

Care Your Way Limited

Belgravia Home Care

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

Belgravia Home Care provides care and support to people in their own homes. There were 11 people using the agency at the time of our inspection, eight of whom had live-in care workers. The registered provider of the service is Care Your Way Limited.

The inspection took place on 26 September 2017 and was announced.

There was no registered manager in place at the time of our inspection. Like registered providers, registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The manager had submitted an application for registration with the Care Quality Commission.

People felt safe when staff provided their care because their care workers understood their needs and any risks involved in their care. Relatives were confident their family members were safe when receiving their care and had confidence in the staff who supported them.

There were enough staff employed to meet all the agency's care commitments. The agency had access to additional care staff to cover leave and sickness if necessary. There was a contingency plan in place to ensure people would continue to receive their care in the event of an emergency. Accidents and incidents were recorded and reviewed to identify any actions that could be implemented to prevent a recurrence.

People were protected by the provider's recruitment procedures. The provider carried out checks to ensure they employed only suitable staff. Staff attended safeguarding training and understood their responsibilities in terms of recognising and reporting abuse. Where people's care involved support with medicines, this was managed safely.

People received their care from regular staff who knew their needs well. Rotas were planned to ensure people received their care from a small team of familiar staff. Staff were introduced to people before they provided their care and people were informed if a replacement care worker would be visiting them because their regular care workers were unavailable.

Staff had access to the induction, training and support they needed to do their jobs. All staff had an induction when they started work, which included shadowing colleagues to observe how people preferred their care to be provided. Staff were supported through regular one-to-one supervision, which gave them an opportunity to discuss their training and development needs.

People's care was provided in accordance with the Mental Capacity Act 2005. Staff had received training on the principles of the Act and how it applied in their work. People had recorded their consent to their care and said staff asked for consent before providing their care on a day-to-day basis. Capacity assessments had been carried out to determine whether people needed support to make decisions and relevant people were

involved in best interests meetings where necessary.

People told us staff prepared meals they enjoyed and knew their likes and dislikes. Relatives said staff knew their family member's preferences about the food they ate and any dietary restrictions. People's dietary needs and preferences were discussed during their initial assessment. Any needs related to nutrition and hydration were recorded in people's care plans. Staff attended training in nutrition and hydration in their induction and followed professional guidance where necessary to meet people's needs.

Staff monitored people's healthcare needs and responded appropriately if people became unwell. People told us their care workers supported them to maintain good health and liaised with healthcare professionals on their behalf if they wished. Relatives said staff were proactive in implementing measures to maintain good health, such as regular monitoring checks.

People were supported by kind and caring staff. People had developed positive relationships with their care workers and enjoyed their company. Relatives said staff treated their family members with respect and maintained their dignity when providing care. Staff supported people to maintain their independence and people were encouraged to be involved in planning their care. People's religious and cultural needs were known and respected by staff.

People received a service that was responsive to their individual needs. Each person had an individual care plan drawn up from an initial assessment which provided detailed guidance for staff about their care. Care plans were reviewed regularly to ensure they continued to reflect people's needs. The manager and care co-ordinator were proactive in identifying areas where outcomes for people could be improved and responded positively if concerns were raised. People and their relatives told us the manager had responded to any feedback they gave or changes they requested. There had been one complaint since the agency's registration, which had been investigated and resolved.

The service was managed effectively, which meant people received well planned care. The manager and care co-ordinator worked closely together to ensure the agency functioned effectively. People and their relatives told us that communication with the manager and care co-ordinator was good. They said they had opportunities to give their views about their care and that their feedback was acted upon. Staff told us the manager and care co-ordinator provided good support and contacted them regularly to ensure they had the training, support and equipment they needed.

The manager and care co-ordinator had developed effective systems to monitor the quality of care people received. Staff practice was assessed through regular spot checks and any improvements needed were addressed. The manager and care co-ordinator audited key aspects of the service regularly, including care plans, risk assessments, medicines management and staff training. Records relating to people's care were accurate, up to date and stored appropriately. Staff had received record-keeping training and records were monitored by the care co-ordinator to ensure they were maintained to an appropriate standard.

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.

Staff understood any risks involved in people's care and took steps to minimise the risk of harm.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency,

People were protected by the provider's recruitment procedures.

Staff received training in safeguarding and understood their responsibilities should they suspect abuse was taking place.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received their care from consistent staff who understood their needs.

Staff had the induction, training and support they needed to do their jobs.

People's care was provided in accordance with the Mental Capacity Act 2005.

People told us staff prepared meals they enjoyed and knew their likes and dislikes.

Staff prepared food that met people's dietary needs and preferences.

Staff supported people to maintain good health and responded appropriately if they became unwell.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff.

People had developed positive relationships with their care workers.

Staff treated people with respect and maintained their dignity.

Staff encouraged people to remain as independent as possible.

Staff knew and respected people's religious and cultural needs.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's needs were assessed before they began to use the service and regularly reviewed.

People were individually 'matched' with their care workers, which had resulted in positive outcomes for people.

The service was proactive in identifying areas where outcomes for people could be improved.

The manager responded positively to feedback and used this as an opportunity to improve the service.

Is the service well-led?

Good ●

The service was well-led.

The manager and care co-ordinator worked closely together to ensure the service operated effectively.

People who used the service, their relatives and staff were encouraged to give their views and these were listened to.

There were effective systems of quality monitoring which ensured people received safe and effective care.

Records relating to people's care were accurate, up to date and stored appropriately.

Belgravia Home Care

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 September 2017 and was announced. The provider was given 48 hours' notice of our visit because we wanted to ensure the manager was available to support the inspection process. Due to the small size of the service, one inspector carried out the inspection.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we visited the agency's office and spoke with the manager and the care co-ordinator. We checked care records for two people, including their assessments, care plans and risk assessments. We looked at four staff files to check recruitment and training records. We checked surveys completed by people who used the service, the complaints log and records of accidents and incidents. We also checked quality monitoring audits and records of spot checks on staff.

We spoke with three people who used the service and three of their relatives to hear their views about the care and support provided. We received feedback about the service from one relative by email. We sent questionnaires to staff employed by the agency and received 13 responses. We also spoke with one member of staff by telephone.

This was the first inspection of this service since its registration with CQC.

Is the service safe?

Our findings

People told us they felt safe when staff provided their care. They said staff understood how their support should be provided and any risks involved in their care. Relatives were confident their family members were safe when receiving care. They said they and their family members had trust in the staff who supported them. One relative told us, "Mum is supported throughout her daily activities, ensuring her safety both in her home and outside but still with respect to her independence at all times. The apartment is kept in good order so that in health and safety terms any risks are mitigated."

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe. These assessments considered any risks involved in moving and handling, medicines and the environment in which care was to be provided. Guidance had been produced for staff about how to minimise any risks involved in the delivery of people's care. Staff told us this guidance helped keep them and the people they supported safe. One member of staff said that, as a result of implementing risk reduction measures, "I felt that both the client and myself were very safe."

There were enough staff employed to meet all the agency's care commitments. The manager told us the agency could call upon additional care staff employed by the provider to cover leave and sickness if necessary. Staff who visited people to provide their care logged in on arrival and logged out on departure. This enabled the provider to check that staff had arrived on time and stayed for the scheduled length of the visit. There had been no occasions when staff missed their scheduled care visits.

The provider had developed contingency plans to ensure that people would continue to receive care in the event of an emergency. Any accidents and incidents that occurred were recorded in detail by staff. All accident/incident records were reviewed by the manager to identify any emerging themes and actions that could be implemented to prevent a recurrence.

People were protected because staff knew how to recognise and report abuse. Staff had attended safeguarding training and were clear about their responsibilities to report any concerns they had about potential abuse. All the staff who returned surveys to CQC said they knew what to do if they suspected one of the people they supported was being abused or was at risk of harm. The manager had discussed with staff the importance of reporting any concerns they had about people's safety or welfare. Staff had been issued with the provider's whistle-blowing policy and signed to confirm they had read this. The manager had obtained the local multi-agency safeguarding procedures and staff had been given information about how to raise concerns outside the agency if necessary.

People were protected by the provider's recruitment procedures. The provider carried out appropriate checks to ensure they employed only suitable people. Prospective staff were required to submit an application form detailing qualifications, training and a full employment history along with the names of two referees and to attend a face-to-face interview. We saw evidence that the provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from

working with people who use care and support services.

Where people's care involved support with medicines, this was managed safely. People and their relatives told us their care workers provided the support they needed to take their medicines as prescribed. Staff responsible for administering medicines had been trained in this area and their competency and practice was assessed by the provider during spot checks. People whose care involved support with medicines had a medicines administration record in their home, which was maintained by staff. Medication administration records were audited regularly by the provider to ensure that people were receiving their medicines safely.

Is the service effective?

Our findings

People received their care from regular staff who understood their needs. People told us they had a consistent team of care workers who had the skills they needed to provide their care. They said they were always introduced to new staff by the manager before they were supported by them. All the people who returned surveys to CQC said they received care and support from familiar, consistent care workers. Relatives had confidence in the skills and competence of staff. One relative said, "The staff chosen have been carefully selected to provide the support needed for Mum's care. There have not been any staff in place who have not been competent in this respect."

The manager understood the importance people placed on having regular care workers and had a commitment to ensuring people received consistent care. The manager said rotas were planned to ensure that people received their care from a small team of staff, all of whom were familiar to them. The manager attended handovers when live-in care workers changed over to ensure any important information about people's needs was communicated and understood. People who received hourly care received a rota that informed them which care worker would be visiting. The manager told us staffing rotas were also sent to people's relatives if they wished. People were advised if a replacement care worker would be visiting them if their regular care workers were unavailable due to leave or sickness.

Staff had access to the induction, training and support they needed to do their jobs. Staff told us the provider was committed to ensuring they had all the training they needed to provide people's care. One member of staff told us, "I have worked for various care companies but Belgravia is the best. They give us frequent training and teach us how to assist clients to improve their mobility and in every area of life." All the staff who returned surveys to CQC said they received the training they needed to meet people's needs, choices and preferences.

Staff attended an induction when they joined the agency, which included shadowing established care workers. The manager said that this element of the induction enabled new staff to observe and learn how people preferred their care to be provided. Records demonstrated that staff attended training in areas including moving and handling, fire safety, first aid, food hygiene, infection control, and effective communication. Additional training was made available to meet people's individual care needs. For example staff had received training in catheter care, following which the district nurse signed them off as competent.

Staff were supported through regular one-to-one supervision. Staff told us these sessions were valuable opportunities to discuss any support or further training they needed. Staff also said the provider had supported them to undertake vocational qualifications in health and social care, such as the Quality Care Framework (QCF). The manager told us that staff would have an appraisal once they had worked for the agency for a year to review their performance and professional development.

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's care was provided in accordance with the MCA. People told us staff always asked for their consent before providing their care. They said they had been asked to record their consent to their care and we saw signed consent forms in people's care records. Capacity assessments had been carried out to determine whether people needed support to make decisions. If people lacked the capacity to make decisions, relevant people had been consulted to ensure any decisions were made in the person's best interests. Staff had received training on the principles of the MCA and how these principles applied in their work. The manager recognised that people who lacked the capacity to make some decisions remained able to make choices about their day-to-day lives and encouraged staff to promote choice when providing care.

People who received support with meals were happy with this aspect of their care. They said staff prepared meals they enjoyed and knew their preferences regarding the food they ate. All the people who returned questionnaires in the most recent satisfaction survey agreed that their care workers provided them with a well-balanced diet and respected their individual dietary requirements. Relatives told us that care workers knew their family member's preferences about the food they ate and any dietary restrictions. They said care workers did their best to provide meals that their family members enjoyed. One relative told us, "[Family member] likes spicy foods and the carers do their best to reproduce her style of curry – she has a good appetite and is happy with her food choices, which are discussed with her weekly."

People's dietary needs and preferences were explored during their initial assessment and an individual meal plan was developed. Any needs people had in relation to nutrition and hydration were recorded in their care plans. Staff attended training in nutrition and hydration in their induction and followed healthcare professionals' guidance where necessary to meet people's needs. For example staff provided a texture-modified diet for one person as recommended by a speech and language therapist. The manager told us care workers' cookery skills were assessed during their induction and that training was provided to staff who needed support to develop their skills.

Staff monitored people's healthcare needs effectively and responded appropriately if people became unwell. People told us their care workers accompanied them to appointments if necessary and communicated with healthcare professionals on their behalf if they wished. One person told us their care worker maintained regular contact with their GP surgery to monitor a healthcare condition. The person said, "I prefer it that way; she is so much better at it than I am."

Relatives told us staff were proactive in preventing conditions to which their family members were vulnerable. They said this supported their family members to maintain good health. One relative told us, "Mum has had a history of frequent urine infections, these have been absent for some time due to the detailed protocol in place to ensure adequate hydration, prompt urine checks and excellent hygiene."

Is the service caring?

Our findings

People were supported by kind and caring staff. People told us their care workers were friendly and they enjoyed their company. One person said, "I have been very fortunate in the carers I have been allocated. I get on with them very well." Another person told us, "I am very happy with my arrangements." A third person described their regular care worker as, "Excellent" and told us, "I am very pleased with the care being given." All the people who returned questionnaires in the most recent satisfaction survey said their care workers were polite, friendly and respectful.

Relatives told us their family members had developed positive relationships with their care workers. They said care workers were kind and caring in their approach and sensitive to their family member's individual needs. One relative told us, "Mum is a very private individual but bonds well with her carers, obviously some more than others but this is to be expected. She is well aware of how she relies on her carer to maintain her independence and forms good relationships with them – they are always greeted with a broad smile and open arms when they arrive."

People told us that staff treated them and their property with respect. All the people who returned questionnaires in the most recent satisfaction survey said their care workers were respectful of their home and possessions. Relatives told us that staff were respectful of their family members' wishes and maintained their privacy and dignity. One relative said, "Mum is Queen of her house and is treated as such by all her carers – dignity and respect are key to their patient-centric approach." The relative also told us, "Mum's health, disposition, personal preferences (likes and dislikes) and her best interests are always put first."

People were encouraged to be independent and to make choices about their lives. The manager had instilled in staff the importance of supporting people to remain as independent as possible to maximise control of their lives. We heard examples of how people had been supported to regain independence in some areas of their lives with the support of staff. For example one person now managed some aspects of their personal care with staff support. Relatives told us that the support provided by the agency had enabled their family members to remain at home, which was their preference. One relative said, "Mum has maintained that she wants to live in her own house and through [manager] and her team's support this has been achieved to the highest of standards."

People's religious and cultural needs were known and respected by staff. Staff attended training in equality and diversity and understood people's individual needs and wishes. All the people who returned questionnaires in the most recent satisfaction survey said their care workers respected their cultural and spiritual beliefs. A relative told us, "The carers are respectful and well aware of the importance of this part of Mum's life." Staff spoke positively about their roles and with warmth about the people they cared for. One member of staff commented, "I feel Belgravia Home Care provides great person centred care for each client who uses their services. Every client who I support seems extremely happy with the services, care and support that they are provided."

People were encouraged to be involved in planning their care. The manager explained how they worked

with people to ensure their care plans accurately reflected how they wanted their care to be provided. The manager said care plans were shown to people in draft and they were asked if they wanted to change any aspect of the plan before it was signed off. People's relatives were also consulted about care plans and given the opportunity to review draft plans before sign off. Relatives told us the manager communicated with them if their family member's needs changed and care plans required review. One relative said, "When Mum is well the care plan we have in place is excellent. If there are changes to her behaviour or health I will see her first hand and discuss with [manager] and with her guidance agree how we can adapt to Mum's health or behavioural changes."

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. People were issued with a statement of terms and conditions when they began to use the agency which set out their rights and the service to which they were entitled. The provider had a confidentiality policy, which set out how people's personal information would be managed. The provider's PIR stated staff had been issued with the confidentiality policy and signed to confirm they had read this.

Is the service responsive?

Our findings

People received a service that was responsive to their individual needs. The manager or care co-ordinator assessed people's needs before they began to use the service to ensure the agency could provide the care they needed. Assessments identified any needs people had in relation to health, mobility, communication, nutrition and hydration, medicines and personal care. Assessments also recorded what people wanted to achieve from the service and their preferences about their care.

Each person had an individual care plan drawn up from their assessment. Care plans were personalised and contained clear guidance for staff about how to provide the care people needed in the way they preferred. All the people who returned questionnaires in the most recent satisfaction survey said their care plan was tailored to their personal needs, wishes and preferences. People's care plans were reviewed regularly to ensure they continued to reflect their needs. People and their relatives said they were encouraged to participate in these reviews and their views were listened to. One relative told us, "Mum's care plan is detailed and well supported. Her needs are continuously evaluated on a day to day base and responded to appropriately." The care co-ordinator ensured that any changes to people's care plans were communicated to their care workers.

The manager and care co-ordinator gave careful attention to 'matching' people receiving care with their care workers. The manager told us they considered people's personalities and interests to ensure they selected the most appropriate care worker to provide their support. The manager said the 'matching' process was particularly important for live-in care as people shared their lives with their care workers. People and their relatives told us the manager had always responded to any requests to change an allocated care worker. One relative told us the attention given to 'matching' people with their care workers had resulted in good outcomes for their family member. The relative said, "They give it a lot of thought."

We heard examples of how the agency had responded to people's individual needs, which had resulted in positive outcomes for people. One person wished to be discharged from hospital but medical staff were reluctant to let them leave as they did not have appropriate support in place at home. The manager arranged for two staff to provide live-in care, which enabled the person to receive their care at home. Another person wished to travel abroad but needed support to do so. The manager arranged for a member of staff to accompany the person on their trips abroad to provide their care.

The manager and care co-ordinator were proactive in identifying areas where outcomes for people could be improved. For example one person had been supported to attend their GP surgery for regular tests, which reduced the frequency of infections they acquired. As this measure had resulted in a positive outcome for the person, the manager offered other people using the service the opportunity to attend regular tests with staff. The manager said four people had taken up this opportunity and this had had positive outcomes for their health.

The manager responded positively if concerns or complaints were raised and used these to improve the service. People and their relatives told us the manager had responded to any feedback they gave or changes

they requested. One relative told us, "I have not had any formal complaints with this agency. I have asked for a change of carer when I felt that they did not bond with Mum as well as I would have liked. A new carer was offered and put in place within 24 hours."

The manager told us they were committed to learning from any shortfalls that occurred and taking prompt action to improve if necessary. The manager said, "We are open and transparent. If we do something wrong, we acknowledge it and put it right." All the people who returned questionnaires in the most recent satisfaction survey said they knew how to make a complaint. There had been one complaint since the agency's registration, which had been investigated and resolved. The complaints log demonstrated that the manager had identified learning from the complaint and implemented improvements.

Is the service well-led?

Our findings

People, relatives and staff benefited from a well-managed service. The manager and care co-ordinator worked closely together to ensure that all aspects of the agency functioned effectively. People told us that the manager and care co-ordinator were caring and communicated with them regularly. One person said, "They are very caring. They always make time to talk to you." Another person told us, "[Care co-ordinator] is excellent. She looks after the clients and the staff, which is very important."

Relatives told us the manager and care co-ordinator were available if they wished to speak with them about their family member's care. They said the manager and care co-ordinator knew their family members personally and understood their needs. One relative told us, "They are always in communication with one another. It's a difficult job and they are doing it very well." Another relative said, "[Manager] consistently responds to the challenges in Mum's care and will listen and respond to any questions raised. It is a testament to her management that Mum has retained her independence and remains well and in her own home." A third relative told us, "I cannot find fault with Belgravia and nor with the absolutely splendid [manager]."

Staff told us the manager and care co-ordinator provided good support when they needed it. They said the manager and care co-ordinator contacted them regularly to ensure they had the training, support and equipment they needed. One member of staff said of the care co-ordinator, "She makes us feel valued. If you have a problem, she will listen. If you need something, she will go out of her way to arrange it for you." Staff always had access to management support as out-of-hours management cover was provided on a rota basis. The manager monitored the response staff received when they used the on-call service to ensure that appropriate action had been taken when staff sought advice or raised concerns.

Staff who returned our questionnaires said they were well supported by the manager and care co-ordinator. They said the manager welcomed any suggestions they had about how the service could be improved. One care worker commented, "I've always been very happy with this agency. They always gave me a quick response to my questions or concerns. They were very helpful every time I asked my line manager for advice or counselling, making me feel strongly supported." Another care worker stated, "Belgravia is a company that treat their carers and customers correctly and with respect. Personally I am very happy I am a part of them." A third care worker responded, "Belgravia Home Care is a good agency and always cares about their service users and staff."

People and their relatives were asked for feedback about the service and their views were listened to. They were invited to complete satisfaction surveys and we heard examples of changes made as a result of listening to feedback. One relative told us, "I have returned a feedback questionnaire. They take any comments seriously and will respond promptly and will action any changes that are in Mum's best interests." The results of the most recent surveys returned provided positive feedback about the agency and the care staff provided. People reported they were happy with their care workers and considered them well matched to their needs and interests. They said the communication from the agency's office was good and they were always introduced to staff before they provided their care. Staff had also been invited to give

feedback about the agency in a satisfaction survey. Staff reported the expectations of them in their role were clear and that they worked in an environment in which it was safe to speak up. They were positive about the training and support they received and the leadership of the agency.

The manager and care co-ordinator had developed effective systems to monitor the quality of care people received. The quality of care provided by staff was assessed through regular spot checks carried out by the care co-ordinator. Spot checks assessed all areas of practice and the way in which care workers engaged with the people they supported. Relatives told us the care co-ordinator had always acted on any issues identified at spot checks to ensure their family member received care that met their needs and preferences. One relative said, "The care co-ordinator visits Mum frequently and has a great rapport with her. She monitors Mum's care directly (face to face) and through her carers." A member of staff told us the care co-ordinator used spot checks to ensure people's care was delivered to a consistently high standard. The member of staff said, "The spot checks are good. [Care co-ordinator] makes sure we never get complacent. If you're in the wrong she'll tell you but she is 100% professional and caring."

The manager and care co-ordinator audited key aspects of the service regularly. Audits checked whether care plans and risk assessments were up to date and reviewed where necessary. Staff training was audited to ensure care workers had the skills they needed to meet people's needs. Medicines records were checked to ensure people received their medicines safely. Where shortfalls were identified, we saw that action was taken to address them. For example one audit identified that consent had not been recorded on one person's care plan and action was taken to correct this. An external quality and compliance manager had carried out an audit of the service in May 2017. Where the audit had identified areas for improvement, for example staff needing supervision or refresher training, we saw evidence that the manager had developed an action plan to address them.

Records we checked in the agency's office relating to people's care were accurate, up to date and stored appropriately. Staff had received training in effective record keeping and the records they kept were regularly monitored by the care co-ordinator. The care co-ordinator explained that they expected records to demonstrate how staff had offered people choices and encouraged them to make decisions about their care. The care co-ordinator gave staff feedback and support where necessary to ensure that care records were of a consistently good standard.