in their care plan.

The people we spoke with and their relatives told us they were happy with the care provided by the service. People told us staff treated them with dignity and respect and promoted their independence as much as possible.

Each person who used the service had a care plan in place and we saw a copy was kept in the person's home and at the office. The care plans provided an overview of each person's care needs and were updated when things changed. The people we spoke with also said an initial assessment was undertaken, when they first started using the service. This enabled the service to understand the level of care people needed.

The service distributed satisfaction questionnaires to people, asking for their comments about the service. This enabled the service to continually improve its practice with the aid of people's experiences.

There was a complaint's procedure in place, this procedure enabled people to state if they were unhappy with the service. The people we spoke with were aware of how to make a complaint. The service also collated positive compliments that had been made based on people's experiences.

People who used the service and staff told us they felt the service was well managed. Staff told us they felt well supported and would feel comfortable raising and discussing concerns.

We saw there were systems in place to monitor the quality of service provided. This was done in the form of audits, spot checks and observations of staff undertaking their work. Staff also had access to policies and procedures if they needed to seek guidance in a particular area.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

The people we spoke with and their relatives told us they felt safe as a result of the care they received.

Staff were recruited safely and appropriate checks were undertaken.

The service had carried out risk assessments in people's houses to help keep people safe.

### Is the service effective?

Good ●

The service was effective.

We found staff had received training in core topics and staff told us they felt supported to undertake their work. Some staff training still needed to be completed, however the registered manager confirmed these courses were in the process of being arranged.

Staff told us they received supervision as part of their on-going development.

### Is the service caring?

Good ●

The service was caring.

The people we spoke with and their relatives told us they were happy with the care and support provided by staff.

People told us they were treated with dignity and respect and were allowed privacy at the times they needed it.

People said they were offered choice by a staff team, who promoted their independence where possible.

### Is the service responsive?

Good ●

The service was responsive.

We saw initial assessments were completed when people first started using the service, with appropriate care plans implemented thereafter.

There was a complaints procedure in place, allowing people to state if they were unhappy with the service.

The service had sent satisfaction surveys, seeking people's views about the service.

### **Is the service well-led?**

The service was well-led.

The service conducted spot checks and observations of staff undertaking their work.

People who used the service and staff told us they felt the service was well-led.

We saw team meetings and management meetings were undertaken to discuss work and concerns.

**Good** ●

# Harmony Homecare (NW) Limited

## **Detailed findings**

### Background to this inspection

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

This announced inspection was carried out on Monday 24 July 2017. The inspection was announced to ensure our inspection could be facilitated on that day by the registered manager. The inspection team consisted of an adult social care inspector from the Care Quality Commission (CQC) and an expert by experience who spoke with people who used the service and their relatives via telephone. An expert by experience is someone who has personal experience of caring for older people who may be living with dementia.

Before the inspection we reviewed any information we held about the service in the form of notifications received from the service. We also reviewed any safeguarding or whistleblowing information we had received, previous inspection reports and any complaints about the service. We liaised with stakeholders who had involvement with the service. This included the Quality Performance team based at Wigan Council. This helped us determine if there might be any specific areas to focus on during the inspection.

At the time of the inspection the service provided care and support to approximately 160 people in the Wigan area. As part of the inspection we spoke with the registered manager, seven people who used the service, 11 relatives and seven care staff. This was to seek feedback about the service provided from a range of different people and help inform our inspection judgements. We also attempted to contact further people who used the service and relatives following the inspection, however were unable to get in contact.

During the inspection we viewed four care plans, five staff personnel files, policies and procedures and other documentation relating to the running of the service, such as satisfaction surveys, complaints, spot

checks/observations and audits. We also visited one person at their home address to look at how their medication was handled and review their care plan and communication log.

## Is the service safe?

### Our findings

People we spoke with told us they felt safe as a result of the care they received. One person said ; "I have regular girls who care for me but if someone is unwell the office always phone ahead and tells me that it will be someone different coming. They are so attentive, they pick up on things and if I'm not 100% they will often stay a bit longer and chat to me. It always makes me feel a lot better". A relative of a person using the service added; "The girls arrive when they should, do everything they're expected to and often more besides. They're brilliant, lovely girls and I have no concerns at all about them". Another relative added; "I never feel I have to stand and watch over them because they are just so professional. I feel he's safe with them".

We found systems in place to safeguard people from abuse. This included having a policy and procedure, informing staff how to report concerns. The registered manager maintained a log of all safeguarding concerns and these provided details about the incident and that they had been appropriately referred through to Wigan Safeguarding team. A policy and procedure was in place which had been reviewed in 2017. Staff we spoke with told us they had received safeguarding training and knew about the signs and symptoms of potential abuse. One member of staff said, "I would speak to the manager. Types of safeguarding can include financial, physical and emotional abuse and signs of this could include being withdrawn, bruising and problems with people's money". Another member of staff said; "Taking advantage of a person's money or if they were looking unkempt and neglected could be signs of abuse". The service had a robust recruitment system in place. Appropriate checks were carried out before staff began working at the service to ensure they were suitable to work with vulnerable adults. During the inspection we looked at five staff personnel files. Each file we looked at contained application forms, Criminal Records Bureau/Disclosure Barring Service (CRB/DBS) checks, interview questions/responses and contracts of employment. There was also evidence of references being sought from previous employers. These had been obtained before staff started working for the service and evidenced to us staff had been recruited safely.

We found there were sufficient staff to care for people safely. The service used the 'People planner' call monitoring system which enabled staff at the office to check staff were completing calls as required and in the event of a missed or late visit occurring, could then respond accordingly. Rotas were also used, informing staff where they needed to be and we reviewed a sample of these during the inspection. This registered manager told us these were monitored throughout the day. People told us the staff were good with their timekeeping and that if staff were going to be late because of traffic hold ups they would ring and let them know where they were and how long it was likely to be before they got to them. People were understanding of the fact that occasionally traffic did result in delays and they appreciated that timekeeping in these situations could not always be 100%, but were kept informed about things. The people we spoke with said they had never had a missed visit.

We asked people who used the service and their relatives about staffing levels. One relative told us; "If they are going to be even a few minutes late they will ring and let you know so you don't worry and if there's a new girl coming she's always had contact with one of the regular girls first to talk her through what needs to be done and how we like it done. It's great". A person who used the service also told us; "They're very good

with their timekeeping, I have six visits a day they never make me feel rushed or like I'm a chore to be got through and they often go over the agreed time for the visit".

Staff spoken with didn't raise any concerns about staffing numbers within the service and felt their rotas were well managed and that enough staff were employed. One member of staff told us, "There are enough staff. I generally have the same clients and the rotas don't change a lot. They are organised and I am never expected to be in two places at the same time". Another member of staff added; "The rotas are well managed and they are never pushy with them and expect you to pick up extra calls. I feel there are enough staff to get round everybody". A third member of staff added; "The rotas are fine. I have no concerns about staffing levels".

We found people had risk assessments in place to keep them safe within their own home. These covered areas such as slips, trips, falls, lack of communication, poor personal hygiene, infection control, nutrition, medication, moving/handling and injury. Hazard checklists were also completed in each person's house and provided a focus on the kitchen, bathroom, living room, bedroom and external areas of the home. We saw there were control measures in place if risks had been identified which would help to keep people safe. A record of all accidents, incidents, safeguarding issues and health and safety concerns were maintained by the service. Where these concerns had been report, there were details recorded about actions taken by staff to try and prevent future re-occurrence.

We looked at how medication was handled at one of the houses we visited. The registered manager told us medication was usually delivered to people's house by the local pharmacist or collected by either staff, people using the service or their family. We found Medication Administration Records (MARs) were signed by staff when medication had been administered, with no omissions noted. The training matrix identified that staff had received training in the administration of medication, with an appropriate policy and procedure also in place which was reviewed in May 2017.

There were appropriate procedures in place with regards to cleanliness and infection control, with people telling us staff always wore Personal Protective Equipment (PPE) when delivering personal care. During the inspection we observed staff coming into the main office and collecting additional supplies of PPE equipment to ensure they did not run out. One person said to us; "They always wear gloves and aprons when they're washing me and creaming my legs. They give me confidence". A family member also said; "I know they wear gloves and aprons because I've seen them in the bin each day, so although I'm not in the house when they're there I know they abide by that".

## Is the service effective?

### Our findings

The people we spoke with told us staff were good at their jobs and felt they provided effective care. One person said; "I think the girls are very well trained. I have a hoist and other equipment and they all know how to use it and I feel very secure in their hands. They know what needs doing and they talk me through what they're doing as we go along and always make sure I'm comfortable. I've just got a new bed which turns me so the girls don't have to. The regular girl knows how to use it and the other girls are being trained this week". A relative added; "I have seen them helping dad and they are very good with him and have full blown conversations with him and even though he has limited speech they still ask him if it's okay if they do this or that and they seem to know what he is trying to say".

There was an induction programme in place, which staff were expected to complete when they first began working for the service. An induction is intended to provide staff with the skills and knowledge to undertake their role effectively. The care certificate was also in use and would be rolled out to staff who had not previously worked in a care setting. The staff we spoke with said they completed the induction when they first started working for the service. One member of staff said, "I have worked for Harmony Homecare since January 2017 and did the induction. It covered the main topics I would expect such as moving and handling, safeguarding and infection control. It gave me a good start into working here".

The staff we spoke with told us they received sufficient training and support in order to undertake their work to a high standard. We reviewed the training matrix and saw staff had received training in areas such as first aid, health and safety, infection control, medication, moving and handling and safeguarding. The majority of staff were also enrolled onto National Vocational Qualifications (NVQ's), ranging from level two up to level five. Some staff training still needed to be completed in areas such as confidentiality, DoLS, mental capacity and record keeping, however the registered manager confirmed these courses were in the process of being arranged following our inspection. One member of staff said: "Whatever training we need to do we can ring up and they will look into it. They provide enough training and we have recently got a new hoist so we can go through moving and handling in more detail". Another member of staff added; "All of my training is going fine and I feel up to date. They are good at keeping on top of it all".

We found staff received supervision appraisal as part of their on-going development. Staff supervision and appraisal enables managers to speak with staff about their work in a confidential setting and discuss how things are progressing to date. We looked at a sample of these records and saw these provided a focus on if they were happy working for Harmony Homecare, current workloads, client overview, concerns/team issues and things to try and achieve before the next supervision. One member of staff said, "Supervision is definitely useful and we do have them, but I always in contact with the office if I need advice". Another member of staff said; "We have them around every six months and always receive feedback about how we are doing".

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. The registered manager said there was nobody using the service that was currently subject to a Deprivation of Liberty Safeguards (DoLS) with all of people receiving services living at their own home address and were not being restricted or deprived in anyway. The staff we spoke with said they would work towards people's best interests as necessary and would report any concerns about a person's capacity to the manager.

We looked at how staff sought consent from people using the service. We noted people had signed by either the person using the service or their relatives during the initial assessment process. Service user support contracts were also in place where people had been informed about their rights, cancellation of the care package and responsibilities. These had also been signed in agreement for the care package to be provided. The people we spoke with told us before receiving care and support staff always asked them for their consent. Staff were also able to describe how they sought consent from people before delivering care such as checking if people wanted to be supported with their personal care.

We looked at how people were supported to maintain good nutrition and hydration. We saw that if this was part of a person's care package, then there was clear guidance about the kinds of tasks staff needed to undertake. Nutritional risk assessments were also completed and provided an overview of people's eating habits, weight loss and any oral hygiene concerns. Where required, risk management plans had been completed for staff to follow. The registered manager told us of only one person who they felt was nutritionally compromised. This person had recently commenced with a mashed diet due to them having difficulty with swallowing following a recent assessment, however the Speech and Language Therapy Team had sent a letter saying this person could also eat 'More challenging consistencies' of food for quality of life purposes.

People we spoke with told us staff helped them prepare lunch or an evening meal, although this was usually done by putting a meal into the oven or microwave rather than making a meal from the start. The people we spoke with were independent with eating their meals and therefore did not need assistance in this area. One relative said; "I organise his menus a week at a time and leave a note of what he is to have each day on the fridge door and then they cook it for him. I can't fault them".

# Is the service caring?

## Our findings

Harmony Homecare is a domiciliary care agency, which means service user's care is delivered in people's own home. During the inspection we were unable to observe the care being delivered and therefore have made our judgement based on the information provided by the people we spoke with and their experience of the care received.

People who used the service told us they were happy with the care and support they received from staff at Harmony Homecare. One person said to us; "I had a mini-breakdown last year as I was doing all the caring for my husband. They are such a blessing, they are very friendly and don't just see this as a job they really do seem to care. They'll sit and chat to me to make sure I'm okay as well as caring for my husband. If there's anything I need they'll always do it for me. They're not pushy or intrusive just very willing. The manager is very hands on and she is a carer as well. Sometimes she'll come out as part of the team. She always checks with me that everything is going on okay and whether I need any more help". Another person said; "The girls are very sensitive to how difficult it is to find yourself in a situation where you need care but it's like having a lot of daughters that I never had. I feel so comfortable with the carers. I know I can trust them. They ask me what I want doing and how I want it done. They chat to me all the time they're here and the time just flies by and the jobs done. They cook my breakfast and wash up for me after I've had my tea. I've no problems with any of them. The manager reviews my care every couple of months I think". Another person added; "You'd go a long way before you'd find another agency like Harmony. I can't think of anything they can improve on". A fourth person added; "I've come on leaps and bounds since I've been with Harmony. A year ago I couldn't get out of bed but they've got me up and life feels better and more worthwhile because of the way they take care of me".

As part of the inspection we also spoke with 11 relatives and asked them about the care provided to their family members. Relatives consistently told us that staff took their time, were patient, friendly and respectful in their handling of people who used the service. One relative said; "They have a good understanding of my husband's condition. When they come in they treat him like he does exist and he's a whole person. They relate to him very well. They are sympathetic to his condition and never rush him and if he has a seizure they understand you just have to give him more time. They don't clock watch. They talk to him and seek consent from him even though he has no verbal communication. That hasn't always happened in the past with other care agencies. Sometimes he's just been treated like a job that has to be done. His care is reviewed every six months but I know if anything changed and we needed more help I could ask for it to be reviewed before that".

The people we spoke with said they were treated with dignity and respect by staff who cared for them. When speaking with staff, they were also able to describe how they ensure people were treated well when providing care. One member of staff said; "I treat people as if they were my own parents. I always cover people up when I am washing them such as their top or bottom half and close doors and curtains as well". Another member of staff added; "If a person is getting out of the shower I will offer them a towel so they don't feel embarrassed. I will also make sure other people are not in the room when I am delivering personal care".

The people we spoke with said their independence was promoted by staff. The staff we spoke with also had an understanding of how to promote people's independence when delivering care to people. One member of staff said; "If a person can do something then I use gently persuasion to try and get people going again. If a person can put their own glasses on or wash their face then I will let them". Another member of staff told us; "I will let people do as much as they can for themselves and not make them feel like I am taking over. If the use of equipment can be avoided to promote independence then I will do that".

Private and confidential records relating to people's care and support were securely maintained in lockable offices. People we spoke with told us they had a copy of their care plan given to them which they kept in their home. Staff were able to demonstrate that they were aware of the need to protect people's private and personal information. This helped ensure that people's personal information was treated confidentially and respected.

The service did not provide end of life care directly but, where applicable, could continue to provide a domiciliary service in support of other relevant professionals such as district nurses, who may be involved in supporting a person at this end stage of life. At the time of the inspection the service was not supporting anyone who was in receipt of end of life care.

A service user guide was given to people who used the service. This included the service's statement of purpose, explanation of care delivery, financial information and complaints procedure.

## Is the service responsive?

### Our findings

People who used the service and their relatives told us the service was responsive to their needs. One person said; "I have six visits a day because I can't use my hands at all. I just couldn't manage without them. They know how to use the hoist and all the other bits and pieces I have. They're really patient with me and treat me like a person not just a job that's got to be done. I couldn't be happier with the carers. They do the medication for me and when it comes to meals they ask me what I want to eat. They cook it for me and then feed me". Another person said; "Both my husband receive care and we just couldn't manage without them. We don't need help with food preparation or medication but they do come in and help with washing and dressing which was such a big job when I was doing it. They ask what we want doing and check whether they've done it right. I can't fault them". A third person added; "Everything works exactly as I want it to. I've never had to complain but if I had any problems I would speak to the manager".

We saw that before people's care package commenced, the service carried out an assessment of people's needs. This was usually done when receiving a referral from the local authority, which would then be followed up by the service conducting an assessment in people's own homes. The initial assessment would allow staff to establish people's care needs and how staff needed to care for them.

People also had individual care plans in place which were compiled once initial assessments were undertaken. These were kept in the office and also at people's houses. During the inspection we looked at four care plans which provided full details of how many visits people needed each day, the duration of each call, how many staff were required and what staff needed to do and the outcomes that were to be achieved. This would ensure all staff had access to information about people's care and the interventions they needed to make.

The people we spoke with and their relatives told us the service involved them in their on-going care and reviews. One relative said; "We were involved with setting up the care plan and were with another agency before. I am just so thankful we are with Harmony now. The care he receives is in a different class. I've never had to complain about anything and if it continues as it is at the moment I don't think I'd ever have to. I have regular contact with the manager and she's brilliant". A person who used the service also added; "I was fully involved in the care plan when it was first set up and it's reviewed twice a year. The girls I have are lovely. They sit and chat to me and they've always got time for me and it's a pleasure to have them in the house. I've never had to complain but I would speak to the manager if there was a problem and I'm sure she would sort it out for me".

We looked at the most recent satisfaction surveys sent to people who used the service in 2017. We saw people were asked for their views and opinions about staff professionalism, responding to complaints, medication, privacy and dignity, suitability of the care plan and their overall impression of the service. We noted that a lot of people had written on their survey that the service they received was 'Excellent', with no negative comments or concerns raised.

There was a complaints policy and procedure in place. This clearly explained the process people could

follow if they were unhappy with aspects of their care and set out how complaints were recorded, investigated and responded to. The people we spoke were aware of the complaints process and how they would report concerns.

The service also collated compliments made by people who used the service, expressing their satisfaction with the service they received. We looked at a sample of these, with comments including; 'We would like to thank all of the staff from Harmony who have been involved in providing care. Your kindness and professionalism was outstanding and made a difficult time much easier' and 'To the entire team at Harmony Homecare. We would like to show our appreciation for the care provided to our mother' and 'Thank you for all your care and compassion in helping me get back on my feet. The staff understand my care needs one in a million'.

## Is the service well-led?

### Our findings

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

In addition to the registered manager, there was also a 'Business partner' and together they were responsible for the day to day running of the service. The staff told us both the registered manager and business partner were very much still involved in care delivery and helped out with care packages where necessary. The service also employed administrators, senior carers and care assistants. This staffing structure ensured there were clear lines of accountability within the service.

Harmony Homecare is part of the ethical framework at Wigan Council. They had won the contract for predominantly the Tyldesley area of Wigan and had taken on lots of new staff who transferred under Transfer of Undertakings Protection of Employment (TUPE) from other providers in the area. This meant that the council would offer packages of care to these services before contacting other providers in the area.

The staff we spoke with told they enjoyed their work and that Harmony Homecare were good to work for. Staff also felt there was a good culture and team work within the service. One member of staff said; "They are brilliant. I did leave at one point but then wanted to come back. It feels like we are a family and can always talk about our problems". Another member of staff said; "We are all quite happy and I find them great to work for. They are one of the best and are very easy to speak with".

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People who used the service and their relatives spoke positively about the management within the service. One relative said to us; "I know who the manager is and she would be my first port of call in any difficulties. She's very approachable and I chat to her regularly. She always makes time for me. She doesn't just work in the office she works as part of the carer team as well and has visited us in that capacity. You don't see many other companies where the manager rolls up their sleeves and gets stuck in to help like that. I'm really pleased with the communication between us. I think the agency is very well managed". Another relative added; "I know the manager. They ring us regularly to check everything is going along okay and the care plan was updated last week. She comes to you to check everything is ok".

The staff we spoke with felt the service was well-led and managed. One member of staff said; "The manager is great and I certainly don't think I would have worked here this long otherwise". Another member of staff said; "I feel it's very good. You can easily to talk to them if there is ever a problem and they are very approachable". A third added; "They have been absolutely fantastic. Everything has been very smooth compared to the other companies I have worked for".

We found there were systems in place to monitor the quality of service within people's homes. These included audits and checks of communication logs, care plans and MAR charts. These were returned to the office each month and were then checked for their accuracy, completeness and any discrepancies. If

discrepancies were found, then we saw there were details about any actions to be taken.

There were also spot checks and observations of staff undertaking their work. We looked at a sample of these records and saw these provided a focus on if staff arrived on time, if they were wearing the correct uniform, following the care plan correctly, moving and handling techniques, hygiene, medication, record keeping and communication. This provided the opportunity for managers to see how staff worked and offer suggestion as to how things could be improved in order to monitor the quality of service. A member of staff told us; "These take place throughout the year. I find them useful to have and it makes sure we are doing things right". Another member of staff added; They are a good system to have and will highlight any problems". A person who used the service added; "The manager and her deputy both work alongside the carers so they are out there seeing what's happening all the time. They're both really easy to get hold of and I'm so pleased to be with them. They're kind, efficient and really well run".

The staff told us that team meetings took place regularly and allow for information to be cascaded and for staff to discuss their work and concerns. We noted some of the agenda items discussed included any service user issues, PPE, (Personal Protective Equipment), use of hoists, personal care and use of continence pads. Staff told us that at present, team meetings were not always that frequent, but felt able to go into the office and speak with the registered manager about any concerns they might have. One member of staff said; "It can sometime be difficult getting everybody together, but the manager keeps us in the loop and communicates with the staff well".

There were various policies and procedures in place at the service, which had been reviewed during 2017. These covered equality and diversity, complaints, health and safety, medication, confidentiality, whistleblowing and safeguarding. Staff told us these were covered during induction and were available to look at if they needed to seek advice.

The registered manager submitted notifications to CQC as required where there had been allegations of abuse, serious injuries or expected/unexpected deaths. This was in line with legal requirements and demonstrated a transparency about incidents which had occurred within the service.