Cumbria County Council

Cumbria Care Domiciliary and Reablement Service - Copeland and Allerdale

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

This was an unannounced inspection that started on 5 March 2018 with a visit to the office base. We then spoke with people who used the service and with staff. This was the first inspection of the service.

Cumbria Care Domiciliary and Reablement Service - Copeland and Allerdale provides reablement services to adults in the Copeland and Allerdale areas. They provide support so that people are helped to recover from illness or medical interventions. The visits are designed around individual needs. The service hopes to help people with recovery within a six week period. At times their intervention means the support is much shorter. After six weeks the support package may be extended depending on the reassessment of need.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. Not everyone using Cumbria Care Domiciliary and Reablement Service - Copeland and Allerdale receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a suitably qualified and experienced registered manager who also managed the service in Carlisle. 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 service ensured that the people they supported were as safe as possible. Staff were trained to recognise abuse and suitable systems were in place to ensure that people were protected from harm.

The service had suitably recruited, trained and supervised staff who were deployed appropriately to meet people's support and rehabilitation needs. Appraisals were up to date and detailed. The service had suitable policies and procedures related to disciplinary and grievance matters.

Staff were trained in the administration and management of medicines and these were recorded appropriately.

Infection control matters were managed appropriately with staff receiving training and having access to personal protective equipment.

The registered manager and the senior team had a good understanding of their responsibilities under the Mental Capacity Act 2005. No one supported by the service was being deprived of their liberty. People told us that they were asked for consent before interactions.

Any issues around nutrition and hydration were included in care plans. Staff supported some people to

undertake food preparation as part of their recovery.

Staff supported people to access health care support and were trained to call on the support of health care professionals for emergencies. We saw that support workers were contacting health care professionals using their own judgement.

The service was based in a Cumbria County Council office. This was safe and secure. The staff said they thought that being based in the same office as social workers helped them work together. There was a suitable on call system in place with a central contact number that operated from 7 a.m. to 11 p.m every day of the year. Staff and people using the service were very satisfied with this system.

People told us that staff were caring and kind. Staff were trained in person centred care and in all the aspects of privacy and dignity. People could have the support of an advocate if required.

Good assessment of need and ability was in place. Reablement planning encouraged independence and skills building.

The work undertaken was short term and did not include social activities but the work undertaken assisted people to return to previous activities and interests.

There had been no formal complaints about the service and we had evidence to show that people felt able to contact the senior team with any minor issues.

The arrangements around governance had been reviewed and a new management structure was in place. Staff told us that this worked well and they had more time to devote to specific tasks.

Cumbria County Council had suitable policies and procedures in place and these were reflected in the quality monitoring system. Quality monitoring was of a high standard and people's views were taken into account in future planning.

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.

People told us they felt safe and staff understood their responsibilities under safeguarding.

Recruitment and disciplinary procedures were being managed appropriately.

Medicines were suitably managed.

Is the service effective?

Good

The service was effective.

Good assessments of risk and need were in place.

Staff were suitably inducted, trained and supervised.

The team worked well with other agencies to support people to recovery.

Is the service caring?

Good

The service was caring.

People told us the staff were kind, respectful and assisted them so that dignity was retained.

People were encouraged and supported to regain their independence through the planning process.

Good systems were in place to ensure confidentiality and privacy were respected.

Is the service responsive?

Good

The service was responsive.

Good assessment and planning were in place.

Staff completed frequent reviews of the delivery of care and

support.

Arrangements were in place if people needed help due to matters relating to visual impairment or hearing loss.

Is the service well-led?

Good

The service was well-led.

The service had a suitably qualified and experienced manager who was registered with the Care Quality Commission.

A robust quality monitoring system was in place and this informed future planning.

Records were up to date, secure yet easily accessible.

Cumbria Care Domiciliary and Reablement Service - Copeland and Allerdale

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 checked 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.

Inspection site visit activity started on 5 March 2018 and ended on 21 March 2018. We sent out surveys to people, their relatives and to professionals. We visited the office location on 5 March 2018 to talk with the registered manager and senior staff; and to review care records and policies and procedures. We then spoke with people and with staff by telephone. We visited the office again on 21 March to give feedback on our findings. This was the first inspection for the service since reregistering as a reablement service

The inspection was carried out by an adult social care inspector and an expert by experience. Telephone calls were made to people who used the service by the expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The team members had experience of older adults and of rehabilitation and reablement.

We spoke with social workers and health care professionals before the inspection as part of our regular six weekly contact with health and social care professionals in the area. Prior to the inspection a Provider Information Return (PIR) was sent to the registered manager for completion. The PIR 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. This was returned with suitable details of the service.

Prior to the visit we also sent out fifty questionnaires for service users with 16 responses. We sent 20

questionnaires to other professionals with only one returned. We received twelve surveys from staff and two from relatives.

We spoke with twenty people by telephone and this included two relatives who spoke on behalf of people.

We looked at twelve service user files in the office. We checked on four recruitments and looked at six staff files.

We looked at staff deployment by checking the electronic systems in place. We looked at the work done by staff in different areas.

We met with the registered manager, a senior systems manager, two supervisors, a reviewing officer and two reablement co-ordinators on the first day of the inspection. We spoke with five support workers by telephone after the visit. We met the county manager and another registered manager on 21 March 2018 who were in the office at a planning meeting.

We looked at rostering and other evidence to show how staff were deployed. We looked at health and safety records. We saw quality monitoring systems in action and we had access to reports prepared after analysis of quality audits.

Good

Is the service safe?

Our findings

We asked people in surveys and by telephone about how safe they felt and we had 100% positive responses. One person said, "I feel really safe. The company are so good, the lasses are really good. Sort out problems straight away". Another person told us, "The carers were with me for 12 weeks in total. They were absolutely lovely! I felt very safe and they did everything for me."

We asked about availability of staff and we learned that people were satisfied with the staffing levels. One person told us, "Carers were brilliant. At first they came about 10.30 am but my [relative] got up earlier than that and they also came too early in the evening...and I mentioned it to them and they adjusted the times they came. They
did everything for [my relative] after that at the right time. There was only one person at a time but that was enough to [deliver personal care] and things like that. They helped [my relative] to do things for himself." Another person told us, " I got one carer four times every day and that was more than enough."

People were generally happy with the timing and consistency of care delivery. For example these two people told us staff were, "More or less on time. They don't give you a fixed time. Its okay though. If they are going to be late the company ring me" and "Carers were always on time and more or less the same people all the time."

Some people had support with medicines. One person told us, "I had carers because I am diabetic and wasn't taking my insulin properly. I wasn't eating well either. Carers came in and helped me take it regularly and eat well again. Because of their support, I can lead a good life again. My GP staff said 'it is like a miracle' that I am now stable again".

We looked at the County Council Safeguarding policies and procedures. Staff had ready access to these and we saw that safeguarding was discussed in all meetings and in supervision. We looked at staff training and we saw that staff had received suitable levels of training in human rights, anti-discrimination, equality and diversity and in the safeguarding of vulnerable adults. The staff we spoke with told us that they received good levels of training related to theory but were also given practical information about how to contact external agencies if necessary. There had been no incidents where staff had to make a safeguarding referral but the management team were confident that they could do this if necessary.

There were suitable risk assessments in place for the service. This included assessments of the office premises, homes that support workers visited, driving and lone working. We saw examples of risk management plans that advised staff of any risks. We noted that there were risk alerts on the telephone app used by the service. This meant that staff were aware of risks before they entered any property. We also noted good moving and handling risk assessments and plans devised by supervisors and also by the occupational therapist employed by the service. Accidents and incidents were well managed with good risk assessments lessening the risk. There had been no accidents or incidents reported.

We heard from staff how they had managed the service during a period of snow and ice. We noted that there

was a contingency plan for emergencies. We learnt that the service had access to a 4 wheel drive vehicle during the bad weather and that some staff had gone to different people because they could reach them on foot. We noted that the registered manager had been 'on call' during this time so that she could liaise with social workers and health care professionals.

There had been no issues where staff had 'blown the whistle'. Staff told us they would contact the registered manager in the first instance. The County Council had arrangements in place so that staff could discuss concerns or raise any issues. Staff told us that they felt they could talk to the registered manager or the supervisors about any issues.

We looked at rostering for the Copeland and Allerdale areas. We noted how many hours the service provided and the numbers of staff available. We judged that there were enough staff available to meet the demands on the service. This service, being short term and for reablement, had a changing pattern of demand. We noted that, for example there had been nearly fifty new referrals to the service in February and all of these visits had been set up and started. There had been no missed or late calls because there were enough staff to deliver the support.

We saw that the service had an on-going recruitment plan. We traced a recruitment on line with the registered manager and we saw that new staff were interviewed using a detailed job specification. Two robust references were taken up and the candidate checked so that the provider could ensure the candidate had not been dismissed from another service and did not have a criminal record. The County Council had a policy on the recruitment of offenders and the registered manager would follow that if necessary. She told us, "I am very cautious about recruitment. My staff go out alone to vulnerable people so I need to get the best staff I can."

We also noted that the County Council had suitable policies and procedures around grievance and disciplinary matters. We had good evidence to show that the registered manager and her line manager could conduct any disciplinary investigations appropriately. The registered manager said that the human resources department were very supportive with any issues of this type.

Some service users needed support with ordering, collection and administration of medicines. Where this was requested by the person themselves or by the social worker, suitable risk assessments were in place and the action to be taken was part of the care plan. People told us that medicines were properly managed. We saw a number of medication administration records when we visited the office and these were filled out appropriately. We checked care plans and daily notes which confirmed that medicines were being looked after correctly. We noted good outcomes where people were helped to access the right kind of support and were able to manage all aspects of their medicines by the end of the reablement period.

The organisation had policies and procedures on infection control. Staff completed mandatory training on infection control, the use of personal protective equipment and personal hygiene. There had been no instances of poor infection control in the service. Staff said they were provided with suitable equipment to ensure good procedures could be followed.

When we spoke with the registered manager we learnt that this service was still in the process of change and improvement. We saw lots of examples showing that they worked on "lessons learned" and had used past experiences to look at rostering, team building and specifics of care delivery. On the last day of the inspection the county manager was holding a meeting with the registered managers and another senior manager to look at how well the services were running and to discuss ways of continuing to improve.

Good

Is the service effective?

Our findings

Our expert by experience spoke with twenty people and she judged that all of them said their care had been effective and supportive. They had been part of a lengthy assessment discussion about what their needs would be during the period of reablement. They also told us that the staff worked well with social and health care professionals.

We noted that people were aware that new staff were appropriately monitored and supported. One person told us, "There was a woman out last week watching a new carer who had just started." Another person told us, "New starters were observed a couple of times I think."

People told us that their needs and preferences were assessed. One person told us, "I was involved in my assessment. Social services ask questions and wrote down what I wanted and they provided it for me. They do review this provision. We just do it together. They are a really good company." Another person told us, "Someone came to assess my needs and asked me loads of questions about what I needed etc. We agreed what hazards there were in the house and agreed the plan."

People judged that staff were suitably trained. One person told us, "They are very professional, know what they are doing and do a good job. They know what they are talking about. Very thorough. Always check labels on creams they use before they put them on." And another person told us, "The girls were really good and chirpy with him. I think they knew what they were doing and were confident. Giving us advice about what to do." Yet another person said that the, "Carers were well trained and confident."

We looked at a wide range of assessments of risk and need. We found these to be detailed and comprehensive, showing the tasks to be done and the psychological support needed to build skills and confidence. We noted that after each period of reablement the senior staff team reviewed the care delivery and assessed the outcomes for efficacy. Where technology was needed the staff worked with other professionals to give successful outcomes.

We saw that this service assessed all new referrals in a thorough manner. Staff spoke with referring social workers and then visited to complete an assessment of need with the person. Reablement plans were then devised. The provider analysed the outcomes of each intervention and had enough evidence to show that this service prevented admission to hospitals or to care settings and had reduced the need for domiciliary care and support. We also saw it helped people move out of hospital settings. Social workers and health care professionals judged the service to be effective.

We looked at individual staff training records and we saw that staff had received extensive training in all aspects of care delivery. The staff attended the provider's mandatory training and had also received training on reablement theories and practice. The service employed an occupational therapist who gave staff guidance. Senior staff were moving and handling coordinators who were trained to train staff. We also noted that staff received individualised training for specialist needs and this would be done with community nurses, hospital staff and with other health care professionals as appropriate. Staff told us they had

received. "A lot of training, both refresher and new training about reablement".

We also saw the supervision and appraisal planner which showed that staff received twice yearly appraisal and supervision approximately every six weeks with observation of their practice being done regularly. Staff we spoke with confirmed this. We looked at individual staff files and saw that supervision notes were detailed and related to the people being supported, the way care was delivered, skills, strengths and needs of staff and plans for supporting staff to improve and develop. We spoke with the registered manager who outlined future plans for staff development work. Staff said they received good levels of support and confirmed that supervision, appraisal and team meetings happened on a regular basis.

Staff supervision notes and meeting minutes showed that good practice was discussed with them on a regular basis. We observed staff talking in person and on the phone to social workers and health practitioners about the best delivery of care and support. We learned from other professionals that the service worked well with them. Staff and social workers felt that sharing the same office had helped to make working together more efficient. The staff team worked very well with the stated aim of moving people on to other forms of support, as necessary. Support workers we spoke with told us they continually discussed what was the best practice both in a theoretical way and as well as for each individual.

The service was not set up to deal with people who had problems managing behavioural issues but the registered manager said that some staff would be trained on suitable support strategies in case of any difficulties encountered. Staff did some support work with people who had mental health difficulties and the plans gave staff good guidance. Restraint was not used in the service. Any issues of this type would be referred straight away to other professionals.

Some people needed support in meal preparation. Staff told us that they encouraged people and helped them to understand any newly diagnosed nutritional needs where, for example, people needed to reduce certain food groups. This was detailed in care plans we looked at. People told us that staff had helped them to healthy eating. Some people spoke about the way staff helped them to manage the practical skills needed for meal preparation. The occupational therapist said that, "The staff are very good at this and they help people use equipment and I can visit and give advice."

The senior staff team had working knowledge of the Mental Capacity Act. 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. The nature of reablement is such that people must be able to agree to working with staff to ensure good outcomes are achieved. No one was being deprived of their liberty by receiving this reablement service.

Staff were being actively encouraged to work directly with GPs, community nurses and other health care professionals. Staff spoke at some length about the guidance they had from health care professionals. They also told us that they had contacted district and specialist nurses and GPs. One team member talked about how they had called for assistance in an emergency and how they worked with paramedics and the hospital. people told us that staff were, "competent and confident" and they trusted them to access health care support for them when necessary.

Good

Is the service caring?

Our findings

We sent out surveys to people and we had 100% satisfaction on questions related to respect, dignity, caring and kindness. We also noted that the provider sent out satisfaction surveys after every period of intervention. These too were very positive about staff approach and talked about how "kind and caring" the staff were.

We also spoke to people by telephone and they too found the staff to be courteous, kind and caring. We encouraged people to talk to us about their views of caring in terms of staff approach and the kindness, respect and compassion the team showed. We also asked if the staff explained interventions to them. Again most people were very satisfied with what some people termed, "The excellent service we received".

People told us that the staff approach was empathic and that staff behaved in a respectful manner. One person told us that the "General attitude of the carers was very good" Another person told us, "They were absolutely lovely!" Other people said, "I have had great care" and a number of people told us, "I can talk with the carers about problems."

After talking with twenty people who used the service the expert by experience gave an overview. She judged that all the people she spoke with said that carers truly did care about the person's welfare and health and helped them to help themselves get better. An example of excellent person-centred care was demonstrated in one conversation where the person was given psychological support to build confidence and to access the right support from health and social care professionals. The person told us that the staff attitude was, "Life changing".

The expert by experience also gave another example where she judged that the conversation clearly showed the service user was viewed as a whole person and not just someone recovering from an illness. This person was isolated and lonely and this was hampering recovery. Carers and their manager were supporting and giving the person confidence to access therapy and support in the community in a safe environment.

People told us they would go to their social worker if they needed advocacy. The registered manager told us she could help people to find an advocate, if necessary.

The service had good literature that explained the purpose of the support they delivered. People told us that they were fully informed and that staff explained interventions to them in a clear way. The senior team kept this under constant review and were keen to inform people of the purpose of the service.

Staff we spoke with showed consideration and empathy for the people they worked with. They were keen to talk to us about people they had worked with and the improvements made. One staff member said how "wonderful" it was to see people getting their independence back. Staff spoke with real warmth about the people they visited. We saw from training records and meeting minutes that the team promoted the County Council's policies related to anti discriminatory practice.

The service was set up to support people to gain or maintain a level of personal independence. This was sometimes after a hospital stay, a surgical intervention or some other incidence of ill health. We saw a number of reviews showing good outcomes and people told us they became more independent or regained independence. We judged that staff were good at promoting independence by, as a staff member said, "Doing it with people rather than taking over and doing it for people. That leads to dependency and we want to go in do the work and leave people able to manage without us".

We spoke with staff who were eager to tell us of the good outcomes for people. One team member told us, "I met [a former service user] in the supermarket...it was so good to see them back to their old life, managing on their own." Another support worker said, "I went to someone who had problems walking...and now they are driving their own car and going out and about again".

Good

Is the service responsive?

Our findings

People in the service gave us examples of how the staff treated them as individuals and how the care centred around their needs and wishes. Staff had received training in person centred thinking and anti-discriminatory practice. We heard about person centred care where people's lifestyle and preferences were respected during the reablement process.

A person told us, " I was part of the decision about my care plan. I like to do things for myself but the carer does what I need." A relative said, "Someone went into hospital to see [my partner]. [The occupational therapist] came out before. I was involved in the discussions about my [partner's] care." Yet another person told us "Yes there was a care plan. They always wrote up notes after each visit." And another person said, "A man came to assess my needs and asked me loads of questions about what I needed etc. We agreed what hazards there were in the house and agreed the plan."

We looked at a range of assessments on file and we saw that these were detailed without being intrusive. Some people had assessments that focussed on their physical needs, whilst other people had more complex assessments that included the role of families, complex interventions, psychological support and confidence building. Some interventions were short lived and measured as successful, showing good outcomes to care planning.

We looked at care plans for interventions and we also looked at a longer term plan for a person who had been in receipt of services prior to the change to reablement. Each of the care plans was current, detailed and specific. One person we contacted told us, "There wasn't much in the care plan." We had seen this person's plan and the intervention was short, simple and effective. We also saw some much more detailed plans where, for example, moving and handling or special ways of taking nourishment were needed. These were more complex as they reflected the needs of each person. We also noted that all reablement plans were reviewed every six weeks and lessons learned for future assessment and planning.

All plans were kept electronically. We liked the short 'pen pictures' [with outlines of risks and tasks] that staff could access on their phone apps. A staff member told us how she had used this to inform the paramedics who needed to know some of the person's history. We thought that this, plus the more complex planning kept both in paper form and electronically really helped staff to deliver support. The senior team said care planning was an on-going process and they liked to write concise plans that would enable staff to help with the reablement tasks. We saw that the fifty referrals in February all had been assessed and care plans written. We noted that people could have their plans changed as their needs and wishes changed. For example people could, within reason, have arrival times changed and could be helped to look at different ways of getting a good outcome.

This service was not specifically used to help people with interests, outings and activities. We did see that the team did, as one person said, "Get me out to the supermarket and help me plan meals...". We saw that the team and the social workers helped 'signpost' people to community activities and helped people with their interests and hobbies. One person told us, "They are going to take me out next week to Men in Sheds [a

group for older men in the local area], a therapy group and also to a computer course."

People told us about special equipment that they had and how the role of the staff was to help them use it properly. This often involved supporting people with moving and transferring. The staff had been involved in a project where they and a family carer supported people together. People had been helped to access 'Care line' so they could call for assistance if necessary.

We called the service early on the morning of our inspection visit. All communication is through a central team and they were able to contact the relevant people the inspector needed to contact. This worked well and people told us that the systems meant the 'office' staff knew if there were hold ups. We saw the live tracking system that was used to programme the work. This had proved to be efficient and the systems worked well, despite the complexities and high volume of referrals and calls. Staff said the systems were easy to use and everyone on the team had roles within the system.

Complaints were handled by the registered manager or her line manager. Cumbria County Council had appropriate policies and procedures in place to manage complaints of all kinds. Minor issues were, we learned from staff, managed by support workers or their seniors. The registered manager dealt with more complex matters. Senior officers of the provider, including staff in the Council's complaints department, could manage any complaints that were not resolved internally. We had evidence in other services to show that serious complaints and concerns might go to a county manager. Copies of the complaints procedures were included in the information pack for new service users. There had been no complaints recorded.

The service did not normally deal with end of life care but the registered manager said that they might consider requests if there was a reablement factor included in the palliative care package. Some staff had received end of life training in the past. The service had some domiciliary care packages and they would continue with these if there was end of life care involved.

Good

Is the service well-led?

Our findings

The expert by experience carried out the phone calls to people who used the service. She reported that most of the people spoken with were complimentary about the management of the service and with the deployment of staff. Some people had met the management staff and more people had spoken to senior support workers who had called to observe and check on the competence of the support workers.

We had lots of comments showing that the registered manager and her team were accessible to service users. The comments also showed that the quality of care delivered was monitored by the senior team.

One person said, "I think they are well led. I just see the carers though. A manager is coming to talk to me about the group I might attend though." Another said, "We met the manager. At the end of the 6 weeks...just to see how things had gone." We also heard from a person who said, "We (the person and their partner) met a senior carer a few times at home and discussed things about my care plan. I've also had a supervisor for the carers to talk to me about how they did the job." Another person said, "A senior person came out regularly to see me. He was new so I think he was getting to know the job better." Yet another person said, " I know the manager - she's very nice as is [a supervisor]. [A senior person] has been out to see me and... took me out recently when I needed to go somewhere." Another person told us "Yes I met the carers line manager when she came to pick up the file at the end. She was asking how the care had been, was it a good service etc. She was very good." People confirmed observation of practice, "I think there were a couple of times staff were observed doing their job."

The registered manager also managed the reablement service in Carlisle for the County Council. Staff said that they could contact her by phone and that she regularly visited the service. We noted that during a spell of bad weather she had been actively on call for twelve hour periods to deal with individual matters and to take an operational overview. We spoke with her at length and we had evidence to show that she had good knowledge of the staff team and of the work being undertaken. She had suitable qualifications and experience to manage the service.

The registered provider had looked at the governance of all the reablement services across Cumbria. The senior management group were looking at outcomes and future planning needs when we visited on 21 March 2018. They had reconfigured the management of the service and the registered manager had played a leadership role in developing the management systems in the service. The registered provider had looked at the different elements involved in a community based service. The tasks of programming the visits, supervising the staff, assessing need, writing care plans and reviewing outcomes were all allocated to different members of the senior team. Staff told us, "I can concentrate on managing the visits from a time and location basis" and "We now have more time to supervise and appraise staff." Senior members of the team [Reablement review officers and supervisors] were able to spend more time out in the community checking that care plans were being followed and that outcomes met people's wishes. We judged that the delegation of the many tasks involved in a community based service had led to improvements in quality.

We saw that the registered manager had analysed the outcome of quality monitoring to look at the issues

identified by staff and people using the service. We saw that every service delivered was monitored closely with a review of the care at specific intervals; that medicines administration was checked regularly and that support workers competence was checked by observation and discussion with staff. In the year since new roles had been introduced we saw that supervision, competence checks and formal appraisals were, as a member of the team told us, "So much easier now...I feel the team can concentrate on all these different aspects".

Records were detailed and up to date. They were stored securely but were easy to access. All records were kept electronically with paper records scanned and then destroyed.