

Royale Care Uk 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

The inspection took place on 16 November 2017 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older and younger adults. At the time of our inspection the service was supporting 22 people, 18 of whom required support with their personal care.

There was no 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 previous registered manager had recently left the service. The provider told us that recruitment for a new registered manager was underway. During the inspection we were supported by the provider and care coordinator for the service.

People told us they felt safe with the staff supporting them. People were supported by regular staff members who arrived for the care calls on time and stayed for the planned duration of the visit. Staff were knowledgeable about their responsibility to keep people safe from harm. All staff had completed safeguarding training and were aware of protocols for reporting suspected abuse. Risks to people were assessed and managed to help keep people safe. Accidents and incidents were reported and action taken to minimise the risk of them happening again. Staff followed safe infection control procedures and this was checked by senior staff during unannounced spot checks. There was an on-call service available to people over a seven day period to provide support in an emergency and to ensure all care calls were covered. The service had plans in place regarding how people's support would be provided in the event of an unplanned event or emergency.

Recruitment checks were completed to ensure that staff were suitable to work in the service. New staff were supported through an induction process to ensure they knew people's needs well and understood their responsibilities. On-going training was provided to staff and one to one supervisions were completed to monitor performance. Staff told us they felt supported by the provider and their colleagues.

People received support to access healthcare professionals where required. Staff understood the importance of reporting any health concerns and senior staff ensured that appropriate health referrals were made for people. Staff received training in the administration of medicines and their competency was assessed. Records showed that people received their medicines in line with their prescriptions. Care plans were in place for people who required support with meal preparation. People told us that staff offered a choice and always ensured they had a drink available. People's legal rights were protected as the principles of the Mental Capacity Act 2005 were followed. People told us they felt involved in decisions regarding the care.

People were supported by staff who knew them well. Staff were introduced to people prior to supporting

them and supported the same people on a regular basis. People told us that staff treated them with kindness and respected their privacy. Staff ensured that people's dignity was protected and their independence promoted.

People's needs were assessed to ensure they could be met prior to the service starting. Detailed care plans were developed and people felt involved in this process. Regular reviews of people's care needs were completed to ensure changes were implemented where required. Where appropriate, care plans included details of the support people wanted when nearing the end of their life. People told us that staff were responsive to their needs and the care provided was person centred.

There was an open and positive culture in the service. People, relatives and staff told us they felt the provider and office staff were approachable and worked together as a team. Quality assurance processes were in place to monitor the service provided and prompt action was taken to address any shortfalls. People and relatives were regularly asked their views on the service provided and where improvements could be made. There was a complaints policy in place which was shared with people and their relatives. Where complaints had been made these were responded to quickly and to people's satisfaction.

This was the first inspection of the service since it's registration with the Care Quality Commission in November 2016.

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.

Safeguarding processes were in place and staff understood their responsibilities in reporting potential abuse.

Risks to people were identified and staff were aware of how to support people safely.

Safe recruitment processes were in place to ensure that only suitable staff were employed.

Sufficient staff were available to cover care calls.

People's medicines were managed safely.

Is the service effective?

Good 

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs. Induction, training and supervision were provided to support staff in their roles.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 and consent to care was gained.

Where people required support with meal preparation this was provided in line with their needs and preferences.

People were supported to maintain good health and had access to health care professionals when required.

Is the service caring?

Good 

The service was caring.

Staff were kind and caring and had positive relationships with the people they supported.

People were involved in decisions regarding their care.

Staff respected people's choices and promoted their

independence.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed prior to them starting with the service to ensure they could be met.

Detailed care plans were in place which reflected people's needs and were regularly reviewed.

There was a complaints policy in place and where concerns had been received these were addressed promptly.

Is the service well-led?

Good ●

The service was well-led.

There was an open and positive culture and staff were clear about the values of the service.

Quality assurance processes were in place to monitor the service provided.

People were regularly asked for their opinion of the service and feedback received was acted upon.

Staff told us they felt supported in their role.

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Detailed findings

Background to this inspection

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

The inspection took place on 16 November 2017 and was announced. The provider was given 48 hours' notice of our visit because we wanted to ensure they were available to support the inspection. The inspection was carried out by two inspectors

We looked at all the key information we held about the service which included notifications. Notifications are changes, events or incidents the provider must tell us about. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make

During the inspection we spoke with three staff members, the care co-ordinator and the provider. We also visited three people and their relatives in their homes to gain their views on the service they received. Following the site visit we spoke with one person and two relatives on the telephone.

We looked at the care records of six people who used the service, three recruitment files for staff and staff training records. We looked at records that related to the management of the service including, medicines records, audits, risk assessments and contingency plans.

Is the service safe?

Our findings

People and their relatives told us they felt safe and were happy with the staff that supported them. One person told us, "I always feel safe with staff. It's their manner. I never feel uncomfortable." Another person said, "I feel very safe with staff. It's the way they treat me." One relative told us, "The agency came on recommendation. I always have peace of mind that she is safe with staff." A second relative said, "She's delighted with them so obviously feels safe."

People were protected against the risks of potential abuse. All staff completed safeguarding training and were able to describe to us the different types of abuse and signs they would look for that abuse may be occurring. Staff we spoke to were clear about their duty to report any concerns. One staff member told us, "You look out for the obvious physical signs such as bruising. When you get to know people well you know when they change or become anxious and you would question it. I'd report anything to the manager, make sure I had completed a body map for any bruising and write it all down. I could go directly to social services or CQC if I needed to." The provider had developed a safeguarding policy which detailed how incidents would be reported to the local authority safeguarding team. The client information pack which was given to people when they started the service contained information regarding safeguarding and how to report concerns. The provider told us that safeguarding and whistle-blowing were discussed at each staff meeting and records confirmed this. In addition staff were provided with a list of contact numbers where safeguarding concerns could be reported.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting concerns. Risk assessments had been completed for each person and covered areas including mobility, falls, skin integrity and nutrition. Where people had specific medical conditions which presented risks to their safety and well-being risk assessments had been completed and guidance was available for staff. One person's risk assessment stated they were at risk of not eating and drinking regularly. Care plans reflected this and gave guidance to staff on offering regular drinks and checking on food supplies. The person's daily notes regularly reflected that staff had seen evidence that the person had eaten and that drinks were provided. People told us they felt staff were aware of the risks to their safety. One person told us, "Staff are walking behind me. They always make sure my frame is with me. If I drop anything they will pick it up." One relative told us, "They [staff] always check that mum has her alarm on (around her neck)." They explained this enabled their family member to call for assistance in an emergency.

Accidents and incidents were reported and action taken to minimise the risk of them happening again. Records showed that one person had experienced a fall and felt vulnerable. The service had liaised with the person's family and the local authority and an additional call had been put in place. This provided the person with reassurance and ensured they would not be left for a prolonged period. Another person was reported to display anxiety during personal care. Guidance had been developed through discussions with staff and the person's family. This had led to the person being less anxious and a reduction in incidents. Although incidents were recorded and action taken to minimise risks there was no system in place for analysing any emerging trends or themes. Due to the current size of the service this had not had an impact on people as the provider knew people's care needs well. However, the provider acknowledged that as the

service continued to grow this system would be required. Following the inspection the provider forwarded a monitoring form which would allow all incident and accident forms to be stored centrally and periodically monitored. We will check the effectiveness of this system during our next inspection.

Staff followed safe infection control processes. The provider had an infection control policy in place and staff undertook training in this area. Protective equipment such as gloves and aprons were provided to staff to minimise the spread of infection. One staff member told us, "Infection control is important for the client. It's about protecting their health. You don't want to spread bacteria. It's very important that you wear gloves to ensure the safety of the client. We always have enough gloves and aprons. We also have hand sanitizers. The manager is always emphasising that we need to have a clean uniform." We observed that staff wore gloves when undertaking any personal care tasks and regularly washed their hands.

People were supported to take their medicines by staff who had a good understanding of how to administer them safely. Staff received training in supporting people with their medicines and their competency was assessed. Where people required support with their medicines care plans were in place to guide staff on the type of support required, any specific timings and how people preferred to take their medicines. Staff completed a Medicines Administration Record (MAR) to confirm when medicines had been administered and we found these were fully completed. MAR charts were returned to the head office on a monthly basis and audited by senior staff members. Where errors in recording were noted these were discussed with the staff concerned.

People told us they could rely on their care workers and that their care workers had never missed a visit. One person told us, "Two carers always turn up. They ring me if they know they are going to be late as I panic. They have never not turned up. We get a rota. It means a lot knowing who is coming." Another person said, "Staff have never not turned up." Staff we spoke to also confirmed there were sufficient staff employed to ensure that all care calls could be met. One staff member told us, "I think there are enough staff. I have never had to cover for anyone who hasn't turned up. There are breaks in between calls and we get travel time." The provider confirmed that all calls were covered by the existing staff team. They told us, "We learnt from the mistakes when we first started and took on too many clients at once. Now we make sure we have more staff than we need before we start working with anyone new."

People and relatives confirmed that staff arrived on time and stayed for the allocated duration of the call. One person told us, "They are generally on time and if not I get a phone call from the office to tell me they will be late." Another person told us, "They come on time and often stay longer than they should. They might leave a couple of minutes early at times but only if I say it's okay. They more than make up for it." The provider told us that due to the size of the agency they were able to complete the rota and monitor calls without the need for a computerised monitoring system. However, due to planned expansions they were currently researching this possibility and had ordered a system which was due to be installed in January 2018.

Robust recruitment processes were followed to ensure that staff were suitable for their roles. Records showed the provider obtained two references from previous employers, proof of identity, information about their experience and skills 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. In addition staff were required to submit an application form detailing all past employers and attend a face to face interview. Staff we spoke with confirmed they were unable to start work until all recruitment checks had been completed. One staff member said, "I provided two or three references. My DBS had to be done first. Everything had to be completed before I started work."

There was an on-call system in place to ensure people and staff had access to support in the event of an emergency. The provider told us the on-call service was available 24 hours a day and was covered by senior staff members. The on-call pack included details of the action staff should take in the event of an emergency occurring. The provider had also ensured that the IT systems used could be accessed remotely in case the office area could not be used. These measures meant that people would continue to receive their care in the event of an emergency or unplanned event.

Is the service effective?

Our findings

People confirmed that their needs had been assessed prior to the service starting to support them. One person told us, "They came and met me at the hospital. I knew just by the way they spoke to me and not at me that they understood me. I took them on because I could see they cared about my needs." One relative told us, "[Name] came out and sat down and went through everything with me and Mum. They covered it all and it was personal to mums needs." Care records confirmed that assessments were completed and that senior staff liaised with social services regarding people's needs. This meant that the service were assured they could meet people's needs effectively prior to the service starting people's support packages.

Staff received an induction and on-going training to ensure they had the skills required for their roles. We asked one relative about the skills of the staff. They told us, "[Name] is excellent. Very efficient. One of the best." They added, "You can tell that staff know what they are doing by the way they move her." The provider maintained a training log which showed that all staff had completed mandatory training and that this was regularly updated. Training provided included, first aid, health and safety, moving and handling, food hygiene and mental capacity. Staff told us they found the training useful in their role. One staff member told us, "Training is in the office and online. It was very good and covered what I needed." New staff completed an induction programme which included shadowing more experienced staff members. One staff member told us, "The shadowing was particularly good. They can show you exactly how the client likes things done. It's the little things as well like where the house is and how to get in." Staff new to working in care were also supported to complete the Care Certificate, a set of agreed standards that health and social care staff should demonstrate in their daily working lives.

Staff were able to meet with their line manager on a regular basis. Staff told us they received regular supervision which supported them in their role and records confirmed this was the case. One staff member told us, "I have supervision. It lets me know what ways I can improve. It helps me to develop professionally." Another staff member said, "We meet about every six weeks. We have a good chat about if everything is okay, if anything has changed, your performance in general. It's good to be told you're doing well." Unannounced spot checks were also completed to monitor the quality of individual staff members' performance. We saw that records were kept of spot checks visits and that staff were given feedback on the quality of their work to enable them to develop their skills.

People had access to healthcare professionals where required. Staff we spoke to understood the importance of reporting if people were unwell or required additional assistance. One staff member told us, "We have the same clients and get to know them so can see if they're unwell. We would contact the office or if it was more urgent call for an ambulance first. The office are very good, they will either contact relatives, the GP, district nurses or OT's (occupational therapists) depending on what's needed." People and relatives confirmed that staff responded promptly when people were unwell. One relative told us, "Staff are very observant. They spotted his skin was sore and advised I contacted the doctor. I was very pleased with that, it was nipped in the bud as it were." Another relative told us that staff had noted a change in their family member's physical well-being. As a result the person was undergoing tests for a potentially serious condition. They said, "I am really grateful to her [staff] for mentioning it." Records viewed confirmed that

referrals to healthcare professionals were made when people became unwell or when their healthcare needs changed.

People who received support with meal preparation told us they were happy with this aspect of their care. One person told us, "Staff are very good at making sure I have enough food and drink." Their relative added, "Mum is always left with a drink." Another relative told us, "They [staff] prepare her meals for her. She has a selection of microwave meals we buy and they offer her a choice." Care plans regarding nutrition and hydration were in place for people who required support in this area. This detailed the level of support required, people's preferences and any instructions specific to the person's needs. Staff told us they understood the importance of monitoring if people were eating and drinking well. One staff member said, "I make sure that people have eaten their lunch, supper and breakfast. I prepare what people want and follow the hygiene in the kitchen. If I notice they haven't eaten I will find out why and note that down. I will mention it to the office. I will offer the person something else. I never leave someone's home without making sure they have a drink."

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 legal rights were protected as staff understood their responsibilities in relation to the MCA. One staff member told us, "To understand who has capacity to look after themselves and have the help they require. You assume people have capacity until you realise that they may not." They told us that if they had concerns regarding someone's capacity they would contact the office to request an assessment be completed. People were asked to sign their agreement to receive care and consent forms were contained within people's files. At the time of our inspection the provider informed us that no one receiving support currently lacked the capacity to consent to their care.

Is the service caring?

Our findings

People and relatives told us that staff treated people with kindness and developed positive relationships. One person told us, "They mean a lot to me now I've got used to them. They aren't nosey but they take an interest in me." Another person said, "They just treat me from the heart. They know me better than I know me. I like the fact that I am never rushed." One relative told us, "Mum likes the staff a lot and enjoys their company. She feels comfortable with them." Another relative told us, "They are all exceptional and have treated him so well."

People were supported by staff who knew them well. People told us that they received their care from regular staff members which enabled them to build relationships. Staff confirmed that they worked with the same people regularly but were also introduced to other people to ensure that if they needed to provide their care in an emergency they would still be familiar to each other. One staff member told us, "I am always introduced to the client before providing care so that they are familiar with me." The provider told us, "We try to keep the same carers visiting to give people consistency." When observing staff provide people's care we saw positive interactions between people and staff. Staff offered constant reassurance to people and the nature of their conversations demonstrated they knew people's past histories and family members. One relative told us, "They are all so interested in him. They looked at his photographs and asked questions and then they used the information to talk to him about things. He always quotes his RAF number and they know how to respond now. It's nice to see them together and I can just leave them to it now." Another person said, "[Staff member] is amazing. She is just like my mum. She knows how to make me laugh. If I'm down it picks me up."

People told us that staff treated them with compassion and went out of their way to ensure they were well cared for. One person told us of an occasion where a staff member had needed to call an ambulance for them. They said the staff member waited with them for the ambulance to arrive, "He went above and beyond." The person's relative added, "It was knowing she wasn't on her own and the kids didn't have to deal with it. [Staff member] wanted to make sure she was safe." One relative told us that when her family member had been unwell a staff member came to visit her in her own time as she had been worried about her. They told us, "It was really nice of her to offer. They had a little chat and a drink. It was reassurance for me." Another relative told us, "One carer comes in and says to mum when she leaves 'have sweet dreams' and kisses her. It's ever so sweet. They do care for her."

People were treated with dignity and their privacy respected. One person told us, "Staff treat me with dignity. When they wash me they make sure I am covered. They shut the door as my family are here. They are always polite and never over step the mark. Not patronising at all, far from it." Another person said, "They asked me what I preferred to be called. When I go to the toilet they treat me with dignity." We observed that staff approached people discreetly when discussing their personal care. Staff knocked on people's doors before entering and shouted to announce their arrival. Staff told us they understood the importance of respecting people's privacy. One staff member told us, "We must remember we are in someone's home rather than our place of work. I make sure I leave things neat and tidy. When I support personal care I keep people covered, the curtains and doors should be closed."

People were encouraged to maintain their independence. One person told us, "They do try to keep me as independent as possible. They promote independence." One relative told us, "We have a walk in shower and staff encourage him to wash the parts that he can himself." Staff told that they automatically encouraged people to do as much as possible for themselves. One staff member told us, "I encourage people to do as much as they can and only step in if they ask or I can see they need help. You get into a routine with people of knowing what they can do." Another staff member told us, "It's part of our role to help people stay at home and stay independent. One of my clients had a fall and wasn't confident walking after that. We encouraged her and walked behind her for a while for reassurance. Now she is walking again and has her confidence back." We observed that people were involved in making day to day decisions regarding their care. People were offered choices regarding how they wanted their care provided, what they wanted to eat and drink and where they wanted to sit.

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to their needs. One person told us, "They have done so much. Built my confidence. I was afraid. They have been a great help and I don't know where we would be without them. The difference with this agency is they took the time to research my condition so they know the support I need and how it affects the family." A relative told us, "They are always very helpful. We needed to add a visit and change the times and they just sorted it out for us."

People were involved in developing their care plans and a copy was kept in their home. One person told us, "We had a look through the care plan. Everything was perfectly ok." Another person said "I feel it's important being part of the care planning. They review it regularly." Care plans included details regarding people's past lives, hobbies and interests to help get to know the people they were supporting. The provider told us, "We always involve people in their care. We always review the care plan for new clients after a week to make sure it's working. We do it then after six weeks and then every six months. We ask when we do spot checks or phone calls as well in case there is anything they are not happy with."

Care plans contained detailed information regarding the support that people required. Records covered areas including personal details, religious and cultural needs, personal care needs, mobility, health conditions, skin care and nutritional needs. Guidance was provided regarding how people preferred their support to be provided including the gender of staff and how to ensure their property was secured. During the inspection we found that information relating to one person's medical condition did not contain enough detail for staff to follow. However, the person was confident staff were aware of the actions they would need to take should they become ill. Following the inspection the provider forwarded an up to date care plan which provided staff with detailed guidance. The support people wanted when reaching the end of their life was recorded in people's care plans where appropriate. The provider told us, "We want people to have their last wishes. We recently supported one client who was in a hospice but wanted to be at home. We worked together with the nursing teams to support them with their wish."

Staff responded positively to people's needs. One person who had recently started using the service was awaiting support from social services to help de-clutter and clean their flat. Staff recognised that the person's living environment was causing them anxiety and spent time at each visit helping them clean. During the person's care review they commented that this had made a big difference to how they were feeling. They added, "The staff have done a good job cleaning the flat and stay even longer than their time. They are very polite and ask me what I need." One relative told us, "I was so angry when my daughter arranged the care for my husband. I thought I should be doing it all. I can't tell you the difference they have made to both of us. He loves to see them each day. It's a huge weight off my shoulders because they listen to you and I can leave him with them to have a break. I now have to admit she was right."

Records of each care call were maintained. This enabled staff caring for people to know of any significant events or changes in the person's care. We found that notes were detailed and on the whole person centred. The provider had implemented systems to complete audits of daily records. This ensured that staff were recording the correct information in sufficient detail. We found that daily notes were written in a person

centred way and reflected people's individual needs.

The provider had developed a complaints policy and procedure which clearly outlined the process and timescales for dealing with complaints. This information was provided to people when they started to use the service. People and their relatives told us they would feel comfortable in raising any concerns. One person told us, "I've never had anything to complain about but I know they would listen." One relative told us, "I would phone up and speak to someone if something is not right. I feel listened to. I rang once when I didn't get the weekly schedule and they sent it over straight away." A central complaints log was maintained by the service which showed three complaints had been received since the service started. All had been responded to in a timely manner and reassurances given to people. Where complaints were regarding staff approach there was evidence that this was dealt with through the supervision process and on-going monitoring of staff performance.

Is the service well-led?

Our findings

Staff told us there was an open culture in the service and they felt valued. One staff member told us, "There is a positive culture. Staff are happy to do the job and we are always looking forward (to how the service can improve)." Another staff member said, "It's a happy company, well mixed and balanced. They call and check we're okay all the time. We all work together very well."

The values and ethos of the service were clear. The provider's website states, 'Our clients are at the heart of what we do. We pride ourselves in providing tailor made services to meet all our clients' needs. We offer all our clients a personal and professional service and continue to build relationships that you can trust'. The provider told us that these values were discussed with all staff during the interview process and at each staff meeting. They told us, "I want staff to be clear what the expectations are and that we want to promote a professional image." Staff we spoke to told us they shared the values of the service. We asked one staff member why they enjoyed working at the service. They told us, "Making a difference to people's well-being. Making people feel valued. Bringing people happiness." The comments we received from people and their relatives during the inspection confirmed their needs were put at the centre of the service and the support offered was individual to their needs.

Quality assurance processes were in place which included gaining feedback from people and their relatives. Client Service Monitoring forms were completed every two months either by telephone or in person with office staff visiting people in their home. People told us they valued the opportunity to provide feedback. One person told us, "We get a questionnaire once every couple of months. I think it's important to ask (our views) otherwise how are they going to improve things and make things better. Question and answer session is important and I feel listened to." A relative told us, "We have more contact with (Care Co-ordinator) but (the provider) is a lovely lady. They phoned us two weeks ago and asked if we are happy. They regularly do that." Comments recorded from feedback included, '[Staff name] is very kind and caring. She takes time with Mum and always completes her task.' And, 'Noticed a big change with cleaning and how tidy the house is. [Staff name] is a star and Mum really likes him.' One person had left feedback that although a staff member was nice they could be a little 'excitable'. The provider had spoken to the staff member concerned and feedback from the person was that the situation had improved. This demonstrated that any concerns were acted upon by the provider in order to improve the service. People and relatives told us that they always received a prompt response when contacting the office and that office staff always did their up most to help.

The service was committed to ensuring on-going development and improvement. The provider and office staff completed a series of monthly audit checks to monitor the quality of the service provided. These included checks on medicines administration, daily records, care plans and timesheet accuracy. Where any concerns were identified action was taken to rectify this immediately. Where appropriate staff members were contacted to discuss how they should complete tasks differently going forward. The provider had a plan for service development which included the appointment of a registered manager, implementation of electronic care plans and call monitoring system and on-going recruitment to accommodate growth. The provider told us, "Our aim is to grow the business but we must ensure we keep to the personal approach. We

need to have the staff in place and the systems and checks to do that." They told us they had begun to network with other providers and had recently been invited to attend an open day for care providers in the near future.

Staff told us they felt supported and involved in the development of the service. One staff member told us, "I like the fact it's a growing company. We're all involved and it feels like we are all growing together." Another staff member told us, "I feel very supported. If you have any concerns you can speak to someone in the office or on-call straight away. You feel as though you are all in it together for the right reasons." Staff told us that they had monthly staff meetings and records confirmed this was the case. Staff meeting minutes showed that staff were able to share their views and discuss any concerns. Time was set aside during the meeting to discuss people's needs and share ideas or different approaches to people's care.

Records were organised and securely stored. People personal information was stored in locked cabinets. The CQC had been notified of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.