Easby Healthcare

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 31 October 2016. The inspection was announced. We gave 48 hours' notice of our visit because the location was a domiciliary care service and we needed to be sure that someone would be available to assist with our inspection.

Easby Healthcare is a domiciliary care service registered to provide personal care to people in their own home. At the time of our visit the service was providing support to 25 people.

The service had a registered manager in place. 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.

People and their relatives told us they felt that care was delivered safely. A specific team of staff was in place to regularly provide support on each contract. This meant that people knew the staff who were supporting them and the staff had the knowledge and training to meet the specific needs of each person. If there were any problems highlighted with staff providing care to an individual, for example due to personality clash, then rotas would be altered to accommodate the necessary changes.

There were systems and processes in place to protect people from the risk of harm. Individual risk assessments were in place and covered key risks specific to the person. These forms were very detailed and updated to reflect any changes. A system of regular reviews was being devised at the time of our visit.

The service had an up to date safeguarding policy and whistle blowing procedure. Staff were aware of the action they should take if they suspected abuse was taking place.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken prior to staff starting work.

Staff were providing support to some people with their medicines. Where this was the case we saw appropriate systems were in place to ensure medicines had been correctly administered, audited and reviewed.

Staff received appropriate training and had the skills and knowledge to provide support to the people they cared for, this included specialist training specific to the needs of the people using this service. New staff underwent induction training which included classroom training and work shadowing a more experienced colleague.

Staff had a working knowledge of the principles of consent and the Mental Capacity Act and understood how this applied to supporting people in their own homes.

Staff had received regular supervision and annual appraisals to monitor their performance. Although these meetings had not been occurring as frequently in recent months due to staff turnover we saw they had begun to take place again and staff told us they felt appropriately supported.

Staff provided support at mealtimes as and when necessary and appropriate records were kept to ensure people enjoyed a suitable, healthy diet and maintained a good level of nutrition and hydration.

Staff were knowledgeable about the people they provided care to, promoted independence and were mindful of respecting people's privacy and dignity.

People and their relatives we spoke to felt that the staff delivered a very good standard of care.

Staff were happy in their job and had a positive attitude about the care provided by the service.

Care plans contained a high level of detail including people's life history, individual needs and preferences which meant that they received support tailored to their personal needs. People and their relatives were involved in care planning.

The service had an up to date complaints policy in place and a clear procedure for following these up.

There were systems in place to monitor and improve the quality of the service provided. The management team audited paperwork and conducted regular spot checks on staff. We saw evidence of new systems being developed to improve the review and checking of records.

Staff felt supported by management and colleagues and felt that they were able to voice their opinions and be listened to. Staff meetings had been affected by the turnover of staff during the summer but more regular meetings were planned going forward and the management team were in regular contact with staff.

People and their relatives told us they felt comfortable contacting the service with any issues and felt they received a good level of communication from the service. Quality assurance of the service was done via twice yearly satisfaction surveys. This meant that people were given opportunity to provide regular feedback on the service and the management team took action if any concerns were highlighted.

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.

Individual risk assessments were in place for people and were updated with any changes.

Staff had received safeguarding training, understood the signs to look for and felt confident to raise any concerns they had.

Medicines were correctly managed, recorded and audited.

Appropriate pre-employment checks were carried out to minimise the risk of unsuitable staff being employed.

Is the service effective?

Good

The service was effective.

Staff received regular training, including specialist training specific to the needs of the people using the service.

Staff understood the principles of the Mental Capacity Act 2005.

A staff received supervision and told us they felt supported.

Is the service caring?

Good

The service was caring.

People and their relatives were happy with the standard of care being delivered.

The service supported and encouraged people to maintain their independence.

Staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Care plans were very person centred and contained a high level of detail.

Staff found the care plans easy to follow.

The service had a clear complaints policy and staff were aware of the procedures to follow if a complaint was received.

Is the service well-led?

Good

The service was well-led.

People and their relatives knew who the registered manager was and felt the management team were approachable.

Staff spoke positively about the support they received from management. Staff meetings took place and the registered manager also operated an open door policy for informal discussions with staff.

The registered manager carried out regular audits of the service and the systems were updated and improved to ensure effectiveness.

Easby Healthcare

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 31 October 2016 and was announced. The registered manager was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available.

The inspection team consisted of one adult social care 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 the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service. Notifications are details of changes, events or incidents that the provider is legally obliged to send us within a specified timescale.

The provider was asked to complete 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. The completed form was used when planning the inspection visit.

During our inspection we spoke with the owners of the service, one of whom was the registered manager. We received feedback from seven members of staff, either face to face or in writing. We also spoke with seven people who used the service, 10 relatives of people who used the service and a social care assessor from the local authority who had made arrangements for three people to receive support from the service.

We reviewed the care records of four people that used the service, looked at four staff files, including recruitment information and checked records relating to the management of the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "I feel safe, very much so. I get the same two carers and they are great." Another person told us, "I most definitely feel safe, they are very pleasant with me."

Relatives told us they felt their family members were safe from abuse or harm. One relative told us, "[Relative] is totally safe with them. They reassure her and ring to let me know if there are any problems." Another relative said, "Yes [relative] is absolutely safe with [them]. [They] are wonderful with him."

The service had an up to date safeguarding policy in place. This was reviewed on an annual basis with amendments and updates made as required. Staff were aware of where the policy was kept and how to access it.

Staff demonstrated a working knowledge of safeguarding procedure. They were able to describe types of abuse, the signs to look for and the correct action to take. One member of staff told us, "If I saw anything I was concerned about I would report it straight away." Another member of staff said, "If I thought anyone was being abused I'd report it to my manager." Staff had all undergone safeguarding training and this was regularly updated. This meant that the service safely managed the risk of abuse of people.

The service had a whistleblowing policy that was available to staff. Whistleblowing is when a person tells someone they have concerns about the service they work for. Whistleblowing procedure was covered on the first day of induction for new staff. Staff were aware of the whistle blowing policy and felt able to report concerns without the fear of recrimination. One member of staff told us, "I would blow the whistle if I had to. I understand how important it is and know what I have to do."

We saw evidence of environmental risk assessments of people's homes being undertaken. These looked at areas such as the control of substances hazardous to health (COSHH) and fire safety. This type of assessment is undertaken to ensure that staff and people using the service were in a safe environment.

People had individual risk assessments in place which covered areas such as moving and handling or specific health issues. These documents contained a good level of detail such as warning signs, triggers and recommended interventions but there was no evidence of when or how these documents were reviewed. We saw that changes had been made to people's risk assessments when the need had been identified. We discussed with the registered manger the need for regular review to ensure changes were made in a proactive way. They told us this was something that they were aware of and were currently working on. This was confirmed when we spoke to a member of staff who had been given the task of devising a system for the review of care plan documents, including risk assessments. They explained that a computerised system was being developed which would highlight those documents that were due to be reviewed and also record when this had been done. This meant that the service monitored risks to people and took appropriate steps to minimise them.

The service recorded accidents and incidents appropriately. Each report was reviewed by the registered manager as they were received. The registered manager explained that they looked to see whether anything within the report highlighted a need for further action, for example further staff training required. All reports received across the month were then analysed by the management team to look for patterns or trends. This meant there was an effective monitoring system in place to keep people safe from the risk of accidents.

We looked at the way medicines were managed. Each person had a medicines assessment carried out when they began to use the service. We were told that a number of people were reminded by staff to take their medicines but that six people required a greater level of support.

Medicine administration record (MAR) charts were completed for those people who had their medicines administered by staff. Completed MAR charts were subject to a 100% audit check when they were brought in to the office every two weeks. This was done to ensure all entries had been made correctly. Any errors were reported and investigated in accordance with the service's medicines policy and procedure.

Although the current MAR charts were kept in people's homes we saw copies of completed records. There were some gaps on the documents we saw, with blank spaces where staff signatures should be and when we questioned this we were told that on those days family were responsible for the administration of medicines. We were shown other evidence to support this and we discussed with the registered manager how they would approach this going forward. They acknowledged the importance of an accurate record and told us that they would use a specific code on the MAR charts in future that would indicate that medicine had been administered by a family member.

Staff had received medicines training and we could saw that this was refreshed annually. Staff also had medicines competency checks done on a regular basis as part of the registered manager's spot checks.

This meant that systems were in place to ensure that the medicines had been administered, audited and reviewed appropriately.

We looked at the recruitment records of four staff. Comprehensive pre-employment checks had been undertaken prior to staff starting work. Application forms were fully completed and there were photographs and identification on all of the staff files we looked at along with suitable references. Disclosure and Barring checks had been carried out for all staff. The DBS carry out a criminal record and barring check on individuals who intend to work with children and/or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. If anything was highlighted on a DBS disclosure that may give cause for concern a risk assessment was undertaken and the decision to go ahead with their employment is fully documented.

We saw staff rotas that indicated there were sufficient staff to cover all calls. Staff we spoke with confirmed this. One member of staff said, "They are always recruiting and I am quite happy that there are enough staff."

We saw that there had been a small number of missed calls earlier in the year. When calls had been missed people were offered a later visit and the incidents were fully documented and investigated. Written apologies were sent to the people affected and where, on one occasion, it was identified that the missed call was due to staff swapping shifts disciplinary action had been taken.

The registered manager explained that there had been some problems within the staff team but a number of staff had since left the service and new staff had been recruited to replace them. The registered manager

and registered provider had been working shifts in the interim to ensure that all calls were covered and they told us that things were now running more smoothly. The records we looked at showed there had been no recent incidents of missed calls and none of the people we spoke with told us that this was an issue.

A number of staff felt there was not always sufficient time to travel between calls and this situation had been made worse recently because of roadworks. The registered manager acknowledged that recent roadworks in the area had caused some delays and they were doing their best to ensure people's calls were on time. Some people we spoke with made comments that reflected these issues. One person told us, "They were a bit late but my daughter-in-law had a word and lately it has been very good. They ring to let me know if they are going to be late." A relative told us, "They are mainly on time or if not they ring because the roads are closed."

Despite these concerns the feedback about staff attending on time was mostly positive. One person told us, "They are on time and I mainly get the same ones." A relative told us, "[Name] is on time; you can set the clock by [them]." Another relative said, "We have two carers rotating and they are on time and we are grateful for the support we get from them."

The owner and registered manager told us that they worked hard to ensure that people regularly received care from the same staff. Each person had a small team of key workers who supported them and the service had a continuity of care policy in place that outlined the procedure for managing this. The number of key workers on each team was calculated dependent on the number of visits each person required each week.

The service had a business continuity policy in place for situations such as IT failure, flooding and unavailability of staff and a separate policy covering severe weather conditions. Whilst these documents identified potential hazards which may cause disruption, they did not contain clear guidance on the actions to be taken to ensure the continued delivery of the service. Emergency contact information was not completed. The severe weather policy contained generic met office advice on the risk associated with adverse conditions such as snow, ice or fog this was not directly linked to the impact it could have on service delivery or ways to mitigate this. This meant that people may not receive appropriate support in emergency situations.

We recommend that the registered provider consults business continuity best practice and ensures these documents are completed in more detail.

Staff told us that there was a plentiful supply of personal protective equipment such as disposable aprons and gloves. The correct use of these items was checked by the registered manager during spot checks. This meant that people were protected from the risk of infection and cross contamination.

Good

Is the service effective?

Our findings

People were confident that the staff who supported them had received the appropriate training. One person told us, "Yes they are trained enough and if there were any problems I would speak to the supervisor." Another person said, "Yes I think they are (trained) and if they are new I tell them what I want and they are very good."

Relatives we spoke with said that staff had the necessary skills to deliver care to their family members. One relative told us, "Yes I do think they are well trained. She has a team of eight (staff) who have been specially trained in certain things. I prefer her to have regular people who can deal with and understand her condition."

Staff received mandatory training that included areas such as safeguarding, infection control and moving and handling. Mandatory training is training that the provider thinks is necessary to support people safely. Staff also received additional training in specialist areas, such as challenging behaviour, motor neurone disease and pressure care. The registered provider monitored staff training on a training matrix that showed the date staff had completed training, the date that refresher training was due was recorded in a separate action plan. Training was delivered both face to face and online via e-learning and the majority of staff were up to date with all courses.

Staff we spoke with were happy with the training they received. One member of staff told us, "We get regular training and I have had lots of training and help." Another staff member said, "We do online training but there is regular face to face training too. If we get a new client with different equipment then the OT (occupational therapist) comes out to show us how to use it. It feels like we have a good level of training. I think it's good that an outside agency comes in to deliver training but we also have internal training and the more experienced staff support with this."

New staff underwent three days of induction training and were assigned an experienced member of staff as a mentor. As part of their induction staff shadowed colleagues before being included on the rota. We were told that there was not fixed time for this but that it was typically between three and seven days. The registered manager told us that some new starters required more support and would not work independently until they were confident they could provide care safely. We saw an example of further support being given to a new member of staff who had not reached the required level in online training and had therefore been provided more face to face training.

This meant that the registered provider ensured staff had access to the training necessary for them to effectively undertake their role.

Staff received regular supervision and annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw records of these meetings taking place approximately every two months. Topics discussed included career development, training and work/life balance. One member of staff told us, "I find the supervision sessions very informative and helpful I

have them every two or three months." Another member of staff said, "Time is set aside on the rota for us to have supervision. I do find them a good way to get feedback and I definitely feel that the manager gives positive feedback where it's due which is important." The registered manager completed an employee support monitoring form for each member of staff so they could see at a glance when supervision, training and spot checks had taken place. This meant that there were procedures in place to monitor and support staff performance.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. For those people receiving support in domestic settings applications are made to the Court of Protection for such authorisation.
Nobody who used the service was subject to a Court of Protection order at the time of our inspection but the registered manager was able to explain how best interests would be made if the situation did arise. This meant that the service was working within the principles of the MCA.

Staff had received MCA training and were able to explain their understanding. One member of staff told us, "It's there to protect an individual when they lack the mental capacity to make their own decisions about the care or treatment." Another member of staff told us, "If I was concerned about anyone's ability to make a decision I would always report it to the office." A third member of staff said, "It is important to assume that people have capacity and are able to make their own decisions. I would always report any change in behaviour or decision making. I would inform the office and involve the GP and social services if necessary. Sometimes something as simple as a UTI (urinary tract infection) can affect someone's decision making."

Staff were able to tell us the ways in which they obtained consent from people they were supporting. One member of staff told us, "I always ask for consent and I always promote choice. For example I would ask 'Would you like me to wash your back?' Things are detailed in the care plan but I always check with people."

People were supported to maintain good health on a day to day basis. If people needed support to attend appointments at the hospital or GP then, given sufficient notice, extra staff would be put on the rota to accommodate this. The registered manager also told us that staff will go out of their way to provide extra support when it is necessary. For example during one visit a person had complained to a member of staff that their catheter was causing them discomfort. The staff member had contacted the GP, a local surgery and eventually the hospital after completing the call in order to arrange for a nurse to visit. If a GP has been called because a person is unwell then the service arrange a 'pop-in' visit to ensure that the GP has visited, check how the person is and collect any prescription if necessary. There is no charge for this extra visit.

This meant the service supported people to access external professionals to maintain and promote people's health and wellbeing.

People were supported to maintain a balanced diet. Staff prepared meals for people as required and had received food hygiene training. One person told us, "I do have a good choice of food but I get it ready for them and they put it in the microwave." A relative said, "They are absolutely lovely with her and make sure she has enough to eat and drink."

Relatives reported being happy with the information they received from the service and the standard of communication generally. One relative told us, "They (staff) are very good and write everything down in the log, like how she's feeling and what she eats and drinks and I read it to see what is going on."

Good

Is the service caring?

Our findings

People were happy with the care they received. One person told us, "They are very pleasant and very good with me. They have a chat as they are going along doing the jobs." Another person said, "They are very good with me and we have a laugh, I like that, I never feel frightened of any of them."

The relatives we spoke with were all happy with the care their family members were receiving. One relative told us, "They (staff) do such a diverse job. Nothing is too precious for them to do they are excellent and they will go the extra mile." Another relatives said, "She waxes lyrical about [staff name] she loves them to bits they are wonderful with her." A third relative told us, "One carer treats [name] like a member of the family I don't know what we'd do without them."

The response to the most recent survey conducted by the registered provider showed that 100% of those who returned completed questionnaires felt that staff treated them with kindness and compassion.

Staff were happy in their job and had a positive attitude about the care provided by the service. One member of staff told us, "I think we do a very good job. If my mum needed support I'd be happy for any of our staff to do it. If I didn't feel like that I would go and work for someone else." Another member of staff said, "I think we give really good care and I'm proud of that. We don't rush calls, we get to know clients. We have plenty of equipment and the call times are all good."

Staff told us how they encouraged people to be independent. One member of staff told us, "I visited a person first thing this morning. We let them do as much as they could for themselves. The things they couldn't do we then step in and support them with." Another member of staff said, "You don't take over but let them do things themselves. I see what they are able to and then if they need help I will help them. It's really important to promote people's independence."

The people we spoke with confirmed that this was happening in practice. One person told us, "They help me wash but they encourage me to do a bit myself so I will try and wash my arms and face and they will do the rest." Another person said, "They are very nice people and they do encourage me to do some things myself if I can."

Staff were able to describe how they promoted people's privacy and dignity. One staff member told us, "I make sure all the door and windows are closed and cover people up as much as possible. I try to make them feel comfortable sometimes it's something as simple as looking the other way."

One person told us, "I never feel awful with them. They clean me all up and I am not embarrassed." A relative told us, "They close the bathroom door to make it feel private for them but they are there to help if needed." This meant that care is provided in a way that protected people's privacy and dignity.

We were told that every effort was made to match staff to the people they support but the registered manager admitted that they did not always get it right. They told us, "Sometimes there's a personality clash.

You can't predict these things and when it happens we will swap staff around wherever possible." A relative we spoke with confirmed that staff were changed if there was a problem. They told us, "[Family member] had one (staff member) they didn't like but we told the bosses and they didn't send them again. It was just a personality clash."

At the time of our visit the people using the service did not have need for independent advocates. An advocate is someone who supports a person so that their views are heard and their rights are upheld. The registered manager told us that the service had access to a local advocacy service they had used them in the past and that they would support people to access an advocate if it became necessary.

Good

Is the service responsive?

Our findings

People told us that they were involved in decisions about their care and in the review of their care plans. One person told us, "I was involved in the beginning and they do review it." Another person said, "The council, me and the carers review it."

One relative told us, "The care plan is reviewed with a team and there is a good flow of information. For instance [family member] had a new shower chair that wasn't quite right. They took photos so they could get the head rest sorted out for them."

People's care plans contained a high level of detail and were written in a very person centred way. Person centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. Care plans included detailed information on people's life history, likes and dislikes.

Staff told us that they found the care plans useful and easy to follow. One staff member said, "The care plans are excellent. They are very informative and everything you could need is in them. People are involved in writing and reviewing them." Another member of staff told us, "We have really good care plans." This meant that clear guidance was in place on how best to communicate with people and exactly what staff needed to do to provide support in the way people preferred.

People had been asked by the registered provider who they wanted involved in the writing and review of care plans and this was documented on their individual files. However, there was no evidence of regular reviews taking place. We saw that changes were made to people's care plans as changes in their needs became apparent.

Regular discussions were held with management and staff about the current needs of people using the service and there was no evidence at the time of our visit that the lack of a review system had impacted negatively on the care people were receiving. This issue had been highlighted during a recent local authority visit and actions were being taken to address this by devising a computerised system to prompt regular reviews.

The service had an up to date complaints policy in place and the registered manager explained how complaints were logged on to an investigation form as soon as they are received. We saw that immediate action was taken when a complaint was received and that the actions and outcomes were recorded on a monthly log.

Staff were aware of how to raise a complaint if necessary. One member of staff told us, "I'd encourage anybody to make a complaint if they weren't happy. Some things can be easily remedied but any complaint is investigated thoroughly and taken very seriously."

People we spoke with knew how to make a complaint. One person told us, "The supervisor is [name] and I

did complain one about a [member of staff] I wasn't keen on but they sorted it out and they never came again." Another person said, "I have no complaints about the care I receive."

We saw a number of letters and cards complimenting the service. One person had written, 'We take this opportunity to formally thank everyone who has worked closely with the family and provided professional care and much needed kindness and consideration.'

Surveys were sent to people using the service and their relatives twice a year. We saw evidence of this in completed forms and one relative told us, "The care is good, we filled in a survey and said all her needs are catered for." The results of the survey were analysed by the management team to look for any areas of concern so that action could be taken however the majority of responses received were very positive. Some people had commented when responding to the survey that they would like to receive a rota and we were told by the registered manager that as a result this was now being put in place.

Good

Is the service well-led?

Our findings

At the time of our inspection the home had a registered manager. A registered manager is a person who has registered with CQC to manage the service.

People knew the management team and felt able to contact them if they needed to. One person told us, "[Registered Manager] and [Registered provider] do alright in a difficult job, especially when people go sick or are on holiday."

Relatives told us they felt the registered manager and management team were approachable and supportive. One relative told us, "[Registered Manager] and [Registered provider] respond quickly and positively to any changes, there is no problem in communication with them." Another relative said, "They are very approachable and if I ring they will try and sort things out."

The registered manager carried out spot checks to observe the staff team supporting people in their own homes and used these observations to ensure quality care and support was delivered. The registered manager explained that they checked staff were using gloves and aprons appropriately, observed moving and handling techniques and ensured that people's privacy and dignity were being respected. Any issues highlighted during these checks were discussed at staff meetings and extra checks were done on new staff or if there were any concerns.

Regular audits were carried out by the management team. These covered areas such as medicines, missed calls, safeguarding, health and safety, finances and staffing. We saw evidence that checks were being completed on a regular basis which meant that there was a good management overview of the service and any errors could be identified and acted upon in a timely manner.

Care plans were audited monthly and the registered manager told us they were working on a new way of monitoring this process to ensure that all plans were audited at the same frequency. This was evidence that systems were reviewed and improved to ensure they remained effective.

The registered provider highlighted within their ethos and philosophy documentation the importance they placed on good relationships with staff and the impact this had on the delivery of care. They stated, 'It is fully understood and readily accepted that our staff are a most valuable asset and the key means by which we can achieve our goals. We saw evidence that these values were being put into practice, for example with the extra support being given to new staff when needed.

The registered manager told us that they had an open door policy and staff came in to the office regularly. They said, "Staff come in every day and every member of staff will come in at least once a week. I always try to chat with them; it's an informal support session. We hear from staff most days even if just on the phone."

Staff confirmed they were in regular contact with the management team. One member of staff told us, "We can meet with the manager as often as we like and we see or speak to them weekly." Another member of

staff said, "I meet the registered manager every day."

Staff felt well supported by management and said they felt they were involved in developing the service. One member of staff told us, "The manager always listens if we have anything to say. I love working here and have absolutely no concerns." Another member of staff said, "[Registered Manger] and [Registered provider] are very approachable and you can always ask to talk to them. I know they would absolutely support me if I had any issues."

Staff meetings were held monthly when possible but we were told that there had been a high turnover of staff earlier in the year and this had impacted somewhat on the regularity of meetings. For the same reason the annual staff survey had been postponed until the New Year in order for new staff to have opportunity to comment on the first months of their employment. We could see that following a gap between July and October meetings had begun to take place again. We saw minutes from meetings that covered topics such as policies and procedures, changes to medicines records, times sheets, annual leave and pensions.

Quarterly newsletters were produced for people using the service and these include information on staff recruitment, charity fundraising events and the customer survey. People were encouraged to contribute items for future editions.

The registered manager understood their role and responsibilities in relation to compliance with regulations and the necessary notifications were made to CQC.