Carevisions@Home Ltd

Care Visions at Home

Inspection report

Wingrove House
Ponteland Road
Newcastle Upon Tyne
Tyne and Wear
NE5 3DE

Tel: 01915801690
Website: www.carevisionsathome.co.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out an inspection of Care Visions at Home on 23 and 26 January, 1, 6 and 9 February 2017. The first day of the inspection was announced. We last inspected Care Visions at Home in December 2014 and found the service was meeting the relevant regulations in force at that time, with the exception of one relating to staff support.

Care Visions at Home provides personal care for people in their own homes. There were 72 people using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC 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 said they felt safe with care staff and were well cared for. Staff were aware of safeguarding vulnerable adult procedures and expressed confidence that concerns would be appropriately dealt with. Incidents were investigated and dealt with to ensure people remained safe.

Risks associated with people's care needs and working practices were assessed and steps taken to reduce the likelihood of harm occurring. Staff had access to personal protective equipment, such as gloves and aprons. They were aware of and trained in good hygiene practices.

People told us staff were caring courteous, professional and polite. Staffing levels were sufficient to safely meet people's needs, with ongoing recruitment to improve the ability of the agency to ensure staffing consistency. The provider had a robust system to ensure new staff were subject to thorough recruitment checks.

Systems for the safe management of medicines had been developed to ensure medicines were handled safely and accounted for.

Where appropriate, people's mental capacity was considered through relevant areas of care, such as with medicines and distressed behaviour. Staff routinely obtained people's consent before providing care.

Staff had completed safety and care related training relevant to their role and the needs of people using the service. Further training was planned to ensure their skills and knowledge were up to date. Staff were well supported by the registered manager and other senior staff. The provider had met the assurances they had given in their action plan following a previous breach of legal requirements relating to supporting their staff.

People were supported with eating and drinking where this was an assessed need. People's health needs were considered in the planning and delivery of care. Help from external professionals, such as the GP, was

sought if necessary. This ensured people's general medical needs were met.

Staff understood the importance of promoting people's privacy, dignity and confidentiality. Staff were able to clearly explain how they met people's needs and we saw care plans and associated documentation were clear and person centred.

People using the service and staff spoke well of the registered manager and they felt the service had good leadership. We found there were effective systems to enable people to raise complaints, and to assess and monitor the quality of the service. Staff performance was subject to periodic spot checks. Quality monitoring included feedback from people receiving care.

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 said they were safe and were well cared for. New staff were subject to robust recruitment checks. Staffing levels were sufficient to meet people's needs safely, although delays in being able to fill vacant posts had led to limitations in the scope of care provided for one person.

Routine checks were undertaken to ensure the service was safe. There were systems in place to manage risks and respond to safeguarding matters.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were suitably supported and who received safety and care related training. Further training reflective of people's needs was planned.

Staff obtained people's consent before care was offered.

Staff helped people access health care where needed. Support with meal preparation and food safety was also provided where this was a need.

Is the service caring?

Good

The service was caring.

Staff displayed a caring and supportive attitude.

People's dignity and privacy were respected.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide personalised care.

Is the service responsive?

Good

The service was responsive.

People were satisfied with the care and support provided.

Care plans were person centred and people's abilities and preferences were recorded.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to. Some people said they would like staffing rotas and indicated this request had not yet been addressed.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager in post. People using the service and staff made positive comments about their manager.

There were systems in place to monitor the quality of the service, which included audits, spot checks and feedback from people using the service and staff. Action had been taken to address identified shortfalls and areas of development.

Care Visions at Home

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 was 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 23 and 26 January, 1, 6 and 9 February 2017. The inspection was announced so we could be certain staff were available in the office to assist us. We contacted people using the service and their relatives by phone on 26 January. We spoke with staff by telephone on 6 and 9 February. The provider's office was visited on 23 January and 1 February 2017. The inspection team consisted of an 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 the information we held about the service, including notifications. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. 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.

During the inspection, we used a number of different methods to help us understand the experiences of people who used the service, including speaking with people using the service and their relatives, interviewing staff and reviewing records. We spoke with two people who used the service and seven relatives. We spoke with the registered manager, an operations director, three care workers and a supervisor based in the service's offices.

We looked at a sample of records including six people's care plans and other associated documentation, medicine records, six staff files, which included training, supervision and recruitment records, complaint, accident and incident records, policies and procedures, risk assessments and audit documents.

Good

Is the service safe?

Our findings

People who used the service said they felt safe, comfortable and happy with the carers provided by Care Visions at Home. One person said, "Good; happy with the carers provided." A relative told us, "Yes (safe) very much so. My relative's safety is upper most in their minds" Without exception the people spoken with considered the staff to be trustworthy and they did not raise any concerns with regard to the safety of their money or possessions. One person stated: "Yes, I've no concerns" Relative(s) told us, "Yes the staff are trustworthy." Another informed us, "No qualms about them (possessions)."

Staff we spoke with were clear about the procedures they would follow should they suspect abuse. Those we spoke with were able to explain the steps they would take to report such concerns if they arose. One staff member said, "I'd report to the case manager or [registered manager]." They expressed confidence that allegations and concerns would be handled appropriately by the registered manager and senior staff. Staff confirmed they had attended relevant training on identifying and reporting abuse. Staff also told us they were aware of whistleblowing (reporting poor practice) procedures which were explained in their handbook. Comments included, "We get a lot of training on safeguarding in house and on-line" and "Whistle-blowing is covered in our handbook and covered at our induction." Where incidents had been reported to the registered manager they had taken appropriate action in liaison with the local safeguarding adults team.

The registered manager and senior staff took steps to identify and manage risks to people using the service and staff. For example, where concerns were apparent about a person's mobility, behaviour, or general health and welfare and there was the risk of them being harmed, staff had developed plans of care and risk assessments to ensure a consistent and safe approach was taken. Staff were also informed about and undertook ongoing checks to identify and deal with potential hazards, such as those relating to peoples home environment and equipment they needed, such as hoists. These were designed to inform staff of the area of concern and to ensure a consistent approach was taken to minimise risks. Staff told us they were informed about these needs assessments, support plans and risk assessments to ensure they adopted safe working practices.

Staff recorded accidents and these were analysed by the registered manager to identify if any lessons needed to be learned and practice changed. Where people were at particular risk, for example from choking, referrals were made to other professionals and staff took steps to increase levels of monitoring. Staff were clear about the procedures to follow should a person have an accident or fail to answer the door when they called. A staff member told us, "If there's no response we get in touch with the duty team. We try to get in touch and contact family."

Staffing levels were determined by the hours contracted for each individual care package. Staff deployment and calls were planned for on the provider's IT based management and logistics system. This enabled a designated staff member to plan for each person's care and match this to available staff. Each person's dependency was assessed by the referring authority and where necessary people would be supported by two carers at a time. People using the service and relatives raised no concerns about the safety of staffing levels, however turnover and recruitment did have an impact on the responsiveness of the care provided.

Relatives expressed mixed views on staffing. One person said, "There is enough staff, plenty to come here to me." A relative stated: "If we need a drop in carer we can usually get one at short notice they are quite good at that" Another relative remarked, "We have two really good carers, I believe they have recruited and are training more carers so they will be available two at a time." One relative raised concerns about a delay in sufficient staff being available and trained to support their complex moving and handling needs. This had an impact on the scope of care being provided. We raised this issue with the registered manager who acknowledged the concern and informed us they were experiencing difficulties in recruiting an additional staff member. They confirmed this issue had been resolved before the inspection was concluded.

Staff were vetted for their suitability to work with vulnerable adults before they were confirmed in post. The application form included provision for staff to provide a detailed employment history. Other checks were carried out by the registered manager and included ensuring the receipt of employment references and a Disclosure and Barring Service (DBS) check before an offer of employment was confirmed. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults or children. This helps support safe recruitment decisions.

Records for the most recently recruited staff members showed appropriate documentation and checks were in place for them. They had not been confirmed in post before a DBS check and references had been received. Where information about previous conduct was detailed on a DBS the registered manager informed us that an explanation was sought from the staff member so a decision could be made about whether to continue with their recruitment.

Suitable arrangements were in place to support the safe administration of medicines. People expressed satisfaction with the support offered in this area. "They give me my tablets through the night, they are excellent." A relative stated, "Yes they give medication, I sure they do it, I can leave them to their devices they do everything okay." Another told us, "They give my relative her tablets during the night, so I can get some sleep, its good." Medicines were administered by staff who had been trained in the safe handling of medicines and their competency to do so was assessed. Staff were also assessed on their competency to support people with more specialised equipment, such as oxygen therapy. One staff member said, "We won't do medicines until we're trained." Another staff member said, "MAR (medicine administration record) charts are clear. Our nurse and trainers are fantastic. We have observations and spot checks. They are thorough and take it very seriously; looking for missed medicines, correct codes. If medicines are missed we have to dial 111 or seek medical help, speak to the GP." Medicine records we looked at were clearly transcribed and free from omissions and errors. Staff were clear about what to do should an error occur, including seeking medical advice. One staff member explained, "The protocol for errors is to contact the out of hours contact and duty team."

Good

Is the service effective?

Our findings

People who used the service made positive remarks about staff and their ability to do their job effectively, in particular their regular carers. Comments people made included, "Yes, they are good and stay awake during the night" and "There's no reason to doubt (they are well trained)." Relatives stated, "Yes, I think so all pretty efficient. Some more sure of themselves than others", "They are adapt in using the hoist, they (carers) know what they doing. She (relative) never feels frightened with them" and "Yes, I think they are (skilled/trained) … I can relax one hundred per cent and sleep." One relative made positive remarks about the regular team of carers, but indicated "If we get some new (carer) we may be lucky if they are experienced, not one or two who didn't know what to, I had to show them."

New staff had undergone an induction programme when they started work with the service. The new staff undertook the Skills for Care 'Care Certificate' to further increase their skills and knowledge in how to support people with their care needs. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. New staff shadowed more experienced workers until they were confident in their role.

At our last inspection in July 2015 a breach of legal requirements was found. This breach related to the supervision of staff. At the time of our last inspection we found supervision arrangements were inconsistently planned and carried out. After the inspection the provider wrote to us and gave assurances that action would be taken to address any shortfalls.

On this occasion we found staff made positive comments about their team working approach, the support they received and training attended. Staff told us, and records confirmed, they attended training relevant to their role, people's needs and safety. Comments included, "We are trained well and have a good support network", "Training definitely relates to and helps meet people's needs. Our trainer is really good" and "The training is good; moving and handling, medicines, safeguarding, PEG and tracheostomy care." One staff member told us they could seek additional training and remarked to us, "They give you the opportunity to learn and do more training, e.g. they have a full dementia course if you want."

Regarding their supervision and support arrangements records showed staff attended regular individual supervisions and group meetings. The records of these supervision meetings contained a summary of the discussion and the topics covered were relevant to staff roles and, service users and their own general welfare. A staff member told us in respect of the supervisions and support, "[Name] is absolutely amazing. I have used her a lot. She's really on the ball." Another confirmed, "Supervisions are every two months. They do spot checks."

We found the assurances given by the provider had been met.

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.

We checked whether the service was working within the principles of the MCA. We discussed the requirements of the MCA with the registered manager. The registered manager was aware of their responsibilities regarding this legislation, had attended relevant training and was clear about the principles of the MCA and the actions to be taken where people lacked capacity. The registered manager told us information would be available where a person had a deputy appointed by the Court of Protection in circumstances where this might apply. This would be so staff were aware of the relevant people to consult about decisions affecting people's care. People had signed their care plans to indicate their consent to, and agreement with, planned care interventions. Staff were clear about the need to seek consent and to promote people's independence. One said, "We always ask before we carry out any procedures." Another staff member stated, "We ensure things are done the way people want. We always ask first."

People's dietary needs were assessed and staff supported some people with their nutrition, food shopping, meal preparation and checking whether food remained within its best before dates. Where nutrition was via a PEG (Percutaneous Endoscopic Gastrostomy) staff received specialist training and competency assessments. (PEG is a tube which is placed directly into the stomach and by which people receive nutrition, fluids and medicines). A relative informed us, "My relative has a PEG; they are very competent." Nutritional care plans were clear and person centred. In one example staff had stated, "I would like staff to know I have a normal balanced diet. I would like staff to cook me fresh food and vegetables with each meal. I also like baked potatoes with tuna and cheese …" People were also supported to maintain good health. The majority of people using the service managed their own medical appointments or had relatives who would do this on their behalf. Staff had access to clinical advice from a nurse employed by the service and also had information in care plans on key medical contacts. This included details of who to contact in an emergency situation, such as if a PEG were accidently removed. A relative described the help staff provided in addressing health needs and stated, "There are times when it is difficult to give it (medicines) to her. They do everything they can to encourage her take her medication. If they have problems they will got to the doctor or district nurse and do their best to find an alternative, e.g. medication in a different form liquid instead of solid form."

Good

Is the service caring?

Our findings

We received positive comments about the caring approach of staff. People and their relatives told us they were treated with kindness and compassion and their privacy and dignity were promoted. People using the service and their relatives told us that staff were very caring towards them and their relatives. One person said, ""Nice set of girls (caring)" A relative stated, "They are nice, they can't do any better. One carer is excellent." Other comments included, "Kind and cheerful which is important" and "Oh yes (kind and caring) quite chatty. They've become a sort of friend, it's nice now we have got to know them." Staff were clear about the need to maintain people's privacy and dignity. Their comments included, "We are quite strict about privacy and dignity. We ask do you want curtains shut" and "We're always aware of this [privacy and dignity]. Aware if people around, keep people covered up."

People and their relatives continued by telling us they were very happy with the services they were receiving. Most commented that staff's time keeping was good, that they were reliable and caring. A person receiving the service told us, "They come at night time and are on time they have not been late as yet. No missed calls they are really good." Another said, "Usually on time." Relative(s) stated, "On time and calls missed very rarely only about one percent of the time", "We have double up carers practicality all the time they arrive around the same time. Only one was late" and "Minor niggle … there have been a couple of missed calls in the last month when the drop in (second) carers haven't arrived to assist moving her." Where specific comments were received about the timing of a call or the timeliness of staff, these were fed back to the registered manager to explore with the person and workers concerned. Instances of missed calls were monitored by the registered manager and office staff. Where appropriate, the registered manager took action in line with the provider's human resource guidelines and reported to the local safeguarding team.

Staff had developed and demonstrated to us a good understanding of people and their needs. They were able to describe how they promoted positive, caring relationships and respected people's individuality and diversity. The majority stated that they had continuity of care and were happy with their regular carers and those who were received different carers stated the service were making efforts to address this. People sated, "Yes, I have three or four different carers. We get the same ones, all local carers, rarely do we get a stranger (new carer). They do introduce themselves" and "Fairly regular staff." Staff confirmed this approach and one stated, "They keep the same staff on the same package."

Staff demonstrated a caring approach in other ways, such as writing care plans in a person centred way, outlining for the care teams how to provide individually tailored care and support. The language used within care plans and associated documents, such as progress notes, was factual and respectful. This was reflected in the language used by the staff we interviewed, who demonstrated a professional and compassionate approach.

Arrangements were in place to monitor the approach of staff. The registered manager and senior staff regularly carried out structured observations or spot checks to monitor people's care experiences, care practices and the ways staff communicated and interacted. The provider's quality survey asked people if they felt respected by staff. Positive feedback was received about this.

Staff were clear about their roles in providing people with effective, caring and compassionate care and support. Staff were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they involved people in making decisions and supported their opinions on matters such as personal care. A staff member described this simply by saying, "It's respecting what people want."

People using the service were supported to express their views and were actively involved in making decisions about their care, treatment and support. People were provided with information about the provider, including who to contact with any questions they might have. All of the people we spoke with, including their relatives, confirmed they knew who to contact at the service and informed us they were involved in reviews of their care. One person remarked, ""I have their phone number." Relatives said, "We have all relevant information if we need to contact them" and "I would talk to the supervisor, we have a care package with the telephone numbers in." The registered manager was aware of sources of advocacy support should people need help with decision making. An advocate is an independent worker who can help speak up for people and ensure their rights are promoted.

The need to maintain confidentiality was clearly stated in guidance to staff and staff were required to agree to the terms of a confidentiality statement. When asked, staff were clear about the need to ensure people's confidences and had developed effective strategies to deal with enquiring neighbours. A staff member told us, "We can't disclose any information."

Good

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to their needs, they were listened to, involved in planning their care and had confidence in the way staff responded to concerns and complaints. People informed us that staff stayed for their allocated time, core carers were reliable and in the majority of cases arrived as arranged. People and their relatives told us they had all been included when developing the care plan and were listened to. In terms of the responsiveness of the service one relative stated, "When I am going on holiday and I request an extra day they gave it to me, no problem." Commenting on whether communication was good with the provider, another person said, "Generally yes, one little thing, at times I could be slightly better informed of changes; could be kept in the loop."

People's care and support was assessed proactively and planned in partnership with them. Care was planned before the start of the service and the registered manager or senior carers spent time with people using the service, finding out about their particular needs and their individual preferences. After this initial assessment there was an ongoing relationship between the managers and each person. This ensured they remained aware of people's needs and enabled them to monitor the service provided. Staff commented to us that they were kept well informed about people's needs. Their comments included, "We're kept well informed. It is good communication. We do a handover, for example when a person goes in to hospital. Any concerns or changes we report it", "We're kept up to date. Sometimes things change rapidly" and "We're well informed. You can always look in the care plan."

Apart from in situations where care was arranged with little or no notice, care staff would be introduced to people before care commenced and given time to read the person's care plan. The care plan was kept at each person's home, with a duplicate copy held at the provider's offices. From the information outlined in people's assessments, individual care plans were developed and put in place. People we spoke with and their relatives confirmed this was the case. Care plans were clear and were designed to ensure staff had the correct information to help them maintain people's health, well-being, safety and individual identity.

The care plans we looked at showed people received personalised care that was responsive to their individual needs and preferences. This was confirmed by the comments made to us by both people using the service and staff. Reviews of care were completed regularly. One person stated to us, "Yes we have a care plan. It has just been reviewed very recently in the last few days. The care manager came around and talked to me." Staff indicated that if they had concerns, or people's needs changed they would inform their line managers so a further care needs review could be carried out. Care records were written using clear and neutral language, making them readily understandable.

Care plans and associated documents were up to date and were sufficiently detailed to guide staff's care practice. The input of other care professionals had also been reflected in individual care plans. These documents were well ordered, making them easy to use as a working document.

Staff kept daily progress notes which showed how they had promoted people's independence. The records also offered a detailed account of people's wellbeing and the care that had been provided. From our

discussions with them it was evident that staff had a detailed knowledge of the people using the service and how they provided care that was important to the person. They were aware of their preferences and interests, as well as their health and support needs. This enabled staff to provide a personalised and responsive service. The staff we spoke with were readily able to answer any queries we had about people's preferences and needs.

People told us the service was responsive in accommodating their particular routines and lifestyle. Where appropriate staff supported social activities. This meant the service worked with people's wider networks of support and ensured their involvement in activities which were important to them. For example one relative explained to us, "They definitely go beyond what I can expect. They have an affinity with [my relative]. They relate well and have empathy. When [my relative] comes in at night after going out with them he is happy and has had an enjoyable great day because the carers gave him attention. When he comes in in high spirits it's good for us all."

People said that they knew who to talk to if they had any concern or complaint regarding their or their relatives safety, although some stated they had no need to complain. When asked if they knew to whom and how to complain one person simply remarked "Yes." A relative informed us, "I would get in touch with the care [registered] manager. If I was not satisfied I would ring the ring Care Quality Commission." Another person confirmed they knew how to complain but continued, "I have not had a need to (raise a concern)."

There were six complaints recorded within the service during 2016. Records showed the complaints were acknowledged, investigated, an outcome communicated to the person concerned and apology offered where appropriate. For example, some of those relating to the reliability of staff had resulted in investigations and where appropriate disciplinary action. Compliments were also captured and reflected people's positive experiences of the service. Comments included, "Doing an excellent job", "Very professional and outstanding care", "Team all excellent" and "Thank you for the hard work you've done to make [Name] and my life a lot easier. [Name] couldn't have had better care anywhere else."

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. People and their relatives told us they were happy with the service and the leadership provided. People using the service and their relatives made positive remarks about the registered manager and the leadership provided. One person told us, "Well run, excellent." Another said, "As far as I am concerned it is (Well Led)." When asked if the felt the service was well led. A relative remarked, "Yes I think so." Another told us, "Yes it is, I get on quite well with the care manager. People we asked, their relatives and staff said they would recommend the service to others.

Comments from staff were complimentary about the registered manager and others in the management team. Their comments included, "[Name], she's fabulous. My day to day support is [name] case manager. I can rely on her, she's great" and "I can't fault her [registered manager]. She's approachable, knowledgeable and she comes out to support us. I'm lucky to have her as a manager."

The registered manager was clear about the challenges facing the service and the underlying values they wanted to promote. Ensuring people received individualised care and that their independence was promoted were central to these stated objectives. This was reflected in feedback received by the service. The registered manager was able to highlight their priorities for developing the service and was open to working with us in a co-operative and transparent way. We discussed the requirement to send the Care Quality Commission (CQC) notifications of particular changes and events. The registered manager had made themselves aware of those events reportable to CQC. We reviewed incidents that had occurred and saw that reportable incidents that had occurred recently had been notified to us. Incidents and events requiring notification were submitted to CQC promptly, with updates on the actions taken and eventual outcome provided. The registered manager reviewed these and submitted them at the time of the inspection.

The quality of the service was monitored by several means, including questionnaires, on-going consultation at care reviews and spot checks. The majority of people we spoke with said they could recall being asked for views their about the service. Some of them stated they had completed a questionnaire and one relative stated staff members asked for comments. One person confirmed they had been sent a questionnaire, although they qualified this by remarking "A long time ago." A relative simply confirmed when asked if they were consulted about the quality of the service, "I had a questionnaire." Another person noted, "Yes, the lady who came last week she was sitting waiting for a carer to come, to do a check. She asked are you satisfied with the service. We have also had phone calls from them asking how things are going."

Quality checks covered areas such as people's views, the quality and timeliness of care visits, whether people were kept up to date, whether the person had any complaints, and sought suggestions for improvement. This was to ensure people who used the service were happy with the support they received and to help identify areas in need of further improvement. Staff were also surveyed and asked if they felt supported, treated with respect and listened to. They were also asked if they understand what was expected of them, if they had access to training and whether they felt able to raise concerns. Suggestions for improvement included strengthening communications, reviewing travel arrangements and receiving praise

for doing a good job.

Staff said they were well informed about matters affecting the service. The registered manager told us they had introduced new staff representative / engagement meetings. Records confirmed this was the case. There was a broad range of topics discussed at the meetings, including seeking staffs views for further improvements. This meant staff were given opportunities to be kept up to date and involved with service developments.