

The Elite Care Connections Company Ltd

Elite Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 4 October 2016. We contacted the service before we visited to announce the inspection so we could ensure that the registered manager would be available.

Elite Care provides a domiciliary care service to a total of 39 older people, some of whom may be living with dementia. The service delivers care and support to people in their own homes in Cromer and the surrounding area.

There was a registered manager in post who was also the proprietor. 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 registered manager was also the registered provider of the service.

The organisation had checks in place to reduce the risk of employing staff that were not suitable to work in their service. There were enough staff to meet people's needs in a person centred manner.

Staff received a comprehensive induction, regular training and checks to ensure their competency to perform their roles. They received regular supervision sessions and told us that they were supported by the management team and organisation. Staff told us that they felt valued and appreciated.

People benefited from staff that worked well as a team and understood the responsibilities of their role. A culture of inclusion, transparency and support was encouraged that respected people's diversity.

The service had processes in place to help protect people from the potential risk of abuse. Staff had knowledge of how to protect, prevent, identify and report abuse. Staff demonstrated that they understood what symptoms may indicate a person was experiencing harm.

The individual risks to the people who used the service and staff had been identified, assessed and managed. The risks associated with the premises had not been fully identified at the time of the inspection but this was rectified by the service shortly after.

Although there was no formal analysis of accidents and incidents in place, the service had so few that the management team were able to discuss these with us and describe the appropriate actions they had taken.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service adhered to the five principles of the MCA and the management team had an understanding of this. Staff had received training in MCA but their knowledge was variable.

People had been involved in the planning of the care and support they received and told us that they

received a service that met their needs in an individual manner. Care plans were detailed, accurate and person centred and had been reviewed on a regular basis. Any change to a person's needs was reflected in the care plan and staff were made aware of these changes in a timely manner. The service met people's preferences and staff had a good knowledge of those they supported.

Staff maintained people's privacy and dignity and people told us that they showed the utmost respect at all times. The service understood the importance of encouraging and promoting people's independence.

The service appropriately liaised with healthcare professionals as required and assisted people to access healthcare services as required. Staff were proactive in encouraging people to maintain their health and wellbeing and this included assistance with nutrition, hydration and medicines administration.

Suggestions and feedback on the service was encouraged and used to improve the service. A variety of accessible formats was used to meet people's individual needs. Staff met regularly with the management team on a group basis where the service was discussed and where they had the opportunity to voice their views. The care manager met with people who used the service on a regular basis and audits on medicine administration were completed. Complaints or concerns were fully investigated and appropriately responded to.

People told us that they were happy with the service they received and would recommend it to others. Staff were happy working for the service and found it to be supportive, professional and friendly.

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 knowledge of how to prevent, protect, identify and report potential abuse.

There were enough staff to meet people's needs and the service had taken steps to reduce the risk of missed and late calls.

People received their medicines as the prescriber had intended.

Is the service effective?

Good ●

The service was effective.

People benefited from support provided by staff who received an induction that met their needs, regular training and ongoing support. Staff's competency to perform their roles was regularly monitored.

The service worked within the principles of the MCA.

People received the assistance they chose and required in relation to their nutritional and healthcare needs.

Is the service caring?

Good ●

The service was caring.

People told us that they received care and support from staff who were respectful, thoughtful and caring.

Staff understood the importance of promoting people's dignity, privacy and independence.

People had been involved in planning the care and support they wished for. The agreed service had been consistently delivered by the organisation.

Is the service responsive?

Good ●

The service was responsive.

People received a service that met their individual needs in a person centred manner.

Care plans were detailed, accurate, and up to date and gave staff enough information to support people in the way they chose. They had been regularly reviewed.

People benefited from a service that took concerns and complaints seriously and used them to improve the service delivered. Full and timely investigations were completed and appropriate actions taken in response.

Is the service well-led?

The service was well-led.

People, their relatives and staff spoke positively about how the service was managed. They told us they felt supported and that the service was inclusive, open, friendly and welcoming.

People received care and support from a staff team that respected each other, worked well as a team and understood the responsibilities of their roles.

The organisation sought views on the service in ways that met people's needs. Feedback was encouraged and used to develop and improve the service.

Good ●

Elite Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 4 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. The management team sometimes spends time away from the office supporting staff and the people who used the service. Notice was given to ensure the management team was available to assist our inspection.

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.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority safeguarding team and the local authority quality assurance team for their views on the service.

During the inspection we visited the service's office, spoke with seven people who used the service and seven relatives. We also spoke with the registered manager, the care manager, the quality assurance manager, the field supervisor and four care workers.

We looked at the care records for three people who used the service. We also viewed records relating to the management of the service. These included risk assessments, three staff recruitment files, training records and quality monitoring questionnaires.

Is the service safe?

Our findings

All the people we spoke with who used the service told us that they felt safe whilst receiving care and support from the staff of Elite Care. Their relatives agreed. One person who used the service told us that they were encouraged to do as much for themselves as possible and that staff were aware of safety issues. The relatives we spoke with told us that they were confident that their family members were safe at all times whilst receiving support from the service.

The staff we spoke with confirmed that they had received training in safeguarding people and demonstrated their knowledge of this through our discussions. They were able to identify symptoms of possible abuse and understood the ways in which concerns could be reported both inside and outside of the organisation. They told us that they felt confident in reporting any concerns they may have and that the organisation would deal with them appropriately and in a timely manner.

The management team were able to explain what types of incidents would cause them concern and what actions they would take in response. They demonstrated that they had appropriate knowledge in safeguarding people from potential harm. We concluded that the processes in place helped to protect people against the risk of potential abuse.

The risks associated with those that used the service had been identified, regularly assessed and appropriate control measures adopted. Any associated risks to field staff had been incorporated into these to help protect people against avoidable harm. Risk assessments were individual to the people who used the service and their homes. These included the risks associated with the environment, location and accessibility of the property. They also considered people's mental health and mobility needs. For one person who used the service, we saw that a detailed, comprehensive and timely review had been carried out regarding the risks associated with a change in their mobility.

The service had moved to new premises in April 2016 and had not fully risk assessed the new offices. However, when we brought this to the attention of the registered manager, they told us they would take immediate action to rectify this. The inspector received appropriate risk assessments two days after the inspection that demonstrated that the service had considered the risks to those attending the service's premises and had appropriate measures in place.

The service did not have any formal system in place to monitor accidents and incidents. However, there had been very few incidents and for those there had been, the management team were aware of the circumstances surrounding these and had taken appropriate action. Because the service was small, the management team had a good knowledge of the people they supported, their personal circumstances and any associated risks. We saw that the service also had a system in place to record any unexpected issues. This contributed to the identification of any trends in relation to the health, safety and wellbeing of the people who used the service.

Procedures were in place to help protect against employing staff who were unsuitable to work in the service.

These included ensuring references and a Disclosure and Barring Service (DBS) check had been received prior to staff starting in post. Identification checks were also completed. In addition, potential staff had to complete a document entitled 'Personal Philosophy of Care'. This asked their views on such topics as their values and beliefs in regards to supporting vulnerable adults, what constituted good team working and what they thought people's expectations were of the service and staff. Application forms showed that a full employment history was needed along with an explanation for any gaps. This was in place for two out of the three recruitment files we viewed.

There were enough staff to meet the needs of the people who used the service. One person told us, "My carers have never missed a call." Another said, "The carers come when they are supposed to." People received care and support from regular carers and therefore generally knew which staff member to expect. However, people did not receive a roster. Although most of the people we spoke with didn't find this an issue, some told us that receiving a roster explaining which staff member would attend would be helpful.

When we brought this to the attention of the registered manager, they told us that people's feedback was important to them and that they would ensure people received a roster. They acknowledged that this would provide reassurance. The registered manager explained that this hadn't happened previously as the service ensured people had the same regular carer and a small pool of other staff members for when their regular carer was off. When we spoke with the people who used the service, they confirmed that they saw the same staff members. One person said, "I nearly always have the same carer. I only get a different one when they are on their day off."

An electronic rostering and management system was in place to help reduce the risk of missed and late calls. All staff had access to this via their mobile telephones and it worked both online and offline, ensuring there were no issues with accessing the information. The system alerted the care staff if changes had been made to their roster ensuring they always had up to date information. In addition, the system planned the field staff's routes from one person's home to the next giving them approximate timings and suggested routes. All of which mitigated the risk of missed or late calls. Although fairly new, when we spoke with the staff regarding this system, they were positive about its abilities and effectiveness.

The people who used the service had no concerns regarding how the service assisted them to administer their medicines. One person said, "I get my tablets at the same time each day." All except one of the relatives we spoke with agreed that the administration of medicines was appropriate and they had no concerns. For the one person who had concerns, these issues were reported to the registered manager who told us that they would take actions to address them.

Staff told us that they had received training in the administration of medicines. We spoke with two staff members about medicines administration and management. They spoke knowledgeably about the medicines the people they supported were prescribed. They were able to tell us how they managed variable dose medicines and the specific requirements around the administration of one particular medicine.

We viewed past medicine administration record (MAR) charts for three people who used the service. We looked to see if they were complete, accurate and legible in order to be assured that people had received their medicines as the prescriber had intended. For two of these MAR charts, we saw that people had received their medicines as required and that they had been fully completed. For a third person, we saw that the administration of one medicine had been given as required. However, the dosage instructions had not been recorded fully and staff had not explained gaps in the administration record.

Is the service effective?

Our findings

The people who used the service, and their relatives, told us that staff were competent in their roles and that they had confidence in them. One relative we spoke with said, "All the carers are excellent." A second relative told us, "I am confident with the staff who look after my [family member]."

Staff received an induction when they first started in post. This was flexible to meet their individual needs and was comprehensive. The staff we spoke with talked positively about the induction they had received. One staff member described it as 'brilliant' and went on to say, "No question was left unanswered". They told us they felt "massively reassured" by the induction they had received.

When first in post, staff completed a number of shifts with the field supervisor before then completing at least one shift with one of the management team. This was to ensure that the staff member was competent in the role and therefore able to undertake visits without colleague support. One of the management team described the induction as "very thorough". They told us that the organisation had high standards in regards to the induction process to help ensuring that a good quality care was delivered. When we viewed the staff recruitment records we saw evidence that confirmed staff had received an induction as described.

Staff had received training in such topics as first aid, moving and handling and safeguarding adults. They told us that the quality of the training they received was good and that the organisation encouraged them to develop their skills and knowledge. One staff member told us that the training, "Was always relevant" and that it was often tailored to meet the needs of the individuals they supported. They went on to say that they felt the training was effective as most was completed in house, on a face to face basis and in small groups. Another staff member explained how important it was to receive regular refresher training as guidance changed and they needed to keep up to date. All staff had either completed, or were in the process of completing, the Care Certificate which is a set of standards that staff in health and social care should work to.

The management team completed unannounced, regular and ongoing spot checks on the field staff to ensure they were competent to perform their role. These were comprehensive and covered areas such as record keeping, staff approach, punctuality, ability to perform the care and support required, medicines administration and attention to detail. From the staff recruitment files we viewed we saw that these had been completed on a regular basis.

Staff told us that they received regular supervision sessions and felt supported in their role. Monthly and often weekly staff meetings took place which added to the support staff received. Since moving to new premises with more space, staff had begun to use the office as a hub and we saw a number of staff call in during our visit. We saw that they used it as an opportunity to discuss any issues or concerns they may have. We saw that the management team welcomed this, listened to what staff had to say and offered advice and support as appropriate. One of the management team said, "They [staff] feel at home here".

The care manager told us that it was important that the people who used the service were compatible with

the staff members that provided support. They told us that they began to think about this when they were first assessing a person who wished to use the service. They told us that they thought about the personality and approach of staff when deciding who would be best suited to people. In addition, people's personal preferences were also taken into account. The care manager told us that this decision was often discussed with colleagues in order to better judge which staff member was most appropriate.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Most staff had received training in the MCA and had a basic understanding of its principles although their knowledge was variable. When we discussed the MCA with the management team they were able to give us an example of where they had had concerns in relation to a person's capacity and what actions they had taken as a result. This demonstrated that they had taken appropriate steps within the principles of the MCA. At the time of the inspection, Elite Care was providing care and support to people who had the capacity to make their own decisions in relation to the service they received.

Where required, people had staff assistance to help them prepare their meals. Staff had received training in food hygiene and the people who used the service told us good hygiene was adhered to by staff. None of the people who currently received a service from Elite Care had any specialist dietary needs.

We saw that, where required, staff supported people to access healthcare services. From speaking with staff and viewing care records, we saw that the service was proactive in assisting and encouraging people to maintain their health and wellbeing. For example, we saw that staff assisted one person to access the district nurse when they noted deterioration in the person's skin.

Is the service caring?

Our findings

Staff supported the people who used the service with kindness, compassion and respect. People spoke highly of the staff that visited them and told us of their caring natures. One person told us how thoughtful staff had been following a recent bereavement. They said, "When I get down, my carers seem to know when I'm feeling low and they really try to make me feel better." Another person said, "My carers treat me with the utmost respect." A third person told us that Elite staff were, "Friendly without being cheeky."

People spoke of warm and caring relationships with staff that they had confidence in. One person described their relationship with their staff as, "Like having another family." When discussing the people they supported, and each other, staff spoke with affection and warmth. Two members of staff spoke of the importance of slowly building relationships with the people they supported in order for trust to develop. Another staff member described how one person they visited had allowed them to assist them more as the trust grew. One of the management team explained they undertook regular visits to people as they said it was important the people they supported saw that the organisation was a caring one.

Staff had a good knowledge of the people they supported. They were able to describe people's personalities and preferences. All the staff we spoke with smiled when telling us about the support they provided and how this made them, and the people they supported, feel. One staff member told us how important a routine was for one person and how they ensured this happened. This staff member said, "When I make people happy, it makes me happy." Another staff member spoke about how they had been matched with one person and how important it was for that person to have someone quiet and reassuring. A third staff member said how important it was to see people smile when they visited and how rewarding this was. They told us, "It makes me feel appreciated."

People told us that they had been fully involved in the planning of the care and support they received from the service and that their preferences were met. They told us they felt listened to and that the service was flexible in meeting their needs. A person who used the service said they were always able to call the office and speak to someone if they needed to. One relative we spoke with said, "If we need to change a call time, they do all they can to help." People told us staff stayed for the arranged amount of time and that the care and support that had been agreed was delivered.

The organisation had strong values they worked to and this was promoted throughout the service and to all those that worked for it. The registered manager was also the provider and had started the service as a result of personal experience with a domiciliary care agency. They spoke with passion about the need to provide a caring and thoughtful service that met people's individual needs. They spoke of the importance of people receiving care and support from the same small group of staff so relationships and trust could be developed.

The people who used the service and their relatives all told us that staff demonstrated a respectful approach. One relative we spoke with said, "My [family member] is treated with the utmost respect at all times." Staff promoted people's privacy and dignity and understood the importance of this. When we

discussed this with staff they were able to explain how they achieved this. One staff member said it was important to make a person feel comfortable and always ask them what support they would like, as this may change on a daily basis. Another staff member told us that, when assisting a person with personal care, they thought about how it would feel for them and used this to direct their approach. This staff member told us it was important to reassure people and give them privacy wherever possible, even if it was only possible for short amounts of time.

People's independence was encouraged and staff demonstrated this when discussing the support they provided. The care plans we viewed showed that maintaining a person's independence and focussing on what a person was able to achieve was paramount. For example, for one person who used a wheelchair, their care plan focussed on how important it was to encourage their independence. It showed that the service had also liaised with other professionals to ensure all equipment was in place and that all was being done to maintain their wellbeing in regards to their independence.

Is the service responsive?

Our findings

People told us that they were happy with the service they received and that it met their needs. One person said, "I am very happy with the care I receive." Whilst a relative told us, "If my [family member] is happy then I am happy too." All of the relatives we spoke with confirmed that their family members were happy with the staff that visited them and the service delivered.

It was clear that staff knew people well. When we spoke with staff they were able to explain people's likes and dislikes. Staff described people as individuals and they were able to tell us important details that made people feel comforted, happy and well cared for. This demonstrated that a person centred service was delivered. One staff member explained to us the details that made one of the people they supported feel cared for. This included making sure their hot drink was prepared in a certain way, that the radio was switched on and that their breakfast was prepared to their liking. Another staff member told us how offering reassurance whilst assisting a particular person they supported, made the person feel calm and in control. Staff knew people's needs in relation to their health, emotional wellbeing and the risks associated with their care and support.

Staff told us that a great deal of preparation went into first delivering care to a person. They told us that they were introduced to a person first to assist in reassuring all involved. Staff told us that they received detailed and relevant information on a person, their needs and preferences before embarking on care and support. Staff told us that they felt well prepared on their first visit to a person who was new to the service. All the staff we spoke with told us that they received enough information in order to be able to safely and effectively assist a person they visited.

The people we spoke with who used the service told us that the care and support they received was not rushed and that staff had enough time to assist them at their pace. One person who used the service said, "My carer never leaves until they have done their jobs." A second person told us that their carer never rushed them and always finished whatever was required of them. Staff also told us that they had enough time to provide the care and support required.

People's needs were fully assessed by one of the management team prior to the service starting. This involved meeting with the person and, if appropriate, their family and friends, in their own home and discussing in detail what care and support they wanted. The people we spoke with confirmed this had taken place and, from the care plans we viewed, we saw that these had been completed. Where appropriate, the service had also received assessments from the local authority. Pre-assessments also included discussions with the person around their perception and expectation of the service which assisted in meeting people's needs. Personal preferences were also discussed at this stage in order for the organisation to be able to assess whether their service could meet those preferences.

We viewed the care and support plans for three people who used the service. This was to see whether people's needs had been assessed in a person centred manner, were accurate and had been regularly reviewed. We saw that care plans were individual to the person, detailed and up to date. They provided

enough information for staff to be able to meet people's needs in an individual manner. Assessments had been completed and care plans developed that covered people's physical and mental health and wellbeing, personal preferences, care and support required and a care summary that gave an overview of the person's needs. These were detailed and person centred and focussed on a person's abilities. Background information was gathered that helped staff provide care and support on an individual basis. The care summary also included a section that focussed on what was important to each person receiving the service. We saw that care plans had been reviewed on a regular basis.

The service used an electronic system that immediately notified all staff when any updates to care plans were made, ensuring they always had the most up to date information in order to support people. The staff we spoke with were positive and enthusiastic about this system and told us they always had up to date information available to them. They told us the office was quick to action any changes and take appropriate action. One person who used the service confirmed this. They told us, "My care plan is altered if my needs change." Staff also understood the importance of regularly reading care plans and the consequences of not doing so.

The people who used the service, and their relatives, were happy with the service and had not felt the need to complain. However, they told us they would be comfortable in raising any issues, concerns or complaints they may have. One relative we spoke with said, "We have never needed to complain but I would if I had to." Another relative told us, "If it's not broken, why fix it?"

From the records we viewed, we saw that the service responded quickly and appropriately to any concerns raised. Concerns were fully investigated and outcomes discussed with those raising them. We saw that, following one concern raised, that action had been taken to ensure the competency of one staff member to perform their role.

Is the service well-led?

Our findings

People told us that they would recommend the organisation and that they were satisfied with how the service delivered their care and support. People, and their relatives, spoke positively about the organisation, its staff and the management of it. One person who used the service said, "I receive the best care." Another person told us, "Yes I would recommend the service to others."

The staff we spoke with were also complimentary in regards to the management of the service and those who managed it. Staff spoke of how the management team supported them both personally and professionally. They told us that the management team were approachable, supportive and friendly. One staff member told us, "The support is brilliant. I have never worked for a company like it, so friendly and supportive. There's always a smile to greet you." Another staff member explained how the management team made them feel valued and included. Whilst a third staff member said of the management team, "I can tell them what I'm thinking. They are lovely people who have open hearts."

The service encouraged an inclusive, open and engaging culture that valued people's diversity. Staff told us they were always made to feel welcome and that their opinions, concerns and suggestions were listened to. They told us the service felt like a family to them. One staff member said, "I definitely feel valued." Whilst another explained the organisation as, "Friendly, like a family." However, staff clearly understood their roles and responsibilities and understood the need to have a professional and caring approach to people. One staff member said, "You're working on your own so you take responsibility for your role." Another staff member explained how the registered manager ensured staff were clear on their expectations of them and their performance in their role.

People received a caring, reliable and person centred service due to the effective team working of the staff and the management of them and the service. All the staff we spoke with talked of a positive team morale that helped them work well together. The electronic system employed by the service also assisted this. Staff spoke of helping each other to cover calls when required and told us that the system helped them to do that as all the information they required was always available to them. The team working ability and supportive culture was additionally encouraged by the new, more spacious office that encouraged staff to use it as a hub.

The service had a registered manager in post that was also the proprietor of the business. The management team also consisted of a care manager and a quality assurance manager. The management team understood their roles in relation to the management of the service and liaising with other stakeholders to ensure the safety and wellbeing of those who used the service.

However, they were not fully knowledgeable of the events they were required to notify the Care Quality Commission of by law. During the inspection visit, two incidents were identified that the service had not reported to the CQC as required. However, the service had taken all other appropriate action to manage the situation and keep people safe. When this was discussed with the registered manager they accepted their knowledge wasn't as it should be and immediately accessed the information required to understand their

responsibilities in relation to the reporting of events. Although these events had not been reported to the CQC at the time, we concluded that the service had taken appropriate actions at the time and in response.

The service encouraged people's feedback and opinions in regards to the service. This was achieved by both formal and informal methods and was individual to the person. Methods included questionnaires, telephone interviews and face to face meetings. The most recent feedback gathered showed that all 17 responses were positive. The care manager also explained that they completed two or three visits per week to the people who used the service. They told us this was in order to gain feedback, complete informal reviews and to show that the service cared about the people who used it. They explained that questionnaires and telephone contact wasn't always appropriate for some people. The care manager told us by meeting people face to face, they could often pick up on a person's non-verbal communication to inform them of a person's wellbeing and satisfaction levels.

The service also completed regular audits on the MAR charts returned to the office once completed. We saw that these had taken place. However, one audit had failed to identify an issue with one MAR chart. When we brought this to the attention of the quality assurance and the registered manager, they told us they would speak to the staff involved and carry out an investigation. All other audits we viewed were accurate and effective.

Following the inspection, verbal feedback was given to the registered manager regarding two areas of the service people and their relatives told us they felt could be improved. Through discussion, the registered manager demonstrated that they encouraged this and told us of the actions they would take to ensure these areas were improved and developed. This told us that the service used people's feedback in order to improve and shape the service.

Meetings with staff took place at least monthly and were used as learning forums as well as information sharing and discussion. The service had an agenda for each staff meeting and minutes were recorded. From those we viewed, we saw that regular topics such as training, health and safety, policies and procedures and good conduct were discussed. At the end of each meeting there was time set aside for an open forum discussion. The staff we spoke with confirmed that regular meetings took place and that they found them helpful and supportive.