

SOS Homecare Ltd

Millhouse

Inspection report

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Date of inspection visit:
11 April 2016
14 April 2016

Date of publication:
18 May 2016

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 was announced and took place on 11 and 14 April 2016.

The service had not been inspected previously.

SOS Homecare provides personal care to people living at Millhouse which offers extra care housing where people have their own individual apartments. They provide personal care and support to approximately 43 older people; people with learning disabilities; physical disabilities; people with mental health needs and complex needs. Staff are provided on site over 24 hours, seven days a week.

SOS Millhouse has a registered manager in post. 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.

At the time of our inspection, SOS were providing personal care to twenty one people. They also provided a wellbeing service to everyone resident within the Millhouse building. Everyone who had an apartment within the building was provided with a pendant alarm where they could summon assistance 24 hours a day from the service.

The people who used the service and their relatives told us that they were treated with respect and kindness by the staff. Comments included, "Everyone is so friendly and kind", "I get very good care. I get on well with them" and "They are a very good team of carers".

Arrangements were in place to protect people from the risk of abuse. We spoke to staff about their understanding of safeguarding and they knew what to do if they suspected that someone was at risk of abuse or they saw signs of abuse.

We looked at the recruitment files of the most recently appointed member of staff and other members of staff to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

The provider had their own induction training programme that was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently.

We asked staff members about training and they all confirmed that they received regular training throughout the year and that it was up to date. Staff had regular spot checks completed by senior carers to check that the standards of care remained high. Staff also confirmed that they felt supported and received regular supervision throughout the year which again helped them to do their jobs effectively and competently.

Care plans contained a good level of detail and were written in a personalised way so that anyone reading the file would gain a good understanding of the care that was needed for each person. The care plans were reviewed on a regular basis so staff knew what changes in care provision, if any, had been made. Staff members knew the people they were caring for well and many of the staff members had been in post for a number of years which had enabled them to build up good working relationships with the people using the service.

Staff members we spoke with were positive about how the home was managed. All of the staff members we spoke with were positive about the service and the quality of support being provided. They reported being happy in their roles. Comments included, "Everyone looks out for one another" and "We respond to people and we enjoy doing it".

The service had a quality assurance system in place which used various checks and audit tools such as questionnaires and spot checks to monitor and review the practices within the service. This included audits on medication, daily log sheets and incidents and accidents.

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.

Arrangements were in place to protect people from the risk of abuse. People commented that they felt safe and staff were aware of their responsibilities to protect people from the risk of harm.

Recruitment records demonstrated there were systems in place to help ensure staff employed by the service were suitable to work with vulnerable people.

The arrangements for managing medicines were safe.

Staffing levels were sufficient to meet the needs of the people using the service. The manager had a system in place to monitor staffing levels to ensure that the correct amount of staff were deployed at different times of the day.

Is the service effective?

Good 

The service was effective.

People told us they felt well cared for and they had no concerns about staff knowledge or skills.

Records showed that staff received an induction when they began working for the service and they were able to access support and training to build up their knowledge and skills.

Detailed daily records were kept that monitored any changes to people's health and well-being and there was good communication between staff and the manager to ensure that relevant services, such as GPs or social workers were accessed to support people.

Is the service caring?

Good 

The service was caring.

The people using the service and their relatives told us that the staff were kind and caring. Comments included, "They are more

friends to me than carers" and "They are a very good team of carers".

People received continuity of care from a team of dedicated staff who knew them, their needs and their preferences well. This had helped staff and the people who used the service to develop positive working relationships so people received care and support in a manner that suited them and met their needs and personal preferences.

Is the service responsive?

Good ●

The service was responsive.

Care plans gave guidance for staff to be able to support people in their care to meet their individual needs. The care plans were updated on a regular basis so staff would know what changes if any had been made. It was evident from discussions with staff that they knew the people they were caring for very well and that care was delivered in a person centred way.

The provider had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. We looked at the most recent complaints and could see that these had been dealt with appropriately.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in place. The staff all said that they could raise any issues and discuss them openly within the staff team and with the registered manager.

In order to gather feedback about the service provided by SOS Millhouse, the manager conducted regular reviews with people and the provider conducted an annual quality assurance feedback questionnaire.

The service had a good quality assurance system in place with various checks and audit tools to evidence good practices and to pick up any areas for improvement within the service.

Millhouse

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 11 and 14 April 2016. The provider was given notice because the location provides a domiciliary care service and we needed to ensure the registered manager and staff were available. This meant the provider and staff knew we would be visiting the agency's office before we arrived. The inspection was carried out by one adult social care inspector and one inspection manager and an expert by experience on the first day and one adult social care inspector on the second day. 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, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. We invited the local authority to provide us with any information they held about SOS Millhouse. They told us that they had no current concerns.

The registered manager was available throughout the inspection to provide documentation and feedback.

During the course of our inspection we spoke with ten people who used the service and two visiting family members. We spoke with the registered manager and the operations director as well as four carers.

We visited ten people separately in their homes with their permission. We looked at care records for four people who used the service. Records reviewed included: policies and procedures, three staff files covering recruitment and training records, medicine administration records (MAR), staff rotas and complaints.

Is the service safe?

Our findings

We asked the people who used the service if they felt safe and well cared for within their own homes. Everyone we spoke to said that they felt safe. Comments included, "I feel safe and secure, they come immediately when I press my bell" and "My call bell works and they use it to ask if I'm alright".

Relatives who we spoke with told us that they felt the service was safe and they had no concerns. Comments included, "The call bell system is answered 24-7 usually straight away."

On the day of our inspection, we initially met with the registered manager. They were able to provide documentation in relation to care planning, staffing, safeguarding, medication and risk assessments to enable us to check systems and ensure procedures were being used effectively.

We looked at the staffing rotas during our inspection which demonstrated that there were four members of staff working between 7 until 3pm, including a senior carer, three staff members between 3 and 10pm and two members of staff between the hours of 10 and 7am. The manager and operational director were in addition to these numbers; however they were not present every day. We could see that the staffing pattern was consistent throughout the week. We could see that there were sufficient members of staff to cover visits as well as respond to any call bell alerts that were raised. Call start and end times were recorded in people's daily log books by staff during each visit. The senior carers then audited these log books each month and any discrepancies with call times would be actioned and followed up by the senior carers or manager. We were able to view the monthly audits and could see that these were being carried out each month. People supported by the service confirmed that call bells were responded to and they generally received their calls on time and the carers remained for the full time. One person raised with us that some of their calls had been cut short. We discussed this with the manager to look into and deal with.

Some of the staff that we spoke with felt that they did not have enough times to complete their calls. In discussing this further they felt that they were able to complete all the tasks needed in each call, but that they would prefer more time to talk with people using the service and provide more social support to each person. Other staff felt they had enough time to complete calls and where there were problems, they stated they could discuss this with the manager and the care plan would be reviewed. One person said, "The worst thing you can do is rush a person".

Staff told us that they had received training in protecting vulnerable adults and had read the provider's safeguarding policy. We were able to view training records and could see that all staff had received this training within the last year. All staff spoken with demonstrated their understanding of the process they would follow if a safeguarding incident occurred or they had any concerns about one of the people they provided care to. Comments included, "I would report this to my senior or the manager", "I'd document everything and report it straight to the manager". Staff understood the meaning of the term 'whistleblowing' and they were clear that they would report any concerns regarding poor practice to either the manager or equally they could report this externally. The provider had a dedicated email address that staff could use to contact senior members of the management team with any concerns. One member of staff told us, "We get

to know the directors so you can escalate any concerns to them."

Services which are registered are required to notify the Care Quality Commission (CQC) of any safeguarding incidents that arise. Millhouse had not had any safeguarding incidents that were notifiable. However we noted that where appropriate and concerns had arisen about someone's care, they had involved the local authority safeguarding team and our records showed that they were providing other notifications to the CQC when required.

Risk assessments were contained within the care plans that identified risks to people's health and wellbeing such as falls, nutrition, medication and infection control. Records showed that these were updated when there was any change to the person's care to ensure that the people who used the service were safeguarded from unnecessary hazards. Risk assessments were also carried out of the premises and the environment to ensure that staff were aware of any associated risks and plans were put in place to ensure that they were safe whilst carrying out the care in the person's home.

The provider also kept a log of any incidents and accidents and these were reviewed regularly by the quality assurance manager to help identify any trends or patterns in the incidents that occurred.

Staff recorded details of each person's daily care within the person's log book which was kept in each person's home. This meant that the next person delivering care could see what had happened on the previous visit and anything that needed to be followed up. Staff also had a communications book where they recorded any issues that all staff needed to be made aware of. We were able to view the communications book and saw that as people came onto shift, they signed to confirm that they had read the book and the manager also checked regularly to see that staff were checking and recording in this book any issues that needed to be handed over. We were also able to view the daily log books and again could see that these provided a good level of detail for staff to be aware of any issues and what care had been delivered to each individual person.

We looked at staff files for three members of staff to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that staff were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service. These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file we viewed held a photograph of the employee, suitable proof of identity, an application form including evidence of their employment history. We were also able to view the interview questions and checklists completed as part of this process as well as evidence of their references.

We checked the medicine arrangements and saw that the practices for administering medicines were safe. We saw that the people administering medication had received the appropriate training and had undergone annual medicine competency assessments. We checked four Medicine Administration Records (MARs) and could see that people were getting their medicines when they needed them and at the times they were prescribed. We noted in instances where people received PRN medication, the times had not been recorded on the MAR. PRN medication is medicine that is not prescribed for a specific time, but as and when needed, for instance pain relief medication but it is important for carers to know when the last dose was given in order that the person is not given too many doses. The provider had introduced a recording system for PRN medication which staff were not always following, however it was clear to see when the medication had last been taken. We discussed this with the manager. She was already aware of this recording issue and had plans in hand to address this with staff in order that they were following the agreed system. Medicine audits were also carried out by the provider. Daily stock checks were made for anyone with controlled drugs and monthly audits were carried out of MARs to try to ensure safe recording and administration of medication.

We were able to view these records and could see where any errors were detected, corrective action was taken promptly and staff would receive additional training or competency checks. We spoke with the manager about the disposal of medication. She confirmed that staff checked on a regular basis that no medication was out of date. Since most of the medication was provided in blister packs, the pharmacy would collect this from each individual when they provided the next pack and the manager reported that there were few medications that needed disposal, but that they were brought to the office until the pharmacist visited. This was not recorded at the time of our inspection. After discussions with the manager she agreed that by recording this as part of the monthly audit, this would provide a more robust system for any medicines that needed to be disposed of.

Both staff and people receiving the service told us that staff were provided with protective equipment such as gloves and aprons and they wore these at all times. We observed a staff member removing gloves and an apron after delivering care and moving on to their next visit.

Is the service effective?

Our findings

People we spoke with told us that they were well cared for by people who had the skills and knowledge to look after them. Comments included, "The staff are good and do it how I like", "They know how I like things", "If I need anything small from the shop like orange juice, the carers will usually bring it in for me. They don't have to but they are very helpful like that."

The provider had their own induction training programme that was designed to ensure any new members of staff had the skills they needed to do their job effectively and competently. We looked at the induction record for the most recently appointed staff member and could see that it was based on the 15 standards of the Care Certificate. The Care Certificate is a nationally recognised and accredited system for inducting new care staff. Following completion of this initial induction and prior to starting work with the service, staff confirmed that they shadowed a number of shifts with existing or more senior staff until they felt confident to work alone.

All the staff members we spoke to confirmed that their training was up to date. We were subsequently able to view training records which showed that staff had received training in all the key areas such as: food hygiene, health and safety including fire and first aid, infection control, medication, moving and handling and safeguarding. The provider had previously had ten mandatory training courses that staff needed to update on a regular basis, but they were introducing an additional two to ensure that staff had access to more training to assist them to do their jobs competently. We also saw that the registered manager completed spot checks of staff on a regular basis to check the standard of care remained high and we were able to view a sample of the spot checks and could see where any issues were identified, the manager would then meet with staff and discuss these.

All staff members we spoke with told us that they received on-going support and supervision approximately every three months. We checked records held which confirmed that supervision sessions for each member of staff had been held regularly. Staff members told us, "I get my supervision regularly and it's helpful", "I have supervision regularly and it can be helpful as they may point out a different way of doing things". A couple of staff members also commented on how they felt the organisation was very supportive. One member of staff told us, "I'm very happy with the company, they provide good support to me". Another staff member told us how they had been recognised and nominated by the company for 'north west carer of the year' and was shortlisted and attended the final. They felt that the company appreciated and recognised their skills and passion for the job.

The information we looked at in the care plans was detailed which meant that staff members were able to respect people's wishes regarding their chosen lifestyle. All the people we spoke with confirmed that they had had some input into developing their care plan. We noted in the care plans that people or their representative had been asked to sign their consent to receiving care prior to the care commencing. Staff told us in the majority of the cases, they could ask the person directly and gain consent and there was also information in the care plan to guide them about their needs and preferences.

People made their own minds up about what they wanted to eat and drink. However, staff told us that they prompted people to adopt good housekeeping principles. These included checking the fridge and freezer for food sell by dates and promoting people to achieve a balance between healthier meals and convenience foods. We saw several people who used the service having a cooked meal in the Bistro area of the complex. One person told us, "I usually cook my own food but they will put something in the microwave if I ask."

We could see in the care plans that the service had contacted the relevant health and social care professionals when people needed additional support for instance, where staff identified that a person's needs had changed and they needed additional calls, there was liaison between the service and the person's social worker to increase the amount of calls they received.

Discussions with staff showed that they understood their role in identifying and referring people who had experienced a change in their mental capacity and they had all received training in this area. 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. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. Staff told us that if they noticed any change in the capacity of a person using the service, they would refer this to the senior or registered manager. The manager confirmed that she made an assessment of capacity at the initial assessment as well as noting any changes. We were able to see that this had been assessed in the care plans that we viewed. In instances where a person lacked capacity they would make contact with the local authority in order that they would assess the situation and take appropriate action in the person's best interests.

Is the service caring?

Our findings

We asked people receiving a service from Millhouse and their relatives about the staff that worked for the service. Everyone that we spoke to about the staff was positive about the care and attitudes of the staff. Comments included, "They're very, very nice, wonderful, they're lovely and the male carers I've had, have been perfect gentlemen", "Everyone is so friendly and kind", "I get very good care. I get on well with them. I've got to know them well", "They are more friends to me than carers" and "They are a very good team of carers, I've no complaints".

Relatives also spoke of staff being kind and caring and that their relatives received consistent care. One person told us, "My mother has the same carers most of the time".

We were able to view some compliment cards to the service. Comments included, "Just to pass on my thanks for the care of my mum", "Thank you for coming to me on my first night here to help me".

The staff members we spoke to showed they had good understanding of the people that they were supporting and were able to meet their various needs. Many of the staff had worked for the service for a considerable time and had been able to build up strong relationships with the people that they cared for. They told us that they enjoyed working for SOS Millhouse and had very positive relationships with the people they worked with. Comments included, "I like working here, it's a lovely community. I treat the people I care for as if they were my relative", "I love working here, I love coming to work" and "I love the job I do".

People using the service and their relatives told us that the staff respected their dignity and always explained what they were going to do prior to carrying out any actions. They spoke of the carers taking their time and always finding time to have a chat with them. One person told us, "They know how I like things and always stay the full time". We did receive one comment about a carer not staying the full time which we passed to the registered manager to look into.

On one of the home visits that we conducted, we were able to observe the interactions between carers and the person using the service. These were respectful and the carers offered the person choice and encouraged them to make their own decisions. We observed care staff knocking on people's doors and awaiting confirmation that they could enter the person's property.

Personal information about the people using the service was securely stored in the SOS Millhouse office on the ground floor of the building. This office was either occupied or locked to ensure that the information was kept confidential. People also had access to their care plans in their own homes and they knew that they could look at these at any time.

A service user guide was available as well as the statement of purpose which gave information about how the service was run. It provided details of the services which could be provided and how to make a complaint. We saw in all of the care plans that we viewed a signature to confirm that people had received

and read a copy of these documents.

Is the service responsive?

Our findings

Everyone using the service at the time of our inspection had received an assessment prior to receiving a service to ascertain whether their needs could be met. We spoke to the registered manager and she confirmed that prior to people purchasing or renting their property, they would liaise with social workers about the level of care that the person needed and then SOS Millhouse would complete an assessment of the person's needs on the day they moved into their property. We looked at the paperwork in four of the care plans and could see that an assessment of the person's needs had been carried out and that they had liaised with social care services about the level of care needed for each person.

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and reflected the needs of the individual. We also saw that the plans were written in a style that would enable any staff member reading it to have a very good idea of what help and assistance someone needed at a particular time. They provided a detailed amount of information of people preferences and also contained information that suggested each person may not want the same care each day and suggested alternatives which were acceptable to the person. For instance in one care plan, it stated that the person would like a shower on the morning visit, but sometimes they may not feel able to do this. In this case staff were to offer a strip wash as an alternative if the person did not feel up to the shower. All the plans were well maintained and were reviewed on a regular basis so staff would know what changes, if any, had been made.

The four care plans that we looked at contained relevant information regarding background history to ensure that staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example, the people who mattered to them, preferred social activities and their social contacts. We asked staff members about several people's choices, likes and dislikes within the care plans and the staff we spoke to were very knowledgeable about the people they cared for. The people using the service confirmed that the staff caring for them knew them well.

We looked at the daily records for two people and could see that they provided an overview of the care that had been provided at each visit and how this had been arranged around the wishes and choices of the individual. Through these records, staff were then able to pick up any changes to the person's health and wellbeing. This enabled any individual care needs to be responded to as and when required. Staff members told us that they were able to feedback to the manager when people's needs increased and she was very responsive in terms of liaising with the local authority where necessary to increase the amount of the care that a person needed. A family member also commented that the service had been responsive when their relative's needs had increased and included them fully in communications about their mother moving to a different service which would better meet her increasing needs.

The provider had a complaints policy and processes were in place to record any complaints received and address them in accordance with their policy. The service had received four complaints in the last year and we could see that they had been fully investigated and resolved within the timescales set out in the policy. The provider had a complaints and compliments box on the front desk to the building where anyone could

provide comments on the service. During the course of our inspection, we received a complaint from a person using the service about the standard of care that they had received; we passed this to the manager to fully investigate.

People we spoke to told us that they knew how to complain and everyone consistently stated that they would speak to the manager. Comments included, "Thankfully I don't have much to complain about, but any issues are always dealt with professionally and straight away". A relative told us, "I emailed Debbie about double ups arriving at different times...I received a quick response that I am happy with".

Is the service well-led?

Our findings

The service has a registered manager and she had been in post since June 2015. She managed this service along with another service within SOS Homecare and she generally was at this site two days a week. At other times, there were senior staff either on duty or available on the phone and the registered manager was available via telephone or email during office hours. Some staff raised that they felt that they would prefer the manager to be on site more; when we spoke to the people using the service they did not have any problems with the arrangement. We spoke to the manager about this and she advised that there were systems and processes in place that meant that the service could continue to run smoothly without the necessity of her being present there every day.

We asked the people and their relatives how the service was managed and run. All the people we spoke to were very positive about the registered manager. Comments included, "When I raise things with Debbie, they get sorted. She's so nice to talk to", "Debbie has an open door policy, if ever I had an issue I was always offered a meeting to resolve it". Three of the people we spoke with had raised an issue and confirmed that they had received very quick responses.

The registered manager told us that information about the safety and quality of the service provided was gathered on a continuous and ongoing basis via feedback from the people who used the service and their representatives, including their friends and relatives where appropriate. The manager carried out spot checks of visits for each person who received a service on a regular basis. We were able to see records that each staff member had been observed during spot checks approximately every three months. The manager also carried out a support plan review meeting with each person that incorporated a quality assurance check. During this visit they would explore if people were happy with the care they received, whether carers remained the full time of the visits and whether they were satisfied with the service. On each of these visits, the manager also reiterated to each person how to complain about the service if they were not satisfied. The manager also held resident surgeries each month where people could come and discuss any concerns. She acknowledged that these were not well attended, but she felt it was important to continue to hold these so that people knew she was available at this time to discuss any concerns.

The property company Wulvern also held residents' meetings each month and the registered manager attended these in case of any issues that arose in relation to the care provided. We were able to view the minutes of these meetings and saw that in the main the discussions were issues relating to the building. However there was a dedicated slot for the manager to pass on information about SOS Millhouse and for people using the service to discuss any concerns. People we spoke to told us that they received the minutes of the meetings even if they chose not to attend and they were aware of these meetings taking place and that they could feedback any concerns at these meetings.

In order to gather feedback about the service, the provider sent out annual quality assurance questionnaires. We were able to view comments from the last survey carried out in July 2015. From the responses they received, only two were negative. The other people were all very positive about the service that they received and particularly commented on carer's polite and courteous manner, and how

complaints were handled. Where there were negative comments, these had been passed to the registered manager to resolve any issues that had been raised and we could see that action had been taken to resolve these.

SOS Millhouse had its own internal quality assurance system in place. This included audits on medication, daily log books and care plans as well as accidents and incidents. We looked at these and could see that the senior carers were carrying out monthly audits on medication and the daily log books. These then fed into a report that the registered manager produced for the quality assurance manager. The quality assurance manager conducted regular visits and we were able to view the reports that were prepared for their visits. These covered areas such as: whether staff training and supervision was up to date, whether medicine and daily log book audits had been completed. This provided another level of quality assurance to ensure that actions were followed up when any issues were identified.

The manager advised us that they had a good relationship with Wulvern and were able to discuss any issues about the building that affected the people using the service and their staff. For instance on the day of our visit, someone raised an issue that a cupboard in their flat had caused a minor injury to a member of care staff when they were trying to assist the person with personal care. The manager liaised with the maintenance company and the cupboard was moved the same day.

Staff members we spoke with had a good understanding of their roles and responsibilities and were positive about how the home was being managed and the quality of care being provided. We asked staff how they would respond to any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation reporting any concerns that they had. They said that they would raise any issues and discuss them openly with the manager. Comments included, "I have every confidence in the manager, she's very good", "She's very approachable and getting the office into shape. She'll deal with things as quickly as she can", "She's approachable, but I wish she was here more, but she's always contactable if she's not here" and "Things are always acted upon if you raise them with the manager or seniors".

The staff members told us that staff meetings were held approximately every three months and that these enabled the manager and staff to share information or raise concerns. We looked at the most recent staff meeting held on 19 January 2016 and could see that a variety of topics were discussed including staff paperwork and handovers. The senior carers also held a meeting on a regular basis. We were able to view the minutes of the last meeting and could see that they discussed spot checks and medical competencies.

We saw from the PIR provided in advance that the provider was proactively and continually trying to improve the service. For example, they were introducing a staff survey to seek additional feedback from staff. Mandatory training had been increased to twelve courses rather than ten for staff and they were looking to introduce quality focus months which would focus on a particular topic for staff to concentrate on.

As part of the inspection, all the folders and documentation that were requested were produced quickly and contained the information that we expected. This meant that the provider was keeping and storing records effectively.