

Care Preference Ltd

Care Preference Ltd

Inspection report

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Date of inspection visit:
02 March 2017
17 March 2017

Date of publication:
26 April 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Care Preference Ltd is a domiciliary care service registered to provide personal care to people living in their own homes. The service provides planned visits and 24 hour support to people who may be living with a neuromuscular disease or other physical disabilities.

We inspected this service on 2 and 17 March 2017. The inspection was announced. The registered provider was given 48 hours' notice of our visit, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited. At the time of our inspection, 18 people were using the service.

This was the first inspection of this location since it was registered in September 2016.

The registered provider is required to have a registered manager as a condition of registration for this service. 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, the service had a registered manager and as such the registered provider was compliant with this condition of their registration.

People who used the service told us they felt safe. People's needs were assessed and care plans and risk assessments were put in place to guide staff on how to provide safe care and support. People told us staff were reliable and their rotas were always covered. There were systems in place to support staff to identify and respond to safeguarding concerns.

The registered provider involved people who used the service in recruiting suitable staff. However, recruitment checks had not always been completed before new staff started shadowing. We have made a recommendation about this in our report.

People were supported where necessary to take prescribed medicines and we received positive feedback about this aspect of their care and support.

Staff received training to support them to provide effective care. Training reports were completed to check and evidence staff's competency. There was a system of on-going supervision and competency checks to ensure staff were providing safe care.

People who used the service were supported, where necessary, to ensure they ate and drank enough. Guidance from healthcare professionals was incorporated into people's care plans and people were supported to access healthcare services.

People who used the service provided consistently positive feedback about the kind and caring staff. People

had their own team of carers and were involved in recruiting new staff to their team to ensure that they were compatible. People had developed positive caring relationships with the staff that supported them. Staff treated people with dignity and respect.

The service was person-centred. People who used the service were actively involved in coordinating and making decisions about their care and support. People told us staff promoted their independence. Care plans and risk assessments were person centred. People who used the service felt able to raise any issues or concerns and told us the registered manager was responsive to feedback.

The service was well-led. There was a strong person centred culture within the service. The registered manager was responsive to people's feedback and motivated to provide a 'bespoke' service which met people's needs and enhanced their quality of life.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People who used the service consistently told us they felt safe with the care and support provided.

Sufficient staff were deployed to meet people's needs. However, appropriate recruitment checks had not been consistently completed in a timely manner.

People were supported by staff who knew them well and knew how to safely meet their needs. Risk assessments were in place to support staff to provide safe care.

Staff knew how to identify and respond to safeguarding concerns.

Is the service effective?

Good 

The service was effective.

We received consistently positive feedback about the knowledge and skills of staff working for Care Preference Ltd. Staff received training and on-going support to enable them to provide effective care.

Consent was sought in line with relevant legislation and guidance.

People who used the service were supported to promote and maintain their health and wellbeing.

Staff provided support where necessary to ensure people ate and drank enough.

Is the service caring?

Good 

The service was caring.

People who used the service were supported by their own team of staff. People told us that staff were kind and caring and they had developing positive caring relationships with the staff that

supported them.

People were supported to be in control of their care and support.
People told us staff respected their decisions.

Staff treated people who used the service with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People who used the service were supported by staff who were responsive to their needs. People told us the care and support provided was person-centred and tailored to meet their needs.

The registered manager was approachable and responsive to people's feedback. People told us they felt confident raising any minor issues they had and these were quickly dealt with.

Is the service well-led?

Good ●

The service was well-led.

We received positive feedback regarding the service and the registered manager.

There was a strong person-centred culture within the service.

Systems were in place to monitor the quality of the service provided. People who used the service told us the registered manager was approachable and acted on feedback to improve the service provided.

Care Preference Ltd

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 registered 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 announced inspection took place on 2 and 17 March 2017. The registered provider was given 48 hours' notice of our visit, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited.

The inspection was carried out by two Adult Social Care Inspectors.

Before our visit, we looked at information we held about the service. We also contacted the local authority's adult safeguarding and commissioning teams to ask if they had any relevant information to share about the service. We used this information to plan our inspection.

We did not ask the registered provider to complete a provider information return (PIR) before our visit. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and what improvements they plan to make.

During our inspection, we spoke with five people who used the service and one person's relative to seek their views about the service provided. We visited the location's offices and spoke with the registered manager and six members of staff including care workers, development officers and team leaders. We looked at three people's care records, five staff recruitment and training files and a selection of records relating to the running of the service.

Is the service safe?

Our findings

We reviewed the registered provider's recruitment process. We saw that new staff completed an application form and had a telephone and face to face interview before being employed. The registered provider obtained references from previous employers and Disclosure and Barring Service (DBS) checks were completed. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks support employers to make safer recruitment decisions and help to prevent unsuitable people from working with people who may be vulnerable. Although at the time of our inspection, DBS checks and references were in place for all the staff whose files we reviewed, we identified that four staff had started shadowing either before their DBS check had been returned or before their references had been completed. We saw evidence that staff were supervised during this time and the checks were subsequently completed with no issues or concerns identified. However, this was not a robust recruitment process and we spoke with the registered manager about ensuring DBS checks and references were completed in a timely manner to minimise risks.

We recommend the registered provider seeks advice and guidance from a reputable source regarding their recruitment practices.

The registered manager showed us a computer programme they were using to coordinate the care and support provided. They explained that they would arrange for it to be changed to ensure new staff could not be scheduled on the rota until a copy of their references and DBS check had been uploaded. They told us this would ensure these checks were completed before new staff started working with adults who may be vulnerable.

Despite these concerns regarding the recruitment process, people who used the process provided consistently positive feedback about the staff and consistently told us they felt safe with the care and support they provided. Comments included, "Yes I feel completely safe" and "I do feel safe."

Each person who used the service had a small team of staff supporting them. Staff were typically recruited and trained to support one person. This ensured that people who used the service were supported by a familiar staff team who knew their needs and how best to provide safe care and support.

The registered manager explained that people who used the service were involved in the recruitment process to ensure suitable staff were employed to meet each person's needs. People who used the service confirmed this saying, "The process allows me to be involved as much or as little as you want" and "They have been absolutely brilliant in terms of employing staff. I am always involved so I get a feel for what they [potential new staff] are like." A member of staff told us, "Most people will be involved in the interview or have a compatibility meeting."

People who used the service had a rota providing information about who from their team would be supporting them each day. Rotas were created four or more weeks in advance and changes communicated verbally or via email. A person who used the service told us, "I know exactly who is coming, but I never have

to worry. Whoever walks through the door, I know they will be fine. They are really well vetted. They have good backgrounds and experience – everything is covered."

People who used the service consistently told us staff were reliable and that shifts were not missed. One person said, "I'm never left without care ever." A relative of someone who used the service said, "They [staff] are on time, they are very good...you have confidence you wouldn't be short of a carer." They went on to explain, "They send rotas so everybody knows who's coming."

As the majority of people who used the service had 24 hour care, staff handed over to the next member of the team and did not leave until a member of staff had arrived. People who used the service told us their rotas were always covered and they had never been left without care and support.

The registered provider had an on call system with members of that person's team nominated to cover sickness and absences. One person who used the service explained, "When I have a full team there are four members. One out of every four weeks each member of staff is on call. I've never been left; they always ensure there is somebody to come in."

The registered manager told us that they and other members of staff were trained to support several people who used the service in order to cover sickness and absences. This ensured that shifts were covered and people's needs were met. At the time of our inspection, the registered manager told us they were advertising to recruit nine staff, but shifts continued to be covered by staff and management if necessary. We concluded that sufficient staff were deployed to meet people's needs.

People who used the service were protected from the risk of abuse by staff who were trained to recognise and respond to safeguarding concerns. Staff we spoke with understood their responsibility to identify and report issues or concerns to their team leader or the registered manager. The registered manager told us there had been one safeguarding concern since the service was registered in September 2016. They explained that, after seeking further advice from the local authority safeguarding team, the decision was made that a safeguarding alert was not needed. The registered manager explained that they would discuss any issues or concerns with the local authority to ensure appropriate safeguarding alerts were made were needed.

The registered manager showed they understood the signs and symptoms which may indicate someone was being abused and appropriately described what action they would take if they had any concerns including contacting the local authority safeguarding team or Police if necessary.

We reviewed care records relating to three people who used the service. We saw that people's needs were assessed and risks to their health and wellbeing identified. Care records provided guidance to staff on how to support people in a way that minimised identified risks. They contained information about any equipment or adaptations in place and how these should be used to meet people's needs. Risk assessments were completed with regards to important aspects of people's daily routine, for example around the support required in the morning to get washed and dressed. We also saw environmental and medication risk assessments were in place to minimise associated risks.

Where an accident or incident did occur a contact record was created to record what had happened and how staff had responded. Additional information was added following further investigations detailing how the registered manager had responded to the concerns.

Staff provided support, where necessary, for people who used the service to take prescribed medicines.

People we spoke with provided positive feedback about this aspect of their care and support. Comments included, "We have an alarm set. I have my medicines every 4 hours on time. They [staff] check and sign them off as we go. The system works really well" and "I have got my MAR (Medication Administration Record) charts in place, it takes the pressure off me."

Staff and people who used the service confirmed that Medication Administration Records (MARs) were used to record what medicines were taken and when or why a medicine was not taken or needed. Staff responsible for administering medicines were trained and observed by their team leader to ensure they were administering medicines safely. MARs were collected and reviewed by the team leader each month and we saw that feedback on any issues or concerns identified was provided through monthly reviews.

Is the service effective?

Our findings

People who used the service provided positive feedback about the skills, knowledge and experience of the staff that supported them. Comments included, "I think care wise, it is excellent. I have three very competent carers and I have a really well rounded team", "They are well trained by the time they start on shift" and "I feel like all the staff are competent. When they start they all have the training." Another person who used the service said, "It's quite a few hours [of training] they have to do. The team leader will come in to go through the routines. They watch the process and train them. They [staff] do get a lot of training. At the end of it, if they still want more training or I feel they need a bit more, then that is put in place."

A relative of someone who used the service said, "Staff are very thorough...My [relative] has a big file of what to do and staff are trained." They explained, "Staff do onsite training. The team leader will make sure they know what to do and are safe. There's online training as well, they do all sorts."

Staff we spoke with confirmed they completed a range of training and provided positive feedback about the learning and development opportunities available to them. One member of staff said, "I did my training with the client so I know everything I need to know...there is no way I could do my job without this type of training, it is very effective this way."

We reviewed the registered provider's training programme. We saw that new members of staff were given a 'training plan' covering all aspects of the role and the care and support they were required to provide. The registered manager explained that staff were recruited to support specific people, so the training provided was based around that person's specific needs. We saw that the induction period consisted of 50 hours of shadowing and supported practice with new members of staff mentored by the person who used the service and a team leader in how to provide safe and effective care. Throughout this process competency checks and tests of staff's knowledge were completed to ensure the new member of staff was safe and providing effective care to meet that person's needs. A development officer told us, "The trainer works closely with the client until the new member of staff is deemed competent."

People who used the service were involved in training new staff on how best to meet their needs. The registered manager explained that people who used the service had capacity and were best placed to explain how their needs should be met. A person who used the service commented, "A lot of the training, I will be the one talking them through how to do it and how I like it done." This showed the registered provider had a positive and inclusive approach to staff training and a commitment to ensuring staff had the specific skills required to meet people's individual needs.

We saw that team leaders were supported to complete further qualifications and a 'train the trainer' course to ensure they could provide the necessary guidance to staff and had the knowledge and skills needed to train and ensure new staff were safe and competent. As new staff progressed through the induction programme, a training report was completed by each team leader to check and evidence that staff had achieved the necessary competencies. We found that training reports were detailed and contained information about the equipment used, what techniques were demonstrated, any questions asked by the

member of staff and the responses provided. We reviewed training documents available to support team leaders in training and demonstrating appropriate techniques for example around food hygiene or infection, prevention and control practices.

In addition to this experiential learning, online and taught courses were provided on safeguarding vulnerable adults from abuse, epilepsy, medicine management and first aid.

Staff told us they had meetings with their team leader, which gave them the opportunity to discuss their wellbeing and any issues or concerns they might have. Annual appraisals were also completed to monitor staff's progress as well as training and support needs.

In addition team leaders completed 'pop-ins' throughout the year to observe and monitor staff's practice. One member of staff said, "We also have 'pop-ins' to make sure we are doing everything properly and the client is happy." The registered manager showed us a matrix they used to track supervisions and pop-ins completed. We cross referenced this with records of pop-ins and review appraisals and saw that staff were receiving regular support and supervision in their role. Staff we spoke with told us they felt supported by their team leaders and the registered manager.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.

We checked whether the service was working within the principles of the MCA. The registered manager told us that everyone who used the service had mental capacity and no one was deprived of their liberty. People who used the service said staff sought their consent before providing care and support. Staff we spoke with understood the importance of supporting people to make decisions and respecting people's choices. We saw that people who used the service were actively involved in planning and making decisions about their care and support and feedback we received confirmed this.

Staff supported people who used the service with preparing meals and drinks. We received positive feedback about this aspect of the care and support provided. A person who used the service said, "They do all the cooking and drinks. They always ask how I want it cooking." Staff explained that because they provided 24 hour care and support, they could monitor people's nutritional intake to ensure they ate and drank enough.

Care records contained detailed information about people's medical history and significant health needs. We saw that care records also provided guidance to staff about any support people required to meet their health needs, including support to take prescribed medicines. The registered manager explained how staff attended appointments with people who used the service and followed advice and guidance from healthcare professionals in planning and delivering people's care and support. A person who used the service explained how advice and guidance from, for example, physiotherapy was shared with their staff team through training sessions to ensure that all staff were providing care and support in line with this guidance. This showed us that staff supported people who used the service to maintain good health and promote their wellbeing.

Is the service caring?

Our findings

People who used the service told us staff from Care Preference Ltd were caring. Comments included, "The staff are all friendly. They are all friends" and "I have a good relationship with all my carers. It's like having a flat mate who swaps." A relative of someone who used the service said, "The carers are very good."

Feedback from people who used the service showed us that they had developed positive caring relationships with the staff that supported them and valued the companionship and friendships they shared.

Each person who used the service had a small team of staff supporting them. This consistency and familiarity supported staff and people who used the service to develop positive caring relationships. People told us they had the opportunity to interview new staff to their team or met with them informally to see how they would get on. The registered manager explained that these 'compatibility meetings' were important as staff worked closely with people who used the service and they needed to check that staff could get on with the people they were supporting. A team leader told us, "We have to ensure there is some sort of connection personally and professionally [between people who used the service and staff]." A relative of someone who used the service said, "They [Care Preference Ltd] are very good. They choose staff carefully to match up to you." People who used the service confirmed that the registered manager listened and responded to any compatibility issues they had. This ensured that people who used the service were supported by people they knew and worked well with.

People who used the service told us that staff listened to them, they were supported to make decisions and had choice and control over their care and support. Comments included, "They [staff] don't tell me what to do, but make suggestions and we have a discussion" and "Everything is very much led by how I want it done and staff respect my decisions. They always listen to me." A relative of someone who used the service said, "They [staff] work with my daughter."

Staff we spoke with showed a good understanding of the importance of supporting people to make choices, promoting people's independence and respecting their decisions. One member of staff told us, "You are trained that you don't 'over care'; you have to let the person make their own decisions." People who used the service felt they had control over how their care and support was provided and that they were involved as much or as little as they wanted to be in organising and coordinating their care and support. People told us they felt empowered by staff and the service provided by Care Preference Ltd as their wishes and views were central to the care and support delivered.

People told us staff supported them in a way which maintained their privacy. One person said staff provided personal care in a way which maintained their dignity. They explained, "It's natural, easy and not awkward." Another person said, "If I need some time on my own, I can just say."

Staff we spoke with showed a good understanding of how to support people in a way which maintained their dignity. One member of staff explained, "The blinds are always closed when we get them washed or dressed. We keep them covered up."

At the time of our inspection, the service was providing care and support to people who had some protected characteristics (such as age, disability, gender) as set out in the Equality Act 2010. We were told that those diverse needs were adequately provided for. The registered manager explained how they supported people to achieve their goals and aspirations and this included providing support to enable people to work and follow their career aspirations, go on holidays or pursue their hobbies and interests. People we spoke with told us the service provided was very accommodating with their specific requests and they had been supported to achieve their goals.

Is the service responsive?

Our findings

People who used the service consistently told us the care and support provided was person-centred. Comments included, "It's so personalised" and "The staff are amazing. It's great how personalised to the client they are." Another person who used the service told us how the rotas were planned in advance, but if they wanted to make changes that this was accommodated, "If I want support I have never been turned away." They explained that the service provided was flexible and responsive to their needs.

People who used the service said they were involved as much as they wanted to be in planning their care and support. People told us staff listened to their wishes and views and respected their decisions with regards to how their needs were met. One person said, "It's bespoke care, it's tailored exactly to my needs."

We reviewed the systems in place to ensure staff provided person centred care. We saw that each person who used the service had care plans and risk assessments which provided person centred information about what support was needed and information about how that support should be provided. Care plans and risk assessments were kept in people's homes for staff to reference; staff could request a copy to be emailed to them or could access information for the people they supported through a secure online login. This ensured staff had up-to-date information about people's needs.

The registered manager explained how they recruited staff who understood their ethos of how care and support should be provided. The registered manager told us that people who used the service were experts in how their needs were best met. They explained that a number of people who used the service had previously used direct payments to recruit and train their own staff or had significant experience of managing their own long-term health needs. For this reason, the registered manager explained that people who used the service were central to shaping and coordinating their care and support.

People who used the service confirmed that they were involved in assessments and planning their care and support. A person who used the service said, "I have a care file. The team leader asked me for information and I went through it with them. If there is anything that needs changing they will do it." A team leader told us, "We've gone through it [the care file] with the client to make sure it's got what they need in it." Staff told us team leaders were responsible for reviewing and updating care plans and risk assessments to ensure they reflected people's current needs. We saw that regular reviews took place to make sure that the care and support provided was meeting people's needs and care plans were updated where necessary. A relative of someone who used the service confirmed this saying, "They do reviews to make sure people are happy."

Staff we spoke with showed a good understanding of people's needs and explained that they were supported to get to know how best to support people through comprehensive induction training and by speaking with people who used the service and reading their care files. A member of staff said, "All clients have care plans and risk assessments and we communicate with clients."

People who used the service told us that they were also involved in training new members of staff to ensure that the care and support provided was tailored to how they liked their needs to be met.

There were systems in place to share information about people's changing needs between the staff team. People who used the service said, "We have verbal handovers, but we also have a diary we keep. If there is something important to handover they [staff] will write it in the diary and they will verbally handover" and "I have a diary so they [staff] can read back, but they also have verbal handovers." It was clear from our conversations with these people that they were actively involved in coordinating their care and support and that staff listened and responded to their direction.

People who used the service were supported to maintain their independence including pursuing further education, careers, hobbies and interests. People who used the service said, "I am supported to do everything myself" and "Having them [staff] there has given me a new lease on life...They encourage independence all the time, but they are astute to know when to ask." They went on to explain, "They have got me out and about which is fabulous." A relative of someone who used the service said, "Their [the registered manager's] ethos is they are there to empower you and promote your independence."

The registered provider had a policy and procedure in place detailing how they managed and responded to complaints. The registered manager explained that they primarily dealt with issues and concerns as they arose, but significant issues or concerns were documented and dealt with through their complaints process.

People who used the service told us they felt able to raise issues or concerns and had the information they would need to make a complaint. Everyone we spoke with told us they had not needed to complain, but that any minor issues they had were dealt with immediately. Comments included, "I find [registered manager's name] very approachable. I have had a few issues in the past and they have been dealt with", "In terms of sorting out problems, when I have had issues, they get resolved quickly" and "[Registered manager's name] is always there, we can ring them anytime. It makes life really nice that I can talk to them, whatever the problem is."

A relative of someone who used the service said, "We've got numbers written down, so if I have a problem I'd ring [registered manager's name] or the team leader."

We saw records evidencing how complaints were dealt with. These showed that the registered manager was responsive to issues and concerns and took appropriate action to investigate and respond to complaints.

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of their registration for this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. At the time of our inspection, the service did have a registered manager. They were supported by development officers and team leaders in the management of the service.

We asked people who used the service what they thought of Care Preference Ltd and whether they felt the service was well-led. We received consistently positive feedback. Comments included, "It's well organised and well managed", "It's the best care company I have had" and "It's a really good company...it is very client led." One person who used the service told us, "I do feel it is very well-led. It is also very client base led. A lot of it is led by us. We're often involved for example in rotas. The team leader runs the rotas past me...[Registered manager's name] keeps me up to date with any changes. I am really pleased with the company. I am very lucky to have them."

Staff told us, "It's a wonderful company to work for", "I highly rate them, you can go to [registered manager's name] they are so approachable. They go out of their way to help you", "They [management] are very good. If there is any problem you can get in touch" and "I have every confidence in [registered manager's name]. If I have any issues, personal or professional, it would be dealt with."

The registered manager had a hands on approach and covered gaps in people's rota where necessary. By working regular shifts, the registered manager had a visible presence within the service. People who used the service knew who the registered manager was and felt able to discuss any issues or concerns they had with them. One person who used the service said, "[Registered manager's name] is very approachable. They keep an eye on things."

We noted that a number of people who used the service were also employed within the service. For example, one person who used the service had been employed as 'service user liaison officer'. They had recently started completing client reviews gathering feedback from other people who used the service on what was working well and what needed to be changed or improved. This demonstrated a culture of inclusion and an innovative approach to gathering feedback about the service provided.

People who used the service and staff told us the ethos of the service was about being 'client led'. We found that there was a strong person centred culture promoted within the service and this was reflected at all levels in the conversations we had with staff and managers working for Care Preference Ltd. Our conversations with the registered manager demonstrated a clear vision about how care and support should be provided. This focussed on delivering 'bespoke' person centred care which maximised people's independence and quality of life. This approach to providing support was evident, for example, in the care and attention given to ensuring that suitable staff were employed and that any compatibility issues were addressed.

A member of staff told us "We try and recruit for an individual; clients are at the heart of how we build the

service." The registered manager told us, "They [people who used the service] are the experts." People who used the service told us they were involved as little of as much as they wanted to be in organising and coordinating their care and support and the service was tailored to meet their needs and preferences. People told us the service provided was flexible and staff were responsive to their needs. People gave examples of how this approach to providing care maximised their independence and improved their quality of life. People who used the service told us they were frequently asked for their views and feedback about the service provided.

We reviewed the systems in place to monitor the quality and safety of the service provided. We found that 'pop-ins' and reviews were used to monitor staff practice and to gather feedback about the service provided. These systems were used to identify any issues or concerns with staff practice or areas of the service which could be improved. Monthly reports were completed by team leaders providing an overview of different aspects of the care and support providing. These identified any issues or areas concerns that needed to be addressed. The report also gave the person who used the service and staff the opportunity to give their thoughts of how a team was running and feedback on how the service could improve. People who used the service consistently told us that any problems they had were resolved and that team leaders and the registered manager responded to resolve any issues or concerns.

The registered manager told us that people's care files were checked and updated at the point of review. Whilst a team leader we spoke with explained how a development officer had checked their care files and risk assessments to ensure they had been appropriately completed and contained necessary information.

Because the staff team worked across a large geographical area it was not practical to hold regular team meetings. The registered manager explained that important information was shared by email or cascaded to individual team members through team leaders. The registered manager explained that people's teams had the opportunity to meet up and discuss any issues or concerns through review meetings with their team leaders or, for example, during training sessions. We saw that team leaders had one team meeting in November 2016 to discuss the implementation of a new computer system which was designed to improve the way information was managed and shared.

We had not received any notifications regarding this service since it was newly registered. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We spoke with the registered manager about one incident where a notification may have been required and provided further advice and guidance to clarify the registered manager's responsibility to submit notifications.