Kardinal Healthcare Limited

Kardinal Healthcare Limited

Inspection report

7-11 Ardsheal Road
Worthing
West Sussex
BN14 7RN

Tel: 01903211931

Date of inspection visit:
30 June 2016

Date of publication:
30 August 2016

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 30 June 2016 and it was announced.

Kardinal Healthcare Limited is a domiciliary care service which provides personal care to people in their own homes. The registered office is in Worthing however the service provides personal care across West Sussex including Littlehampton, Southwick, Henfield and Worthing. At the time of our visit the service was supporting 70 people including both children and adults with personal care. People had various needs, including dementia and/or a physical disability.

The manager had been in post since November 2014 however there had been no registered manager since 7 December 2015. 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. As this is a condition of the provider's registration to carry out the regulated activity of personal care we have advised the manager accordingly that this is required. We have applied a ratings limiter to the Well-Led section of the report in response to this.

People told us that they felt Kardinal Healthcare provided a safe service. Staff were able to speak about what action they would take if they had a concern or felt a person was at risk of potential abuse or neglect. However training in safeguarding children had not been completed or updated by all staff who required it. We made a recommendation to the provider so that the appropriate action would be taken to ensure all staff supporting children attended safeguarding children training. The manager told us the action they were taking to rectify this.

People and relatives spoke positively about the support they received from the service and records reflected there were sufficient staff to meet people's needs. The service followed safe recruitment practices. Risks to people had been identified and assessed and information was provided to staff on how to care for people safely and mitigate any risks. People's medicines were managed safely.

Staff felt confident with the support and guidance they had been given during their induction and subsequent training. Supervisions, appraisals and competency assessments were consistently carried out for all staff supporting people. .

People's consent to care and treatment was considered. Staff understood the requirements under the Mental Capacity Act 2005 and about people's capacity to make decisions.

Some people received support with food and drink and they made positive comments about staff and the way they met this need.

Staff spoke kindly and respectfully to people as well as involving them with the care provided. Staff had

developed meaningful relationships with people they supported. Staff knew people well and had a caring approach. People were treated with dignity and respect.

Changes in people's health care needs and their support was reviewed when required. If people required input from other healthcare professionals, this was arranged.

People received personalised care. People's care had been planned and individual care plans were in place. They contained information about people's lives, including their personal histories. They provided clear guidance to staff on how to meet people's individual needs. People were involved in reviewing care plans with the management team.

People's views about the quality of the service were obtained informally through discussions with the manager, annual care reviews and formally through questionnaires.

People told us that they knew who to go to make a complaint and how they would do so if and when they required.

During the inspection we found the manager open to feedback and enthusiastic about providing a high standard of care to people.

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.

Not all staff supporting children had been trained to recognise the signs of potential abuse or neglect however the manager took immediate action to rectify this.

Medicines were managed safely.

Calls were covered and there was sufficient staff to meet the needs of people.

People and their relatives said they felt safe and comfortable with the staff

Is the service effective?

Good

The service was effective.

People's care needs were managed effectively by a knowledgeable staff team that were able to meet people's individual needs.

Staff received regular supervision, appraisals and training.

Staff understood how consent to care should be considered.

People received support with food and drink and made positive comments about staff and the way they met this need.

The service made contact with health care professionals to support people in maintaining good health.

Is the service caring?

Good

The service was caring.

People were supported by kind, friendly and respectful staff.

Staff knew the people they supported and had developed meaningful relationships. People were involved and able to express their views about the care they received.

People were complimentary about the staff and said that their privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

Care records reflected people's assessed needs.

Care plans were personalised and individual to the person.

The service responded to people's experiences. People knew who and how to complain to if needed.

Is the service well-led?

Requires Improvement

The service was not always Well-Led.

There had not been a registered manager since December 2015 which was in breach of the registered manager condition applied to the provider's registration.

The service had an open culture and positive culture.

Staff told us that the current management team were supportive and approachable.

A range of quality audit processes were in place to measure the overall quality of the service provided.

Kardinal Healthcare 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 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.

This inspection took place on 30 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience has experience of dementia care, domiciliary services and other care environments.

Before the inspection, we examined the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection. In addition the Care Quality Commission had sent questionnaires to people using the service to gain their views on the care they received from the service; we reviewed 19 questionnaires from people. We used all this information to decide which areas to focus on during our inspection.

On the day of our inspection we visited two people in their own homes and spoke to one relative. We observed how people were supported by staff and we looked at their daily files. We visited the registered office where we met with the manager, the deputy manager and a senior health care assistant. The senior health care assistant supervised staff, supported people in their own homes and held a compliance and quality assurance role. We looked at four care records, medication administration records (MAR), complaints, accidents and incidents records, surveys and other records relating to the management of the service. We read four staff records, this included staff recruitment documents, training, supervisions and appraisals. In addition after our inspection we spoke with two senior health care assistants by telephone. They both supported people in their own homes and supervised other care staff. The expert-by-experience

spoke with nine people and seven relatives by telephone to gain their views of the service and care they received.

Kardinal Healthcare Limited was last inspected in October 2013 where there were no concerns identified.

Good

Is the service safe?

Our findings

People confirmed they felt safe when staff were in their homes and we observed people looked at ease with the staff who were supporting them. One person told us, "They know what they are doing I don't have to tell them and that makes me feel safe". One relative said, "The competence of the carers makes my [named person] feel safe". Another relative told us, "They know my [named person] is quite weak and vulnerable. I'm sure their competence makes [named person] feel safe".

Staff had been trained to recognise the signs of potential abuse and in safeguarding adults at risk. Staff explained how they would keep people safe. They could name different types of abuse and what action they would take if they saw anything that concerned them. However there was a small team of staff who supported children whom had various needs in their own homes. Most staff who supported children had not been offered or attended safeguarding children training. One staff member had completed the safeguarding children training in 2014 however had not been provided with a course to update their skills and there was no planned date within training records. We were not made aware of any negative impact of the lasck of training during our inspection. However all staff providing personal care to children should be provided with training opportunities so they are able to recognise and highlight any potential risks of abuse or neglect to children and know what to do and if they had any concerns. We advised the provider to review its safeguarding children policy and training to ensure all staff supporting children were offered and completed this training to keep children using the service safe. The manager was quick to respond promptly to this. Shortly after the inspection the manager provided us with a new safeguarding children policy and all staff supporting children were booked to attend safeguarding children training within two weeks of our inspection. The manager had also planned to attend a course available from the West Sussex Safeguarding Children's Board so they could ensure their knowledge and skills were refreshed and share any learning with the staff team.

Care records found in people's homes and the office contained risk assessments. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Risks were managed safely for people and covered areas such as how to support people to move safely, the risk of falls and how to support people with their medicines. We found risk assessments were updated and reviewed monthly and captured any changes identified. For example, one person needed two staff to support them move safely. We observed this person supported safely by staff in their own home. The risk assessment had been reviewed in June 2016 and provided staff with clear instructions on how to ensure their practice was safe.

People told us there was sufficient staff to meet their needs. Records and our observations demonstrated there were enough staff to meet people's needs. The manager told us rotas were planned in advance and showed us the information they provided to staff before each visit to ensure they knew the correct times and care needs of people. A relative told us, "I get my rota emailed to me on a Friday". One person said, "Yes I have the same carers and they usually come on time". Another person said, "I don't have a regular carer but a team and we get a weekly rota so I know who is coming, they are all very different but do their job well". A third person said, "They are reliable they will phone me if they are going to be late". A relative told us, "I feel

my [named person] is safe with the same regular carer who understands her". Therefore there were enough staff deployed to ensure people had a reliable and consistent care service at the agreed times.

Staff recruitment practices were robust and thorough. Staff were only able to commence care duties when two satisfactory references were received, including checks with previous employers. In addition staff held a current Disclosure and Barring Service (DBS) check. Recruitment checks helped to ensure that suitable staff were supporting people safely within their own homes.

Accidents and incidents were reported appropriately and documents showed the action that had been taken afterwards by the staff team and the manager. This included events that related to the well-being of people. Records showed that the relevant professionals and relatives had been contacted. Actions taken by the office helped to minimise the risk of future incidents or injury.

Some people received support from staff with their medicines and told us they were happy with how this was managed. One person told us, "If I am low on my tablets they will call the pharmacist". "One relative told us, "They (staff) make sure it's taken before they leave". The medicines recording system included information that was pertinent to each individual. The Medication Administration Record (MAR) were completed for each person who required support in this area, by the staff member who attended the visit. This showed that people received their medicines as prescribed. We observed staff administer medicines to one person in their own home in a personalised and professional manner. Staff told us they felt confident when administering medicines. They felt the administering medicines training was useful and valued the support from the management team. A senior care assistant explained how they had recently found a person's medicines had more than the prescribed doses or quantity in the sealed container received from the pharmacy. They described how they were able to addressed the issue immediately.

We discussed with the manager how information on each medicine was listed on the MAR. When medicine was prescribed to people in a blister pack the service wrote, 'blister pack' on each MAR however the medicine prescribed to be given at that particular time was not named. This was listed on a separate sheet and kept behind the MAR. We discussed this with the manager and the potential risk for error when staff were administering medicines. Shortly after the inspection the manager informed us they would be changing how they listed medicines prescribed to people to address this issue and shared a new improved MAR the service was about to start using.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their role and responsibilities. People and relatives told us of the confidence they had in the abilities of staff who knew how to meet their needs. One person told us, "Yes they are well trained; they know what they are doing". Another person said, "They are wonderful, if they think I need a district nurse to come they will sort it out". A third person said, "All of them are well trained to do my personal care they know what they are doing". We received numerous positive comments about staff skills from people and their relatives.

People received support from staff who had been taken through a thorough induction process and attended most training with regular updates. We have written about a highlighted shortfall during our inspection with regards to training and the manager's response in the Safe section of this report. The induction consisted of a combination of basic training, shadowing experienced staff, the reading of relevant care records and the service's policies and procedures. Staff had additional shadowing shifts if they were new to working in health and social care which consisted of working alongside experienced staff. Staff records showed observations were carried out to assess their competency before staff worked independently. One relative required two staff to support their family member and told us, "They send more experienced staff with a new one. Sometimes there are two staff with a new one watching".

In addition to the service induction, the manager told us they were about to 'trial' and introduce the Care Certificate (Skills for Care) for new staff. The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field. The Care Certificate covers 15 essential health and social care topics, with the aim that this would be completed within 12 weeks of employment.

The training schedule covered various topic areas including medicines, nutrition and well-being, infection control and moving and handling. The service used different methods to train their staff including on line training and classroom based. Staff told us there was enough training to meet the needs of the people they supported. One senior healthcare assistant told us, "We have all the necessary training, we go out with somebody shadowing". They added, "First aid was good gives us the confidence. They will do it again if you don't get it or know". Staff told us they felt confident when using moving and handling equipment to support people to move safely. One senior healthcare assistant described a new piece of equipment they had recently been trained to use with the help from an Occupational Therapist (OT) from the local health team. Another senior healthcare assistant told us they would like additional training which focused on using 'slide sheets'. Slide sheets are a piece of moving and handling equipment that staff use to move people safely , usually when a person is in bed. We fed back this information to the manager for them to discuss with the staff team further.

Most staff had completed a National Vocational Qualification (NVQ) or were working towards various levels of Health and Social Care Diplomas (HSCD). These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability and competence to carry out their job to the required standard. Those in supervisory roles achieved a level three NVQ or HSCD or above to ensure they had the correct skills and knowledge to support other care staff.

Staff told us and records confirmed unannounced 'spot checks' were carried out twice a year on their work performance. A senior health care assistant said, "If something is highlighted they are carried out again sooner". In addition supervisions and appraisals were provided to the staff team overseen by the manager. Staff told us they received regular supervisions and records confirmed this. Work related actions were agreed within supervisions and discussed at the next meeting. The manager was aware that some supervision meetings were behind the planned schedule however had a clear action plan to address this. Staff meetings provided opportunities for staff to meet together to discuss issues relating to the operation of the service. For example, the minutes of a staff meeting which took place in November 2015 made reference to how to ensure all people they visited were warm enough in the winter months and what to do if staff were concerned. The manager encouraged staff to come to the office on Friday afternoons each week to ensure staff had all the relevant information they needed for the following week, if staff were unable to attend on a Friday other opportunities were provided. Spot checks, supervisions and staff meetings determined how additional support could be provided to staff to improve the quality of care provided to people.

People were involved in making decisions which related to their care and treatment. When we visited people's homes we saw people were offered choices by staff. Consent to care and treatment was sought in line with legislation and guidance and this was reflected in care records. 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 MCA 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 the least restrictive as possible. Best interest decisions made on behalf of people who lacked capacity were made by health and social care professionals, the manager and team and the relevant family members.

The manager demonstrated they understood current legislation regarding the MCA. Staff also received training on the topic and understood how consent should be considered. They told us most people they supported had capacity to make decisions about their care. One senior health care assistant described what MCA was and said, "Always got to assume that somebody has capacity. Always refer to the care plan and how they (people) have been assessed". Another senior health care assistant told us, "We assume they (people) have full capacity if the care plan doesn't state otherwise".
People were assessed to identify the support they required with food and drink and care records reflected this. People spoke positively about the support they received from staff with their diets within their own homes. One person told us, "I will decide what I want to eat and they will prepare it for me". Another person said, "They (staff) will make me a sandwich ready for me at lunchtime". A third person told us, "I have days when I am not feeling so good so they will adapt my care and make my breakfast and even feed me if I need it". A relative said, "If I'm not around for the day they will fill [named person] flask so [named person] has plenty of drinks". Staff told us and records confirmed how what people had eaten and drank was documented within their daily files. One senior healthcare assistant told us, "Some people make food and meals with us". Another senior healthcare assistant said, "We are hot on monitoring their food and drink", and added "We take people to their fridge and get them to choose".

People felt confident that staff could manage their healthcare needs. The support provided would vary depending on a person's needs; some people or their relatives were able to book their own health appointments. Where healthcare professionals were involved in people's lives, this care was documented in their care plan. For example, we noted that GP's, psychiatrists and district nurses were involved with some people's care. One person described a recent incident and said, "A couple of weeks ago I cut my arm they dealt with it so efficiently, they (staff) they called the paramedics, they stayed longer than they should but wanted to make sure it was all sorted". Another person said, "They are wonderful, if they think I need the district nurse to come they will sort it out". This meant staff were able to contact health professionals

directly if there was a need especially out of office hours. One relative told us, "They recommended we called the district nurse as my [named person] had a blotchy face". Staff told us they would often drive people to their health appointments they also told us how they would any concerns about a person's health to the manager. Staff documented any changes in people's daily files which highlighted the issue to the next staff member on the next care visit. This showed how the staff were involved in supporting people with their healthcare needs.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. Staff had a caring approach and were patient and kind. Staff smiled with people and looked approachable; their interactions were warm and personal. Everybody we spoke to during our inspection told us how caring the staff were. One person said, "They are all so wonderful I could cry they are like my friends coming to visit me". Another person said, "They say to me don't worry we will sort it out if I am worried about something". A third person said, "They are so kind they give me extra time if I need it and they never moan". A relative said, "I have every confidence in Kardinal staff they are very kind and I am happy to leave my [named person] in their care". Another relative told us, "I am stunned at how caring they are with [named person], they go out of their way for instance if he won't eat they will go out and buy my [named person] something and encourage them to eat". One person told us about the extra things staff did for them, "They do the things I want to but can't, it might only be straightening a picture on my wall, watering my plants. I don't think there is anything they wouldn't don, without their help I couldn't stay here".

People were encouraged to be involved with the care and support they received and be as independent as possible. People and relatives told us that they felt included in decisions about their care. We observed staff involve people in their day to day decisions surrounding their personal care needs. One senior healthcare assistant described how they kept people involved in decisions about their support and said, "I could be the first and the last person the client sees, you need to talk to them". They added, "Encourage them to do as much for themselves as possible, talk to them throughout the visit". Another senior healthcare assistant said, "We have an initial plan but then we ask them (people) their preferences , do they want a shower or bath that day, ask them whether they would like to go out". One person said, "They will always ask before they leave if there is anything else they can do". Another person spoke about changes in the type of care they needed and said, "They have always done my meals for me but I am becoming more independent now. They encourage me to help and I hope eventually I will be able to do it myself".

People told us they were given opportunities to make comments about the service and review their own care and support. People were aware of the contents of the daily files that were kept in their homes. They included contact information, their care plan and other daily monitoring forms pertinent to the individual. People were encouraged where possible to sign documents within their files which showed they were involved with the care they received. The manager told us how they were, "Actively involved" in holding reviews with people and their relatives of the care being delivered and told us they encouraged people to call or email her in between those meetings if there was a need.

People were supported by staff who promoted and respected privacy and dignity. Staff identified they were in people's own homes and were therefore sensitive with regard to people's property. Staff used the appropriate tone and pitch of voice and crouched down to a person's eye level when they were talking to them and providing personal care. One relative said, "Staff are respectful". We asked members of staff how they promoted privacy and dignity. They talked of how they knocked on people's doors, closed bedroom doors and closed curtains when providing personal care. One senior healthcare assistant told us how they promoted these values and said, "Don't discuss their (people) information with others". They added, "We

cover people up whilst supporting them with personal care". Another senior healthcare assistant said it was important they "Didn't discuss clients with other clients. If they were running late don't tell the next client sensitive details about somebody else". Observations completed by staff supervising other care staff included a section on whether dignity was promoted. One observation record completed in April 2016 stated, 'Dignity of person maintained throughout visit'. This practice reinforced Kardinal Healthcare caring values.

Good

Is the service responsive?

Our findings

Staff knew people well and responded to their needs in an individualised and personalised way. One person told us, "I need extra care one day they will send someone, they do try and send someone I know, they are kind and use my first name which I like". One relative told us, "They always come up trumps". The same relative told us there was rarely a problem but occasionally when there was it was dealt with quickly, they added the service, "Runs on smooth wheels". Another relative said, "They are very centred around the person". A third relative said, "I know most of the office staff by name we recently updated my [named person] care plan". We asked a quality monitoring officer from the West Sussex contracts team for their views on the service provided by Kardinal Healthcare they told us, 'I have found them open and responsive to suggestion'.

All people told us they were involved and aware of the care records in place. Care records included a care plan, risk assessments and other information relevant to the person they had been written about. Each person had a care plan which was reviewed regularly and included information provided at the point of assessment to meet people's present day needs. A care plan was held within people's own homes and a copy was also kept at the office. Care plans provided staff with guidance on how to manage people's physical and/or emotional needs. This included guidance on areas such as communication needs, mobility and medicine needs. One relative told us, "Kardinal have been brilliant in setting up [named persons] care plan after [named person] was in hospital. [Named manager] came and did the assessment". Another relative told us their family members care plan was, "Reviewed annually", and added, "A review has just taken place" We were able to read the review notes during our inspection at the office.

The manager had undertaken a review of all care records in January 2016. They were in the process of moving all care plans onto an amended format which extended the details available on each person and further instructions on how care should be delivered for staff. There was a clear action plan in place to show what improvements had been made, why and what was still left to achieve. People's preferences and consent to their care was captured. Care plans were written in a person- centred way. For example, one person had no verbal communication the care plan stated, '[named person] expresses her likes and dislikes with smiles'. The same care plan provided further information on how the person communicated. Staff knew how important the care plans were and told us how and where they would find certain information to enable them to carry out their roles and responsibilities. They told us, "People are involved in their care plans, the assessments are completed with the client, drafted out together". Another senior healthcare assistant said, "Care plans identify everything. With new clients they are very helpful". Staff were also positive about the recent changes made to care plans one staff member said, "Definitely improvements".

Daily records were completed about people by staff at the end of their visit. They included information on how a person presented during the visit, what kind of mood they were in and any other health monitoring information. Changes to people's needs were highlighted through various methods including reviews, spot check visits and speaking to people and families direct. Information written in daily records meant staff were prepared and able to respond to people's current needs and amend their practice accordingly.

People told us that if they had any concerns they knew they could talk to staff on care visits or call the office. People told us they knew they could approach the manager and any problem would be resolved. One person said, "Yes I speak to the office they listen to me they are all lovely I don't have to call much". Another person said, "If I have any issues they will listen to me and deal with it. I did have a problem with a carer that I clashed with and they didn't send them again". There was a complaints policy in place however no open complaints at the time of our inspection. Each daily file kept in people's homes had a copy of the complaints policy. Complaints that were now closed showed how the issue raised at the time had been investigated by the manager and any outcomes were fed back to people or their relatives. One person said, "I was recommended Kardinal from a friend, if I have any problems I would just call them".

Requires Improvement

Is the service well-led?

Our findings

The manager had been in post since November 2014. They started working at Kardinal Healthcare in 2009 therefore a well-established member of the management team. The manager was committed and enthusiastic about the care service they delivered. The provider was previously the registered manager however de-registered on 7 December 2015 with a view to the current manager applying. Therefore the location has been without a registered manager since that date. It is a condition of the provider's registration to have a registered manager to be responsible for managing the regulated activity, personal care, at this location. At the time of the inspection we had not received any application for registration from the manager although this was the manager's intention. Therefore a ratings limiter has been applied for this domain because the location had been without a registered manager for six months.

People experienced an open and positive culture at Kardinal Healthcare. People told us they felt the service was Well-Led. One person said, "Honestly I can't fault them. I cannot think of anything they could do better. Another person said, "I think they are better than most agencies". A third person told us, "I keep in touch with the [named manager] by email, the communication is good". A fourth person said, "I can't praise them enough". A quality monitoring officer from the West Sussex contracts team told us, 'I have found that they will always contact me for support and advice, which I feel is reassuring, knowing they are pro-active and willing to get it right'.

The manager demonstrated good management and leadership throughout the inspection. She was open about the changes she had made to drive improvements. She shared how the office management team had been restructured to ensure there were more supervisors available to carry out 'spot checks' and generally support staff in the community. The manager also carried out occasional care visits which showed a 'hands on' approach and said, "I will ensure I am in the middle of it (service delivery) at all times". Staff told us they would not hesitate in approaching the manager if there was a problem or they had a concern about a person. One senior healthcare assistant said, "The office door is always open". Another member of staff said, "[named manager] has a lot on her plate due to the restructure", however told us she always made time for people and staff. The manager had also recently instructed the office to be open on Saturday mornings this meant there was additional periods when people and staff had access to the management team. She told us she focused on opening up the office to staff on Friday afternoons and Saturday mornings was because, "I need to hear everything. I need to see carers coming in". Alternatively staff were encouraged to give their opinions during supervisions and staff meetings and they knew the external agencies they could approach outside of the service such as the local West Sussex social safeguarding team and the Care Quality Commission.

A range of informal and formal audit processes were in place to measure the quality of the care delivered. The quality assurance documents showed audits had been completed in areas such as care plan reviews and staff supervisions and appraisals. This showed the manager monitored the support provided to people and the staff team. Care plan audits had been a focus since January 2016 this was reflected within the audit. The manager told us they had made changes to care delivery in accordance with changes in legislation and the new Care Quality Commission methodology and felt the improvements were positive for people who

used the service.

An annual 'Quality of Service Questionnaire' was given to people who used the service and staff. A summary feedback of the 2016 questionnaires from 55 people had been sent to each person and their relatives if appropriate. The overall scoring had been calculated at 4.3 which translated into, 'This is a very positive response and shows the company in a very good light'. Although overall this was positive feedback and the summary highlighted concerns raised by people about staff shortages. We asked the manager about this and they said, "The staff team are fantastic but we need more". They told us the issue seemed to have improved since they had introduced the 'Find a friend scheme' which acted as an incentive for existing staff to introduce their friends to working for Kardinal Healthcare. The summary feedback from staff questionnaires was also overall positive however highlighted an issue where staff felt communication between the office and staff could be improved. The manager felt opening up the office to staff and actively encouraging them to, "Pop-in" for, "Tea and a chat" had improved the concerns staff had expressed..

The manager spoke positively about the people they supported and about becoming the registered manager. When asked one of her greatest achievement as the manager so far she said, "I know our clients".