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Community Careline Services

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

We inspected the service on 8 and 10 March 2016. The inspection was announced.

Community Careline Services is a domiciliary care agency providing personal care to people living in their own homes in the community. They provided services to any people who needed care and support, including children. There were 66 people receiving support to meet their personal care needs on the days we inspected.

There was a registered manager at the service. 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 providers of the service were fully involved in the day to day running of the service. The providers and registered manager supported the assistant manager and senior carers who in turn supported the care staff. A sound administration staff structure was in place to enhance the support offered and to use time efficiently for the benefit of people using the service.

People who used the service and their family members said they felt safe with the staff. The staff had a good understanding of how to safeguard vulnerable adults and children from abuse. They knew what signs to look out for and what their responsibilities were in reporting any suspicions they had of abuse.

The registered manager had processes in place to make sure that any risks to individual people had been considered and assessed carefully. However, the risk assessments were careful not to intrude on people's independence. Potential risks to staff when visiting people's homes had also been assessed and control measures put in place.

The provider followed safe recruitment procedures to ensure the staff they employed were suitable people to carry out their role. Enough staff were available to be able to run an effective service, responsive to people's needs. Staff had the training and supervision required to be able to perform well in their role. Their personal development needs were identified and supported within a supervision and annual appraisal system.

People and their family members had good things to say about the staff, describing them as 'lovely' and a 'brilliant team'. The registered manager made sure that people had regular staff to support them. Staff knew the people they supported well so were able to give them good care in the way the person preferred. Staff knew how important it was to treat people with dignity and respect, and gave examples of this. Confidentiality and maintaining people's independence was a key theme within the care plans.

People and their family members were involved in the care planning process, beginning with the initial assessment, through to writing care plans and review. People were able to make their own choices and decisions throughout the care planning and could change things if and when they wished.

A complaints process was in place that worked well. The organisation responded to complaints within a timescale in line with their complaints procedure. People and their family members knew how to make a complaint and had given examples of informal complaints made on the telephone that had been responded to quickly.

Sound auditing systems and processes were in place to check the quality and safety of the service provided. This included people and /or their family members being asked their views of the service to help the registered manager measure the quality of the service being provided.

People and family members we spoke to thought the service was well run.

The staff were very happy with the management team and felt they were well supported. They described the providers and managers as approachable and always available and happy to listen. They said they would have no problems in raising concerns with any of the management team and thought they would always take action. Staff meetings were regular, keeping staff up to date and aiding communication and learning.

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 had a good understanding of how to safeguard vulnerable people and knew their own responsibilities.

Risks were assessed well without impacting on people's independence.

Safe recruitment practices were in place to safeguard people from unsuitable staff. Sufficient staff were available to provide the support required.

Is the service effective?

Good

The service was effective.

Staff had supervision within their role and had suitable training to develop their skills appropriately.

People were able to exercise choice and control in decision making.

Staff contacted health professionals when necessary to get the appropriate support for people.

Is the service caring?

Good

The service was caring.

People said the staff had a good approach.

People usually had the same staff and they were able to get to know each other well.

People's privacy and dignity was respected. Confidentiality and independence were a key part of planning people's care.

Is the service responsive?

Good

The service was responsive.

People and / or their family members were involved in the whole care planning process and had the opportunity to change things.

Complaints were dealt with appropriately and quickly.

People's views of the service were sought on a regular basis.

Is the service well-led?

Good

The service was well led.

The management team were visible and available on a daily basis.

Staff felt supported and listened to. They felt their concerns would be acted upon.

Monitoring processes were in place to check the safety and quality of the service.

Community Careline Services

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 8 and 10 March 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 available.

The inspection team consisted of two inspectors. Before the inspection 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 home, what the home does well and improvements they plan to make.

We also looked at notifications about important events that had taken place at the service. A notification is information about important events which the home is required to send us by law.

We spoke with the registered manager, the nominated individual, the assistant manager and five staff members at the time of inspection. We also spoke to three people who used the service and three relatives of people who used the service after the inspection.

We spent time looking at five people's care records and four staff records together with their training plans and records. We also looked at policies and procedures, complaints, accident and incident recordings and quality assurance audits.

This was the first comprehensive ratings inspection for this service since it completed a new registration

with CQC on 2 July 2013.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff who supported them. One person told us, "I know for a fact I would be safe". Another person said, "They know what they are doing". People and their relatives told us that staff always wore identity badges so they were able to verify who they were.

The providers had a clear safeguarding procedure that had all the relevant and up to date guidance staff would need to follow if required. Staff had a good understanding of the signs of abuse and what to look for. They were able to tell us what they would do if they had concerns about a person or situation and who they would report this too. Staff were also aware of who to take concerns to outside of the organisation should they need to do this. Staff had the knowledge to be able to protect people from abuse and harm.

The assistant manager gave an example and told us of their increasing anxiety regarding a person the service supported. They had discussed their concerns with healthcare professionals and decided on a course of action between them to help to safeguard the person. This involved alerting the local authority safeguarding team to their concerns in order for them to investigate. This showed the provider kept people safe by having processes in place to safeguard people from potential abuse.

The risk involved in delivering people's care had been assessed to keep people safe. Individual risk assessments were carried out with people when their support service was being set up. These included for instance, how people were supported to walk or get out of bed if they needed to be supported by equipment such as a hoist. If a hoist was involved an occupational therapist (OT) would be involved in training a senior carer to use that particular piece of equipment in the first instance. The senior carer would assess the risks and document them as well as cascade the training to the care staff. An emphasis on promoting people's independence throughout the risk assessment process was maintained. A full range of risks to people and staff were considered and assessed, to safeguard whoever was involved.

Risk assessments were reviewed regularly and support staff kept the senior staff informed of any necessary changes based on their knowledge of supporting people. People were kept safe by risk assessment processes without compromising their right to independence.

Risk assessments of the environment would be carried out, before a support service commenced. These would include looking at the potential risks within people's homes as well as the area around the home. A senior carer would check the access to the property, the surrounding area and safe car parking for staff. Within people's homes they would check the internal environment such as loose cables, any pets or if people smoked. The registered manager kept people and staff safe from harm by developing a robust approach to assessing risk.

An emergency plan was in place covering situations that could affect the delivery of support to people. This included situations such as severe snow fall which would have an impact on staff being able to get to people's homes to support them. In this instance, the provider had two 4x4 vehicles available to pick staff up

and drop them off. This reduced the risk of people being isolated and their safety being compromised in such circumstances.

A structure was in place that could meet the support needs of the staff and manage the delivery of care and support to people. An assistant manager, two coordinators and four senior carers managed the delivery of support. Two office administrators and one office apprentice supported the directors, the managers and senior carers and the care staff.

There were sufficient staff to meet the care and support needs of people using the service. Absences were covered by the staff in post who would work extra hours between them to ensure people got the support they needed and to aid consistency. Agency staff had never been used by the service. The registered manager told us that they knew people well enough that they would support if necessary. The organisation had an out of hours on call service which was manned by senior carers on a rota basis.

The registered manager kept a four week rota for staff of the hours they were working, so staff would know what hours they were working in advance. The registered manager told us there would often be changes to the rota so they needed to be flexible. For example if people wanted to change their support time or wanted to cancel a visit. However staff needed to know what shifts they would be working in advance so they could plan their work and personal lives. The people staff would be supporting the following week would be confirmed on a weekly rota. The office staff rang or emailed every working member of staff every afternoon to inform them of any changes and to check if they themselves had any changes to report.

Staff were paid for the time they spent travelling between visits. This meant that people always received their full allotted support time. Staff did not have to leave early to be able to get to their next visit. Staff confirmed this as we were told, "Travel time between visits does not come out of a person's care time". People also told us this was the case, one person said, "I do get my full support time, sometimes a bit more if I need it".

The service had robust staff recruitment practices, ensuring that staff were suitable to work with people in their own homes. Checks had been made against the disclosure and barring service (DBS) records. This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with vulnerable people. Application forms were completed by potential new staff which included an employment history together with any gaps in employment. The registered manager made sure that references were checked before new staff could commence employment.

The registered manager had appropriately investigated alleged cases of misconduct by staff. The correct processes had been followed, consistent with the organisation's disciplinary procedure. The registered manager kept people safe from potential harm by ensuring alleged inappropriate conduct of staff was suitably dealt with.

People were supported to manage their medicines safely and at the time they needed them. Some people would look after their own medicine but may require prompts and reminders. Some people had their medicines administered by staff. Training was provided to ensure staff had the skills necessary to be able to administer safely. For those people who needed their medicines administering by staff, their families usually dealt with prescriptions and picking up medicines from the pharmacy. In some circumstances, where people were not able to themselves or didn't have family to do this, senior staff would check the medicines from the pharmacy to make sure they were correct. This would be documented on the medication administration record (MAR) sheet and on the message sheet within the care plan.

Errors in recording medicines were reported to the office and a senior member of staff would attend to investigate the incident, recording their findings and the outcome. The registered manager monitored all medicine errors and how they were dealt with. Senior carers checked staff competency in administering medicines when carrying out observational assessments. They also carried out a check of medicine records at the same time. Processes were in place to safeguard people and staff when medicines were being administered.

Good

Is the service effective?

Our findings

People told us they make their own decisions. We were told by one person, "I make my own decisions, there are no problems with that". Another person said, "If I want advice I will ask". A relative told us, "He decides what he wants to do".

The provider had devised a list of training deemed necessary for staff to undertake in order to perform their roles safely. Staff training included safeguarding vulnerable adults and children, medication awareness, people moving, dementia awareness and infection control. All staff had an individual training folder containing an overview of the training they had received and a certificate for each subject. People told us that the staff appeared to be trained well. One person said, "I know they are constantly having training".

Staff completed most of the training they were required to do within the first four weeks of starting work at the service. Staff described their induction training as good, with a period of training before going out to support people. One member of staff told us, "I was surprised by how much training there was". Staff who had worked at the service for a number of years received regular refresher training. Training was provided in house by the providers who were qualified tutors. They used accredited training materials, regularly verified, to ensure they were fit for purpose. The providers and registered manager also attended external training such as adult protection and Mental Capacity Act training provided by the local authority. Skilled and experienced trainers within the organisation enhanced the service provided to people by being responsive to the training needs required.

Staff were encouraged to complete additional qualifications such as NVQ's. It was highlighted in supervision and appraisals where staff had requested additional training or commented that they felt they would benefit from refresher training. Additional training such as 'benefits of complementary therapies', 'supervisors training' and 'rehabilitation awareness' had also been made available for staff to access. A member of staff said, "We only have to ask here and they'll do it".

The service had a dedicated training room at the head office where staff attended training. Equipment such as hoists for staff to complete practical moving and handling training was available.

Staff received two different types of supervision. Either an observation assessment while they were performing their role in people's homes, or face to face supervision where topics such as workload, personal issues, dress code and standards of care were discussed. When staff were in need of reminding about following the providers policies and procedures, managers completed a carer meeting record. These meetings covered topics such as not turning up for visits or being late for visits. The company policy said that staff should receive at least one supervision every three months. Staff files reviewed showed that staff received supervision regularly.

The provider made sure all staff had an annual appraisal. This was an opportunity for staff to plan and discuss their own personal development for the following year. One member of staff told us, "It is a good

support network". Staff had the support needed to enable them to develop into their role with the skills and confidence required to support people well.

The staff had a good understanding of the Mental Capacity Act (MCA) and their role in supporting people to make decisions and choices. Staff told us that everyone should have a choice and they supported people to make day to day decisions, for example, "You wouldn't ask if someone wanted tea or coffee, you would show them both things". Another staff member told us, "People have a right to make their own decisions, even if you don't agree or think it is unwise". And, "We would support and encourage people to make a wise decision but it is the person's choice".

People's capacity was discussed and an initial capacity assessment was carried out when the first assessment of their needs was undertaken. Families were closely involved in decision making, supporting people to make choices and decisions about the care they received. Records showed that staff had considered people's capacity to make particular decisions and knew what they needed to do to ensure decisions were taken in people's best interests, with the involvement of the right professionals. Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. They put these into practice and ensured people's human and legal rights were respected. The staff had a clear understanding of people's rights in relation to staff entering their own homes.

People who were at risk of dehydration or malnutrition were closely monitored and food and fluid intake was recorded within care plans. Staff told us careful recording was crucial when supporting people in the community as different people would be involved in the care. Families may care for people most of the time and go out to work through the day or part of the day. It was very important they knew what people had eaten or drank through the day when the support staff had been in the home.

Some people had support with meals or snacks either at lunchtime or evening time. Mealtimes and food choices were planned around what the person's wishes were. Some people would like to have a full freshly prepared meal, some people had snacks and others preferred readymade meals. One person told us, "I won't have microwave meals, I don't like them. So everything is freshly prepared by the staff". If cooking a main meal staff discussed and planned this with people, taking into account what was recorded in the care plan. A member of staff said, "I like cooking, I will cook from fresh. I will prepare the meal on the morning visit and when I go back at lunchtime I make it". People were able to make their own choices about what food they ate and how it was prepared.

People's care was planned and delivered to maintain their health and well-being. All staff made contact with health care professionals when needed. If they had concerns about a person's health or treatment they knew who to contact to get the best support for people. For example, staff would contact the GP if they thought people were not well, or they would arrange hospital transport for people if they had a hospital appointment. A member of staff told us, "If I recognise any changes I would contact the relevant professional services". Staff had a close involvement with district nurses and would liaise with them regularly. For instance, if someone was having wounds dressed by a nurse and the staff had noticed that the dressings were becoming loose. The first point of contact would usually be a family member if they were the main source of support, however, sometimes people lived alone without that support. Any contact about health concerns were recorded in the message sheets within people's care plans for continuity of communication. Staff told us, "Good communication is key". People were supported with their health care needs by staff who liaised well with the most appropriate people to be sure of the right outcome.

Good

Is the service caring?

Our findings

People thought the staff were caring and professional in their approach. They also said they had regular staff who they had got to know well. One person told us, "I always have the same people in my house" and, "I have a brilliant team now". Relatives told us that their experience of the staff was the same, saying, "He really likes (staff member name), she is great with him and he looks forward to seeing her". Another relative said, "The carers are lovely".

Staff told us that when a person was new to them or if they had been on leave, they were given the time to read through people's care plans to familiarise themselves with the person. One staff member said they were, "Advised and encouraged to do this". Staff also said they were always introduced to new people, they were not sent on their own to meet people for the first time. This showed that the registered manager encouraged respect for people and staff, making sure that proper introductions were made before staff turned up at people's homes.

Staff knew people well and were able to give good examples of this. Such as people who had lost the skills and confidence to do a lot of everyday things following a serious illness. For example, by knowing people well and encouraging them at the right time people were able to start using the telephone again. Being supported and able to once again undertake previously day today tasks had a profound impact on people's confidence and wellbeing. A member of staff said, "We don't rush people". Another told us, "People feel better being able to have a chat with someone they trust. We talk about life or the war".

Staff described how rewarding their job was. One staff member gave an example of supporting people to get into bed in the evening and said, "We will have a laugh and I know someone has gone to bed happy" and, "I love it, it's very rewarding".

The registered manager took missed calls and the late arrival of staff on visits seriously. The provider was in the process of looking at new computer based systems to monitor these more closely. In the meantime people were asked to ring the office if staff were 15 minutes late or more. The registered manager monitored late and missed calls every day and personally investigated any occurrence, although these were infrequent.

The provider had produced a comprehensive service guide which was reviewed regularly to make sure it had up to date information included. People's rights while receiving a service were specified, including the privacy and dignity people should expect. The standards people should expect from support staff and the organisations aims and objectives were incorporated. Information about the organisation and all the details a person needed to know, including registration with the CQC, were contained within the guide. The terms and conditions and the breakdown of the costs of the service were plain and easy to understand. People using the service were given the information they needed about what to expect from the provider and from the support service.

A theme reminding staff of confidentiality ran through care plans and risk assessments. Making sure staff

remained aware of their responsibilities in keeping people's information safe and secure. Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office. Records held on the computer system were only accessible by staff authorised to do so. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

The registered manager told us the organisation had a strong ethos of always promoting independence whatever people's circumstances were. They gave examples of people they had supported who had a history of mistrusting services and slowly, over a period of time, they would build trust. Staff had been able to support people to have baths or showers for example who had not had one for a long time, by being consistent and taking their time. Staff told us that they always supported people to do things for themselves rather than staff doing things for them, no matter how long it takes. For example helping someone to make their own cup of tea. One member of staff told us, "Some people just need the reassurance that someone is there".

People's privacy and dignity was respected when staff were carrying out personal care. Staff told us, "It is important you talk to the person the whole time and let them know what you are about to do". Another staff member said, "I always think about how I would want to be cared for, or more importantly, how I would want my dad cared for".

Good

Is the service responsive?

Our findings

People and their family members where appropriate, were involved in planning their own care arrangements. One person told us that they were always involved in their care plan. They said that the senior care staff would review the care plan, "The care plan is written with me in rough. I can ask to change anything I want if I don't like how they have written it. Then it is typed up". They also said, "I have asked for the wording to be change before and they did it".

People and their relatives knew how to make a complaint. We were given examples of informal complaints being made by telephone. One person told us, "I have spoken to (the registered manager) on many occasions and it has always been resolved". A family member said, "I had to make a complaint on the telephone and they responded straight away".

An initial assessment was carried out by the assistant manager or a senior carer to determine the support people required. How people wanted their care to be carried out and at what times was an important part of the assessment. People were asked about themselves and what their likes and dislikes were. They were supported by family members in most instances as it was most people's wish. In gaining this information, the registered manager told us they were able to start matching the right staff member to support the person.

Following the initial assessment the information was used to provide a basic care plan for staff to follow. People and their family members were involved in developing their care plans, the staff getting to know them better as the process progressed. This meant the care plans were individual and focussed on the person, their likes and dislikes. The description of how to support people, within their care plan, was therefore individual to them and reflected how they themselves wanted things done. For example, did the person prefer a bath or a shower, did they like to have it morning or evening. One member of staff said, "Some people like to have a hot meal at lunchtime and some in the evening, they tell us what they want and that is what we do". People's care plans were thorough, detailing step by step the support people required from staff with their assessed needs. Care plans were signed by people and/or their family members as appropriate. All the information staff would need to support people well was included in the care plan, making sure people got the support they wanted and needed.

The registered manager told us the service was responsive to people's needs. They were able to give examples where they had provided over and above their usual remit. For instance, being flexible around the times of support or the amount of hours supporting. This could be essential, for example to facilitate respite for a carer to be able to attend an important event or commitment.

Care plans were reviewed every month by the senior carers or management team. Following review, the previous care plans were brought in to the office at the end of each month where they were filed and stored. Care files within the home did not become too large and unwieldy with out of date information, making it easier for support staff to use them efficiently.

Staff kept a daily record, detailing what they had achieved at each visit. They also left messages for each other and family members to pass information on where necessary and appropriate. For example, if a staff member had a concern that a person was a bit quieter than usual or if they had a headache. The staff member would leave a message for the next person to call or family member asking them to check. This made sure that people were closely monitored by good communication methods. Staff were also expected to sign in and out on the message sheet with the time they arrived and the time they left. The senior carers would check these sheets regularly to monitor visit times and ensure appropriate communication. Staff were aware of the importance of good communication in order to be able to support people in a consistent and proficient way.

The registered provider had a complaints and compliments procedure which clearly set out the stages and timescales for responding to complaints. The procedure also set out what people could do if they were unhappy with the outcome of the complaint. This included other organisations people could forward their complaint to such as the local government ombudsman. Staff were made aware of their role in managing complaints within the complaints procedure and available to them in their employee handbook.

Staff understood how important it was to listen to people if they had a complaint and to make sure they reported it to managers if they were not able to resolve it themselves. We were told by staff that they were encouraged to openly communicate with people and their families so they felt able to raise concerns. Information was given to people and their families about how to raise a complaint in the service guide. Complaints were dealt with appropriately following the organisations complaints procedure. Investigations had been carried out and complainants had been responded to. The provider responded to complaints and had made sure that people had the information they needed to raise a complaint.

Good

Is the service well-led?

Our findings

People were happy with the service and they thought it was well run. One person said to us, "They do well, it runs smoothly". Another said, "This is one of the better companies I have been with".

The provider had clear aims and objectives and made these available to people and their families by including them within the service guide. Staff were aware of the aims and objectives and applying them to their own role within the organisation.

The staff we spoke to felt comfortable about raising any concerns with the provider or the registered manager. They were confident they would be listened to and anything they raised would be acted upon quickly. One staff member said, "Yes 100%". Another said, "(The registered manager) is great, they would deal with it".

Client quality assurance surveys were sent out to people every six months asking their views of the service they received. The survey was simple and quick to complete with faces of varying emotions such as happy and sad to aid the ease of completion if required. The areas covered were such things as care staff attitude, appearance, timekeeping and respect. The professionalism and attitude of the management and office staff were also included. We looked at two separate surveys for six different people. All responses were positive, people scored all areas good, very good or excellent. Comments included, 'Very pleased with our service, we find it extra good that the same carer comes'. When asked if they would recommend the service to others every answer was yes.

Although staff felt able to express their views and said they were listened to when suggesting improvements, the provider had not carried out any staff surveys previously. However they had a plan to undertake the first staff survey early this year. They understood it was important to give staff the opportunity to have their say and be able to do this anonymously if they wished.

Care plans were monitored every month by the registered manager and assistant manager. Individual and environmental risk assessments were checked at the same time. The senior carers reviewed people's care files every month, bringing the previous month's in to the office. This enabled the auditing process to take place.

The provider and registered manager were looking at new electronic systems to support the monitoring of visits. In the meantime, the registered manager was monitoring calls and visits manually. Office staff rang, or in some cases, emailed each member of staff every day to make sure there had been no issues with their visits that day. Either by being late or missing visits. The contact was also to inform them of any changes to the next day's visits that had come to the attention of the office. Either by people changing or cancelling visits, or staff absences.
The provider had processes in place to monitor the quality and safety of the services provided to people.

The registered manager and assistant manager showed their appreciation to the staff team by telling them

when they had done well and thanking them for their work. The staff told us there was a caring approach within the organisation and the managers were caring and thoughtful to people and staff alike. We were told by one member of staff, "Everyone is very friendly, you are made to feel welcome when you first start and part of it". Another said, "They have been good to me".

There was a registered manager in post who had been in the position for many years so knew the organisation and the area very well. They had a sound knowledge of people, their families and staff which was considered a benefit by all. People and staff had faith in them and that they would get things done. They understood their responsibilities as a registered manager and the regulated activities they were providing. They were supported well by the providers who also had a good understanding of their role as providers of a registered service.

The providers were involved in the running of the service on a day to basis, both having strategic and financial director roles within the organisation. Their full involvement had been historic, maintaining a close connection for many years. A member of staff said, "People here exceeded my expectations when I started working here". Another member of staff told us, "They are a good company to work for".

The providers and the registered manager were visible and present daily. Staff told us there was always someone available when needed. One staff member said, "I could turn up here and someone would be here to listen". Another member of staff told us that the registered manager had spoken to them when they started working with the organisation. They told them, 'If you have a problem, don't leave it, always come to one of us'. Staff found the providers and the registered manager approachable, a member of staff told us, "They are really good", and another said, "They are always there for you".

Staff meetings were held regularly. All the management team attended, including the provider and a good attendance of staff was usual. Topics discussed included organisational updates, staffing updates such as recruitment, confidentiality and boundaries, safeguarding and mental capacity. Important information was also shared, for example the change in the national living wage. The senior management team also held regular meetings to discuss strategic subjects that fed into the staff meetings. There was also the mechanism to feed up from staff meetings into these more strategic meetings meaning that communication lines were clear.