

North Yorkshire County Council

Belle Vue Mills

Inspection report

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Date of inspection visit:
08 March 2016

Date of publication:
14 June 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

We undertook this announced inspection on the 8 March 2016. At the previous inspection, which took place on 3 June 2014 the service met all of the regulations that we assessed.

Belle Vue Mills domiciliary care agency provides personal care in people's own homes, through a short term assessment and re-ablement team (START). This offers short term support to people to regain their independence after an accident, ill health, or disability. The service is available to people who live in Skipton and the surrounding villages in the Dales. At the time of this inspection the agency was providing support for 30 people. Belle Vue Mills Domiciliary Care Agency employs 39 support staff a homecare manager and also a registered manager.

There was a registered manager at 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.

People told us they felt safe and trusted the care staff who came into their home to support them. They described care staff as "Exceedingly honest and trustworthy." Relatives we spoke with also told us they thought their relatives were being looked after safely by care staff from the service. People told us how they valued the service they had received from the START. Everyone we spoke with told us that care staff were well trained to deliver a safe and caring service. Care staff were aware of safeguarding procedures and could demonstrate how they had taken action to safeguard people when necessary.

The service recruited care staff in a safe way making sure all necessary background checks had been carried out. Care staff were aware of safeguarding procedures and could demonstrate how they had taken action to safeguard people when necessary. There were risk assessments in place to identify risks due to people's health or mobility and to make sure these were minimised without intruding on people's privacy and independence. There were records that showed care staff received the training they needed to keep people safe.

Systems were in place for reporting and recording accidents and incidents, including detailed reviews and actions. Care records included individual risk assessments, which had been completed to identify any risks associated with delivering the person's care. Where people's needs were complex relevant professionals had been involved to provide advice and training. Records also showed that risks were managed positively, so that people were supported to develop confidence, skills and independence.

Care plans were comprehensively detailed to ensure people's care needs were met by staff from the service. Some of the people who used the service were supported with taking their prescribed medication and care staff were trained and competent to assist people with this. People we spoke with confirmed that they received good support from care staff with their medicines and that they always got them or were reminded

to take them.

People and their relatives told us that care staff were caring, treated them well and respected their privacy. We saw clear examples of people being supported to develop skills and independence.

People had been provided with information booklets about the service, which included the formal complaints process. They were given opportunities to raise issues or concerns on an on-going basis. We saw complaints that had been made since the last inspection had been thoroughly investigated and responded to by the service. There were many compliments and letters of thanks.

The service was well-led. The management team were committed to providing a good quality service. Systems and processes were in place to monitor the service and make improvements where necessary and the service had an action plan to address these. People who used the service, relatives and other professionals were routinely involved in meetings, reviews and on-going work so that their feedback could be taken into account.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe with care staff from the service.
People described them as exceedingly honest and trustworthy.

Care staff knew how to report issues of abuse and said concerns raised would be dealt with appropriately. They had been trained in safeguarding procedures. Recruitment checks were completed on all new care staff prior to their employment.

There were safe systems in place for supporting people with their medicines. The service had a medicines policy and care assistants received training before they visited people who needed this level of support.

Is the service effective?

Good ●

The service was effective.

Care staff received the training and support they needed to do their jobs, including specialist training and support where necessary.

People and their relatives were included in decisions about how care and support was provided. If people needed support with eating and drinking this was included in their care plan and was a part of their agreed care package.

Detailed information about people's health needs was included in their care records. Care staff liaised with other social and healthcare professionals at the appropriate time to monitor and maintain people's health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People told us that care staff were caring and treated people with dignity and respect.

Care staff were able to explain how they maintained people's

privacy and dignity while assisting with care.

The registered manager and care staff were committed to providing a caring and compassionate service. This was reflected in their day-to-day practices

Is the service responsive?

Good ●

The service was responsive.

People told us that the service responded well to any changes and offered a flexible service.

People's needs were assessed, planned and reviewed. People had individual short term re-ablement support intervention plans (care plans), which included information about their individual needs and preferences.

People were encouraged to provide feedback about their service through customer satisfaction surveys. People had been provided with information on how to make formal complaints.

Is the service well-led?

Good ●

The service was well led.

The service had a registered manager and local management structure to support the day to day running of the service.

People felt the staff team worked well together and tried really hard to support local people in the community well and for as long as possible.

Systems were in place to monitor the quality of the service, through regular audits, checks and monitoring.

Belle Vue Mills

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 8 March 2016. It was announced and was carried out by one adult social care inspector. The registered provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office to meet with us. We were also supported by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses care services. The expert-by-experience who assisted with this inspection had experience of using health and social care services and caring for people who used these services.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the registered provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports. 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. We used this information to inform our inspection.

During the inspection visit we looked at records which related to people's individual care. We looked at four people's care planning documentation and other records associated with running a community care service. This included three recruitment records and the care staff rota. We also reviewed records required for the management of the service such as audits, statement of purpose, satisfaction surveys and the complaints procedure. During our visit to the service we spoke with one of the registered managers from another of the organisations services. They were supporting senior care staff at this service, as the homecare manager who was responsible for the day to day running of the service was on long term leave. We also spoke with five care staff. We telephoned a total of eleven people. We spoke with nine people who received a service and two relatives.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. We also consulted North Yorkshire County Council to see if they had any concerns about the service, and none were raised.

Is the service safe?

Our findings

Everyone we spoke with who used the service told us that they were being supported safely. People were able to describe what level of support they required. One person said, "The care staff uses the hoist in a very calm and professional way. They are very patient with me. I feel very fragile and they respect that." Another person said, "I feel very safe and relaxed with all the care staff that come to my home" and another person told us, "I am quite happy with the support I receive."

One relative thought that care staff could have been more pro-active in helping their father and they were concerned that care staff should have given their father more direction in taking his insulin. They told us, "They (staff) need to be more active in carrying out their duties, because they tend to wait for my dad to tell them what to do. But he is reluctant to do this." Although they went on to tell us that care staff were very vigilant in checking their fathers "diabetic foot" ensuring that it was clean and well protected to ensure his safety. However, everyone we spoke with who received a service told us that care staff were keen to encourage people to optimise their independence.

We looked at the arrangements that were in place for safeguarding vulnerable adults and managing allegations or suspicions of abuse. Safeguarding policies and procedures were in place and provided guidance and information to care staff. Care staff knew how to recognise the signs and symptoms of abuse and how to report concerns about people's welfare or safety as they had all received training on safeguarding adults. We also looked at the arrangements that were in place for managing whistleblowing and concerns raised by care staff. Whistleblowing policies and procedures were in place. Care staff we spoke with were aware of how to raise concerns with the management team.

We looked at how the service supported people who required support with their medicines. People described to us the support they received with their medicines. Care staff told us they had received medicine training and this provided them with the skills and knowledge to support people with their medicines. The staff training records we looked at confirmed what we had been told. The service had a policy and procedure for the safe handling of medicines. People's risk assessments and medicines care plans included information about the support they required with this. One person's care plan we reviewed stated "I want staff to enable me to take my medicines. I am being provided with a blister pack." We were told by the registered manager that care staff were not able to assist with medication until they had completed a competency test and had their training updated. Care staff we spoke with had a clear understanding of their role in administering medication. A person we spoke with who received a service told us that care staff monitored their blood sugar levels and prepared meals to support and manage their diabetes. They also helped them with their medicines and documented what they had taken.

We looked at the arrangements that were in place for risk assessment and safety. The service had in place policies and procedures relating to health and safety. These provided guidance to care staff on how to work in ways that kept themselves and people using the service safe. Risk assessments had been completed in the care records we looked at and included environmental risks and any other risks relating to people's health and support needs. The risk assessments we read included information about action to be taken to

minimise the chance of harm occurring.

Accidents and incidents were recorded appropriately. We saw records of accidents that had been recorded. These were clearly logged and any actions taken were recorded which meant that the staff could easily identify trends.

Care staff we spoke with confirmed that they had the right equipment to do their job properly and said they always had sufficient disposable gloves and aprons. This meant that care staff had access to all the equipment they needed to reduce the risk of the spread of infection.

The rotas we looked at showed that there was sufficient suitably qualified care staff working at the service to meet people's needs. Care staff rotas were based around people's needs. We were told that rotas were given to care staff daily as they rang the office each day for their morning and evening rotas. This was because changes to the rotas occurred regularly. The registered manager informed us they had sufficient numbers of care staff to provide care and support to people in their own home. They told us the staffing numbers were adjusted to meet people's needs and we saw that the number of care staff supporting a person could be increased if required. This meant there were sufficient numbers of care staff available to keep people safe.

The service had 'on call' systems in place, which care staff told us meant a senior member of staff was on duty to provide support and guidance from 7am to 7pm every day. There was also a manager 'on call' from 7pm to 7am for telephone advice only. Care staff we spoke with confirmed that they would use the 'on call' if they felt they needed support out of hours. The service operated a system called 'Voice Connect.' This system was to ensure that all care staff were kept safe. Care staff we spoke with described that they had to telephone in to the system at the beginning and the end of each visit and if they did not they would receive a telephone call to ensure they were safe. Care staff we spoke with told us they thought it was a good system. This meant that the provider ensured the safety of staff working for the service.

We looked at the arrangements that were in place to ensure that care staff were recruited safely and people were protected from unsuitable staff. A thorough recruitment policy and procedure was in place. We looked at the recruitment records for three care staff and saw that they had been recruited safely. Records included application forms (including employment histories and explanation of any gaps), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and minimises the risk people who are unsuitable working with children and vulnerable adults.

Is the service effective?

Our findings

People using the START service were positive about the service they had received. One person said, "I am getting better and feeling stronger with each day." Another person told us that the care staff had helped them to cope much better as they felt less anxious and more relaxed. They believed they were making good progress with their help.

People told us they thought staff from the service knew their care needs. They said assessments with a manager from START had usually taken place in hospital and that their care needs had been discussed and a support plan implemented. The registered manager explained that as much information as possible about people was obtained before they started providing a service, so they were sure they could meet the person's needs.

Care plans we saw had been reviewed and updated in a timely manner. Everyone we spoke with said they did have a care plan and this had been completed with people, when they were either at home or in hospital and prior to the service starting.

We also looked at the arrangements that were in place to ensure that people received a balanced diet and received the help they needed with eating and drinking. The service provided people with help and assistance with meal preparation, eating and drinking where this was part of their agreed plan of care. Where assistance with meals was provided, we saw information was in people's care plans to guide care staff regarding this. People told us they felt they were part of the process as one person commented that care staff prepared their meals, supported and managed their diabetes. People told us that most support was preparing sandwiches and where appropriate, microwaving prepared meals, collecting shopping from the local supermarket. One person said that the care staff made "A lovely cup of tea and tasty sandwiches." A relative told us that their father had become more confident because of the support he received from Belle Vue. They said, "He is happy to go out shopping by himself now."

We looked at the arrangements that were in place to ensure that staff had the training and skills they needed to do their jobs and care for people effectively. We spoke with five care staff. Care staff told us that they were up to date with their training and were provided with regular training courses and updates. One member of care staff told us, "We get plenty of training and I feel that we are suitably trained to do our job well." Topics included; moving and handling, medication, safeguarding vulnerable adults and basic first aid. The care staff records we looked at included evidence of their induction training. This included an in-depth corporate induction programme and local induction checklist.

We also saw that recently recruited care staff had commenced a Care Certificate training workbook. The Care Certificate is a recognised qualification which aims to provide new workers with the introductory skills, knowledge and behaviours they need to provide compassionate, safe and high quality care. The registered manager showed us how training was monitored using an online system. This enabled managers to check what training care staff had completed and what training was due easily. Care staff records we looked at showed that they had completed training that was relevant to their role and were up to date with required

training and updates. We saw in care staff records that they had received supervision from their line managers. We saw a copy of the employee's handbook which is given to care staff once they commenced working for the service. This booklet contained information of key policies and procedures such as staff code of conduct, training and whistleblowing.

Everyone we spoke with told us the care staff were well trained to deliver a safe and caring service and that they always had enough time to fulfil their duties effectively.

We saw evidence that the service was working within the principles of the Mental Capacity Act 2005. 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 and found that they were.

We saw that care staff had received training around the MCA and Deprivation of Liberty safeguards (DoLS) and were aware of their responsibilities in respect of this legislation. The registered manager told us that they had made applications via the local authority to the Court of Protection for an authorisation for three people who used the service. This meant that people were protected because the service was aware of its responsibilities relating to depriving people of their liberty when working with people in the community.

We saw that capacity assessments had been completed where necessary and best interest decisions made on people's behalf with the involvement of health and social care professionals and families. We noted when we looked at care and support plans that consents had been sought. Care staff told us that they had been trained in MCA and could explain how they sought consent from people. This meant that those people who lacked capacity were being protected because staff were aware of and able to use the legislation and associated guidance.

Two people told us there had been really good communication between the district nurse team, GP, the hospital and Belle Vue in the management of their care. They went on to tell us that all the care staff made thorough notes in their care plans which helped the health care professionals to coordinate their work effectively. Two people told us that START were so good because they extended their care by an additional two weeks to make sure they had a smooth transition to the next agency. One person told us how the service was organising physiotherapy work with them to help with their mobility in readiness to them getting support from another agency. Another person told us, "I am getting better and feeling stronger with each day." They went on to say that the START support had been aimed at helping them achieve this objective in a very positive way by arranging support from an occupational therapist who had bannisters, grab handles and a stair lift fitted for them to give the person more independence around their own home. One person told us they had a fall in their home just as the care staff arrived for their daily visit and that they took control immediately and called the paramedics. They said they were made comfortable and the whole event was recorded accurately with a successful outcome. They went on to say they could not have coped without the care staff being there.

Is the service caring?

Our findings

People who received a service from START told us that the care staff were well trained to deliver a safe and caring service. People we spoke with described care staff from the service as caring, kind, bright and breezy and lovely people.

One person who used the service told us, "I am making really good progress since I came out of hospital. The care staff have been a great help. They've done a really good job helping me to settle back in. The care staff are very informal which is the way I like it. We all have a laugh. I have never felt embarrassed or awkward when they wash and dress me." Another person said, "We have a darn good laugh when they come. I wouldn't want to change this service." Another person said, "The care staff are all well trained, caring and exceedingly honest and trustworthy. When they go shopping for me they always get the best quality items, give me a receipt for what they have bought and return with the correct change."

One person shared with us their experience and said that they had a number of different care staff, but all of them were very chatty and friendly. They had got to know the person very well and were able to meet their needs in a friendly and polite way. They went on to tell us that the care staff were very professional and seemed to be well trained to a similar standard. Some were more thorough than others, but on the whole they were all very good indeed.

Care staff we spoke with were aware of the importance of protecting and maintaining people's privacy and dignity. They could describe how they gave people choices about how they wanted their care delivered and how they actively protected people's privacy. For example, asking if people wanted staff there with them or waiting close by, and how they made sure curtains were drawn and kept people covered while assisting with personal care. One person who received a service told us that only female care staff gave them support, which is what they had requested. They told us that the care was provided in a cooperative and consented way, according to the care plan details. The person went on to say that sometimes care staff had to work very quickly, but they were always kind and friendly.

Everyone that we talked to spoke very highly about the service. People told us they valued the short term support that they or their relatives had received. A relative told us, "We are totally at ease with all the care staff Belle Vue sends to us. They are polite, respectful and know how to have a good laugh. They are also gentle with my wife." Another person told us, "I have been very pleased with them (care staff), even though I don't know all their names. They know me and what help I require. They are courteous, patient, kind and gentle. What more can I ask for?"

People described to us the range of support they received from the care staff such as supporting people preparing meals, checking that medicines are taken and supporting people with personal care such as showering. One person told us, "They (care staff) are absolutely brilliant. They are unbelievably good because they genuinely care. They carry out household chores, prepare meals and check that my medication is taken properly and this is meticulously recorded. If I didn't have them I think I would have died. They are marvellous. They are so supportive and they are making me better."

Care staff we spoke with were knowledgeable about people's needs and preferences. They told us they had access to people's support intervention plan, wrote daily records and had time to read them if they had been on days off. They felt this was an important part of getting to know what mattered to people and how they had been. Care staff told us they were always given time to get to know people and their families so that they could work together for the best outcomes for people. One member of care staff told us, "We do a really good job in the community."

People's confidential information was kept private and secure and their records were stored appropriately at the office. Care staff knew the importance of maintaining confidentiality and had received training on the principles of privacy and dignity and person centred care.

We saw a number of cards and letters from people who had received a service and their relatives, thanking staff for their support and excellent care provided. People wrote comments such as 'Thank you for your care and support during dad's short illness,' 'From the first lady who visited me in hospital to every member of the team – a very special thanks to you all. I am now a very different person thanks to your advice and guidance. Long may you continue the good work that you do so well' and 'You all made a real difference.'

Is the service responsive?

Our findings

People who received a service from Belle Vue Mills START were positive about their care and felt they received a responsive service. One person told us how care staff from the service had encouraged them to take up in-door bowling again. They said they were now more confident and were looking forward to returning to ballroom dancing following their stroke. They told us they were treated with respect and courtesy and had a good laugh with the care staff and enjoyed their company. The person described all the care staff as being 'polite trustworthy and bright and breezy'.

People's needs had been assessed and appropriate support plans were in place so that people could be supported effectively. We looked at the arrangements in place to ensure that people received person-centred care that had been appropriately assessed, planned and reviewed. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual person. People we spoke with confirmed that their needs had been assessed before a service was provided and had been directly involved in planning their support for the 6 week START care. We saw in the care plans we looked at that the emphasis appeared to focus on people settling back into their own home environment following on from a hospital or a respite stay elsewhere.

One person said that the care staff would do additional tasks for them if required like collecting shopping from the local supermarket. Two people told us that the Belle Vue Mills START organised the delivery of a wheelchair to enable them to move around their home more independently. Another person told us that Belle Vue Mills START had organised for an occupational therapist to give them advice on gaining better access around their home and this had been a real benefit for them. Grab rails and additional bannisters had been fitted in their home to assist with their mobility. Two people told us said that the Belle Vue team arrived at their respective homes just 30 minutes after they had left hospital and commented, "That is a very responsive and effective support service."

In the care plans we looked at each person had their own assessment record, short term and re-ablement intervention plan. Along with people's intervention plans, risk assessments and records following each visit were also recorded. These records provided details of the care and support given by the care staff, at the time. We saw that they also used these forms to monitor previous visits and comment on any areas that needed further clarification or improvement. There was evidence of ongoing assessments such as moving and handling assessments. Care staff explained they encouraged people to improve and maintain their skills. This meant that care and treatment was planned and delivered in a way that met people's individual needs. People we spoke with told us that their progress was being monitored and documented in their personal file by care staff. Senior care staff visited people to discuss their progress being made and about future care arrangements when the 6 week period came to an end. One person said, "I will be really upset when they leave." Another person said, "We will miss our Belle Vue carers. We have had a lot of good laughs with them. They are excellent. I have made really good progress, but my wife has more problems to deal with. They have treated her really well too, with dignity and respect."

People who received a service and their relatives said that they had been consulted about the planning of

the care and care staff confirmed that each person had a care file in their home. The records we looked at showed that people had signed their short term and re-ablement intervention plans to indicate that they agreed with the planned care and the interventions by care staff. Where necessary, people's relatives had signed these on their behalf. We saw that the short term and re-ablement intervention plan (care plan) contained very detailed descriptions about people's care needs and how care staff should support those needs. For example one person had outlined 'I would like care staff to support me with washing the areas I cannot do myself and washing my hair.'

We looked at the arrangements in place to manage complaints and concerns that were brought to the service's attention. The service had a complaints procedure in place, setting out how complaints could be made and how they would be handled. We saw that information about complaints was included in the information pack people were given. No one we spoke with had made any complaints about the service. The registered manager was able to show us the record of complaints, the actions that had been taken and how complaints were monitored by the registered provider. The complaints record showed that there had been one complaint since the last inspection in 2014 which was regarding an assessment taking too long. This had been responded to satisfactorily by the registered provider. Everyone we spoke with told us they knew who to contact if they had a complaint. One person who received a service told us, "I would ring [name] at the main office who has been really helpful." Another person said, "I have no complaints at all about the care I receive. If someone is late to arrive I ring [name] at the main office. They have apologised and explained that a member of care staff would be with me very soon."

The registered provider conducted surveys on an ad hoc basis. These are carried out centrally by North Yorkshire County Council Quality Team. The agency undertook their own quality checks as an end of service review is held, giving people the opportunity to discuss the service they have received. We saw these records in people's files.

Is the service well-led?

Our findings

Everyone we spoke with agreed and told us that they received an "Excellent service." For example, one person said, "They (care staff) are excellent. I have made really good progress." People we spoke with said that the care staff were well trained and professional in the way they carried out their responsibilities and were trustworthy and caring.

We looked at the arrangements in place for the management and leadership of the service. At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had been registered with us since January 2013 and was the registered manager for a number of other services provided by North Yorkshire County Council. This meant that they were not based at Belle Vue Mills and shared their time between the services they were responsible for. The day to day management of Belle Vue Mills service was undertaken by a home care manager who was based at the service. Alternative management arrangements were in place to support care staff as the homecare manager responsible for the day to day running of the service was on long term leave.

People we spoke with all said they thought that the START service Belle Vue Mills was a well-run service. People who received a service and relatives we spoke with made little or no negative comments about the service. Several people had anxieties about not knowing what care provision would be available to them when the 6-week START support ended, although everyone spoken with were aware that service provision from the START was only short term.

The registered manager told us that feedback forms were always completed when the service had finished. We saw in people's care files they had been given the opportunity to feed back to Belle Vue Mills their views about the service they had received. As part of the final START (Short Term Assessment and Re-ablement Team) review process people were asked about their satisfaction and experience of the service. This included asking people to rate the service and any poor ratings were brought to the registered manager's attention for further action.

We saw in people's care records their feedback forms. People had made comments such as, "It has enabled me to stay at home", "It has helped me to regain some of my confidence. Very happy with the care given to me", and "I have been very happy with all the help I have been given to improve my quality of life."

Care staff received regular support and advice from their line manager via phone calls, texts and face to face meetings. They told us they felt that managers were available if they had any concerns. One care assistant said, "Yes, I receive good support from the managers." They told us that managers were approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting. They also told us that they would feel confident reporting any concerns or poor practice to the managers and felt that their views were taken into account. Care assistants we spoke with confirmed they all received regular one to one supervision. Records we looked at confirmed what we had been told. Some staff told us they were unsettled about the re-structuring of the organisation that was to take place.

Staff meetings were arranged and care assistants told us they felt these were useful meetings to share practice and meet with other staff. We saw from records we looked at that staff team meetings had been held, which gave opportunities for staff to contribute to the running of the service. We saw minutes from the last team meeting held in December 2015. Some care staff told us they were unsettled about the re-structuring of the organisation that was to take place this year. We fed this back to the registered manager who informed us that they had arranged a meeting for the 10 March 2016 to discuss concerns raised by care staff regarding the re-structuring.

People's care plans were audited and spot checks were undertaken in people's homes to make sure they were happy with the care provided and to also monitor staff performance. We saw in people's care plans we looked at that these visits had taken place. We were informed by the registered manager that these visits were undertaken by senior care staff from the service. The registered manager told us if issues were identified extra staff training and support was provided.

The registered manager submitted timely notifications to both CQC and other agencies. This helped to ensure that important information was shared as required. Although very few accidents and incidents occurred all were recorded and these were reviewed each month and helped to minimise re-occurrence.