Lauriem Complete Care Limited

Lauriem Complete Care Limited - Ditton

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 19 and 21 July 2016. The inspection was announced.

Lauriem Complete Care Limited – Ditton is registered as a domiciliary care agency, providing personal care to people in their own homes in the community. They provide services to any people who need care and support. The agency provides care services mainly to people living in the West and North Kent areas. There were approximately 155 people receiving support to meet their personal care needs on the days we inspected.

There were two registered managers based at the service, one of whom was the provider. 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 felt safe when receiving care from Lauriem Complete Care Limited staff and they knew who to talk to if this changed. Staff had a good knowledge of how to safeguard vulnerable adults from abuse. Staff had described instances where they had raised concerns in the past and these had been acted upon. They understood their responsibility to report concerns and where to go to outside of the organisation should the need arise.

Risks to individual people and their circumstances had been identified, with actions put in place to reduce the risk and maintain people's safety. People's home environment, internal and external, had been checked for hazards before support commenced, helping to keep people and staff safe. Most people did not need help to take their medicines, however some people did. As well as attending training courses, regular competency checks were carried out on staff to ensure their continued capability to safely administer medicines to people. The provider had identified where some staff were not recording to the expected standards when administering peoples medicines. They had put actions in place to rectify this in order to continue to provide a safe service.

The provider had robust recruitment processes in place to make sure new staff were suitable to work with vulnerable people in their own homes. Enough staff were available to be able to run an effective service, responsive to people's needs. People told us that staff always stayed to support them for the time they were allocated. Staff had suitable training at induction when they were new as well as regular updates. Additional training was available to make sure staff were skilled and confident to cater for specialist needs, such as to support people living with dementia. Staff had 'spot checks' to make sure their practice continued to be safe and of good quality.

Although most people looked after their own healthcare needs or had a family member who helped with this, staff supported people who needed assistance when requiring health care appointments or advice.

People told us they made their own decisions and choices and staff were clear that people were in control of their care and support. Mental capacity assessments had been undertaken where appropriate following the principles of the Mental Capacity Act 2005. People's families were often involved if their loved ones needed support to make decisions and this was clearly recorded.

A caring approach was shown by staff, people made many positive comments about the staff who supported them. Most people had regular staff providing their care and support who had got to know them well, creating a confidence and trust. People were give a service user guide at the commencement of their care and support with the information they would need about the service they could expect.

A care supervisor undertook an initial assessment of people's personal care needs so the registered manager could be sure they had the resources available to support people. People had a care plan that detailed all the individual support required as a step by step guide for staff. People, and their families if appropriate, were involved in the process to ensure the support in the care plan expressed how they wanted their care and support to be undertaken.

How to make a complaint was included in the service user guide, and the people we spoke to knew how to make a complaint if they needed to. The provider asked people for their views of the service by completing a questionnaire every six months at their care plan review. A further, more in depth survey was undertaken once a year. The provider analysed the feedback received and produced a plan to improve the service as a result.

People and their families generally thought the service was well run and said the staff in the office were usually helpful when they needed to contact the office.

Staff were happy with the support available for them and said that suggestions or concerns were responded to quickly. They found the managers approachable and would be happy to raise any concerns with them, confident they would be acted upon.

The provider had a comprehensive quality monitoring system in place to make sure the service provided remained safe and of good quality. A range of auditing processes were undertaken at various intervals with actions put in place where improvement was required. People and staff were asked their views of the service and the registered manager acted on the feedback provided to improve the quality of support to people and staff.

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.

Staff had a good understanding of how to safeguard vulnerable people and knew their own responsibilities in maintaining people's safety.

Individual risks were assessed without impacting on people's independence. Risks to the environment were checked to help keep people and staff safe.

Robust recruitment practices were in place to safeguard people from unsuitable staff. Sufficient staff were available to provide the support required.

Accidents and incidents were reported and investigated well.

Is the service effective?

Good

The service was effective.

Staff had regular one to one supervision and assessments while carrying out their role. Suitable training was provided to develop staffs skills appropriately.

People had control over the choices and decisions they wished to make.

Staff contacted health professionals when necessary to get the appropriate support for people.

Is the service caring?

Good

The service was caring.

People said they usually had the same staff so they knew them well.

Information about the important people and things in people's lives were documented to give staff a good understanding of an individual's life.

People experienced care from staff who respected their privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive.

People and / or their family members were involved in the whole care planning process and had the opportunity to change things.

Complaints were dealt with appropriately and people knew how to make a complaint.

People's views of the service were sought on a regular basis.

Is the service well-led?

Good

The service was well led.

The provider was fully involved in the running of the service on a day to day basis.

Staff felt supported and listened to. They felt their concerns would be acted upon.

Robust monitoring processes were in place to check the safety and quality of the service

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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.

The inspection took place on 19 and 21 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of one inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The two experts by experience made telephone calls to people who used the service on 18 and 20 July 2016 to gain their views.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

Prior to the inspection we also looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events which the home is required to send us by law.

We spoke with 12 people who received personal care from the service and five relatives to gain their views and experience of the service provided. We also spoke to the provider, the registered manager, one coordinator, three supervisors and five care staff. After the inspection we gained feedback from three health and social care professionals.

We spent time observing the care provided and the interaction between staff and people. We looked at ten people's care files and eight staff records as well as staff training records, the staff rotas and team meeting minutes. We spent time looking at records, policies and procedures, complaints and incident and accident recording systems and medicine administration records.

Good

Is the service safe?

Our findings

People felt safe when the staff from Lauriem Complete Care Limited were supporting them. One person told us, "I do feel safe, without a doubt". Another person said, "I do feel safe, they watch my every move as I'm fragile and they are very helpful". People also knew who they would speak to if they did not feel safe. People told us, "I have the phone number of the office or the carer that comes around" and, "I haven't got the name of a person to contact but I do have the phone number of the office and I would talk to the manager". Generally, relatives also thought their loved ones were safe. One family member told us, "Yes I do believe she is safe with the carers".

The provider helped to keep people safe by having a safeguarding procedure in place for staff to follow if they had concerns or suspicions of abuse. Staff received appropriate training to make sure they had the knowledge required to fulfil their responsibilities in keeping people safe. Staff were also given a hand sized safeguarding booklet with information, including telephone numbers. One member of staff said, "It is important we know what to do as we are in a unique position. We have a lot of responsibility. People feel they can confide in us due to the relationship we have". They knew how to report and who to as well as which bodies outside of their own organisation they could go to if they needed to. Some staff gave examples of when they had raised safeguarding concerns. They all said that they had been listened to and they knew their concerns had been dealt with. The registered manager had fed back to them, within the confines of confidentiality. One member of staff said, "I trust they will deal with issues raised. They are very approachable and professional".

Individual risk assessments were carried out to identify risks and put measures in place to help prevent people coming to harm and to keep them safe. The types of risks identified included where people had been known to fall over easily, or if they needed the aid of equipment to help move around their home, such as a hoist or a rollator. How to support people to move safely was described in detail, for instance the position the person needed to be in and the way staff positioned themselves to help people. The registered manager had introduced a more detailed and thorough moving and handling risk assessment to better support people with more complex support needs. Although not in use within every care plan, it was being introduced as individual risk assessments were being reviewed. A coordinator told us, "People are the priority and it is important that we keep people safe and staff safe". Thorough step by step guidance was in place to ensure people were supported to remain safe, while at the same time maintaining their independence and self-respect.

The provider had an emergency plan in place to make sure they were prepared for most circumstances that would have an impact on their ability to run the service. Such as adverse weather conditions, for example, heavy snow or flooding. Those people who were the most vulnerable had been prioritised as requiring priority support if an emergency did take place. For example, people who lived alone with no relatives living nearby.

Environmental risk assessments of people's homes were undertaken to identify any risks to staff when attending the property. The outside of the property was checked for hazards such as poor street lighting,

driveways, or outside steps. The inside of the property was looked at to check it was free from obstacles. The whereabouts of fuse boxes, water stop cocks, smoke alarms etc. were also identified and recorded so staff had the information to help keep people safe.

All accidents and incidents were reported and recorded in detail, including what had happened, any injuries sustained and the initial action taken.

People told us they usually had the same staff supporting them and we saw this was the case from the staff rotas. One person said, "Monday to Friday it is the same carer unless she is off. There are different ones at the weekend". Another person told us, "One regularly comes around except on Wednesday's. It could be anyone on his day off". The provider employed enough staff to be able to provide the care and support people had been assessed as needing. Staff covered each other's visits in the case of absences such as sickness or annual leave and they reported that this generally worked well. Staff had every other weekend off so covering the weekend visits could be a problem at times, although staff worked extra hours when needed to make sure people got their support. The provider said they were in the process of recruiting extra staff who were interested in working mainly weekends and evenings to ease the workload at these times.

The service was run from a main office site just outside Maidstone. A structure was in place in the office that could meet the support needs of staff and manage the delivery of care and support to people. The registered manager had a team of senior care staff including four coordinators and eight supervisors. The coordinators managed the office functions such as completing staff rotas, answering calls, responding to problems and concerns and dealing with office systems. The supervisors supported people by undertaking assessments, care planning and reviews as well as observation assessments with care staff. The supervisors also continued to care for and support people so continued to have hands on knowledge of people and the service.

The service had robust staff recruitment practices, ensuring that staff were suitable to work with people in their own homes. Checks had been made against the disclosure and barring service (DBS) records. This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with vulnerable people. Application forms were completed by potential new staff which included a full employment history. The registered manager made sure that references were checked before new staff could commence employment.

There was evidence that the provider had used their disciplinary procedures with staff when necessary. Appropriate investigations had been carried out and correct processes were followed. Staff were seen to have been dismissed when investigation had found them not suitable to work with people in their own homes. People were kept safe by the provider making sure they did not tolerate conduct from staff that was not up to the standard expected.

Most people either took care of their own medicines or a family member or friend assisted with this. Risk assessments were undertaken when people needed the assistance of staff to administer their medicines or to prompt or remind them. Staff received training to make sure they were competent to take on the role of administering medicines. Medicines competency assessments were carried out with staff at least every six months. Medicines administration records (MAR) were collected from people's homes every month by the supervisors who checked through them for poor practice such as frequent errors or poor recording. Where this had occurred, staff were identified and spoken to individually.

There was evidence of gaps in MAR charts and of staff not recording missed doses of medicine correctly. The issue was around poor recording as the gaps were mainly when people were away from their home at day

centres etc. This meant that staff could not be sure if medicines were given or not. However, the registered manager had noted the problems herself during the monthly checking process. The registered manager had identified issues and areas of concern where some staff were not completing the MAR charts to the expected standard, compromising safety. The registered manager had started to take action by addressing staff individually in one to one supervision and at team meetings. Medicines competency assessments had been increased with identified staff members. Letters had been written to all staff reminding them of the guidelines and their own personal responsibilities. All staff had received a community medicines booklet with detailed guidance that they could carry around with them. Evidence was seen of all the action taken so far in the registered manager's pursuit of safe medicines administration and recording.

Good

Is the service effective?

Our findings

People thought the staff knew how to support them well and told us that they listened to what they had to say. One person said, "The carers we have are very good". Another person told us, "Yes they listen to what I am asking them to do and respect my wishes. For example, if I need help putting on my t shirt they will help me, and if I want to do it myself they will try to support me".

Induction training sessions were delivered every month so there was no delay with new staff accessing training before they started in their role. Induction training consisted of seven days classroom based training followed by a period of shadowing an experienced member of staff. The amount of time spent shadowing depended on the new staff member's previous experience and their confidence. One member of staff said, "Confident carers means people are confident in the service they are receiving". New staff were asked to complete a feedback form after four weeks in their new position. They were asked their views on whether they had felt welcomed, had they met colleagues, had they had their first one to one supervision and what their overall impression had been.

All training was classroom based rather than online learning. The provider made sure staff had all the training necessary to carry out their role well. Staff were happy with the training they received and were pleased it was classroom based. Staff told us that being with other staff members at training helped them to keep in touch as well as learning from each other. One member of staff said, "They are well equipped to provide good training". Another told us, "I much prefer hands on training to online learning". People could ask for additional training. One staff member told us they had asked for dementia training and was booked on to it straight away. They had found the training to be of very good quality and had learned a lot from it. Another staff member told us they had also been booked on to additional training they had asked for and had been told to go to the registered manager if they felt they needed support before the date of the training.

Staff received two types of supervision. One was a face to face meeting where topics such as workload, training requirements, feedback on performance and personal issues that may affect their work were discussed. Action plans were completed to make sure the issues discussed were acted upon. One staff member told us, "We are told that if we have any problems in between supervision dates, just to let them know. I have found they always have time for me". Supervisors carried out observational or 'spot' checks, where they arrived unannounced while care staff were delivering care and support at peoples' home. During these checks, the supervisor had a chat with the staff member to make sure everything was going well, they asked questions around the care given and checked such things as their infection control procedures. Supervisors were given a list of the observational checks that were due at the beginning of each week. Staff said they liked the staffing structure, they felt the supervisor role was helpful as they were readily available for support. They also thought that as the supervisors continued to support people for a percentage of their time, they knew people well and so understood any issues staff raised.

Some staff had the opportunity to support with their personal development by having an annual appraisal. Not all staff had been given this opportunity in the last year. The provider was aware of this and had plans in

place to ensure all staff were able to reflect on their development over the last year and contribute to maintaining and improving their skills in the coming year. The provider explained that the annual appraisal cycle had slipped in 2015 due to their time and the registered manager's time being taken with the transfer of people's care and staff from other organisations.

Staff were supported to progress within the organisation when opportunities arose. For example, many care staff who had progressed to supervisor. Supervisors had also been given opportunities, such as training to be a trainer and studying for a teaching diploma. One staff member said, "I love it, it's the best company I have worked for, we are so well supported".

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and knew what this meant for people they supported in their own homes. The staff had been full of praise for the MCA training, some saying that although they had been on training in previous roles, they had learnt much more when attending the Lauriem Complete Care Limited training. Mental capacity assessments were carried out with people at the initial assessment to establish what help people may need to make choices and decisions. Some people asked their family members to help them to make more complex decisions and where this was the case, the decision was recorded in the individuals care plan. Staff could give good examples of how they helped people. One example was given of a person who had lost the ability to recognise if they were hungry or thirsty. Staff were concerned that when they asked if the person wanted food or drink they always said no as they thought they had just eaten. Staff requested a mental capacity assessment. This enabled a change in the care plan so staff were able to support the person in a different, more successful and safe way.

Support with nutrition through the day varied from one person to the next and was generally decided by people and their family members. Some people did not need any help with their meals as they took care of this themselves or a family member or friend did. Many people had readymade meals and staff helped with these by heating up and serving them. Family members often left a note to inform staff what food to prepare and assist people with each day. Staff did help some people by cooking meals from scratch. Staff told us they supported people to be as independent as possible. Some people could make their own lunch for example, but may not be able to carry it to the table so staff would arrive in time to help in this way. One staff member said, "If people can't manage to cook their meal, they may be able to help with the washing up".

People's medical conditions and how they managed them were documented in their care plans. This ensured staff were aware of what to look out for and what to do if people were experiencing difficulties because of their known medical conditions. For example, if people suffered with angina or high blood pressure, the care plan detailed the effects this had on the person. The medicines they took and the contact they had with health care professionals to manage the condition were recorded. Where people had required, for example, intensive physiotherapy following serious injuries or medical conditions, their recommendations and guidance were recorded in the care plan. This meant staff were able to support and encourage people with their regimes on a daily basis. Where people did have serious medical conditions and disabilities, information and guidance had been sought and printed off to keep in the care plan to help staff to understand people's abilities and challenges.

The state of people's health was well recorded to make sure staff were aware and were observant of any changes to report. Generally people managed their own health care needs, such as contacting the GP or district nurse, or had the help of family members. Where people did require help staff made contact with health and social care professionals when needed for routine health issues. Staff told us they would often speak to the office staff if they had concerns about a person's health as it was good to get another perspective on a situation. One example a staff member gave us to illustrate this was a person who refused

to see a GP about pain they were experiencing. The person insisted that they had lived into their 90's and didn't need to be seeing doctors now. It helped the staff member to talk this over with a colleague as they may have ideas and suggestions of how to encourage them further.

Good

Is the service caring?

Our findings

People and their relatives thought the staff knew them well and said they had good relationships, particularly with their regular staff. One person said, "They show a lot of concern for me, they come in most mornings and ask 'how are the dogs?'". Another person told us, "They are all very lovely, I can't fault them". One person's relative said, "They always chat to him, they are so friendly, he feels at ease with them and is always looking out for them to come", and another family member told us, "We explained how she would like to be supported and they are doing just what we said".

Although people had a care plan to detail the support they required and to give guidance to staff, many people were able to direct their own care on a daily basis. Changes could be made by people if they changed their mind about how they wanted their care to be carried out. If the changes were going to be longer term, staff would tell the supervisors so they could change the care plan according to people's wishes.

Some people had moved support organisations and the staff had moved too. One staff member who had moved told us that due to the attention of the provider and registered manager, "The move was seamless for the clients" and, "They made it their mission to make it right".

Most people tended to receive care from the same staff so they got to know them well. One staff member said, "There is a reward you get from helping a person to feel good, safe and well".
Staff got to know family members well and gave examples of these relationships. For example, the difficult decisions families often had to make with their loved ones. Staff spoke about supporting family members to come to terms with the fact that their loved one was not coping at home any more as their needs had changed, requiring more support than the service was able to provide.

Staff gave examples of when they regularly stayed longer than a person's allocated time to ensure they were safe. For example, when people needed encouragement to eat or drink, the time was taken to make sure they finished the whole meal or drink before the staff member left. Detail of how people liked to have their drinks was recorded in the care plan, making sure that staff were able to make drinks to people's individual taste if they were not able to tell them. One staff member told us, "I buy cream eclairs on my way to visit one person who gets very few visitors as I know how much they like them. We sit and have one each together".

Health and social care professionals told us they had found that the service were good at knowing people's abilities and were responsive to changes. They said they were flexible in their approach and the management team kept them informed. This meant that they were also able to respond quickly if people needed more support or less support. One health and social care professional told us, "They are perceptive and good at responding to service users changing needs".

Staff appeared to really enjoy their work. One staff member said, "I love my work, I'm quite passionate about it". Staff showed a good understanding of people's needs and how they helped people to make every day decisions. For example, people who were sight impaired being supported to choose what clothes they

wanted to wear. Staff explained how they went about this with different people, such as people feeling the clothing, or staff describing it or staff explaining what might be a cooler type of material on warmer days. One staff member said, "I am really happy working here, it suits me well".

People received a service user guide at the commencement of their support service which gave them all the information they needed about the service. The guide included how to make a complaint and who to go to outside of the organisation if they were not happy with the outcome of their complaint. The guide also had information about the organisation and what standards people could expect from staff and managers.

Respecting people's privacy and dignity were a key element of the care plan and the training staff received. People told us staff were always respectful of the fact they were in their home and were aware of their privacy. People were supported to remain as independent as they possibly could. One member of staff told us, "We do promote independence, it is banged in to us! We encourage people as much as we can".

Good

Is the service responsive?

Our findings

People, and their family members where relevant, were involved in their initial assessment and care plan, outlining what support they wanted and needed. One person told us, "We made a care plan, it was a joint thing with relatives", and another person said, "They provide what I need, the carer goes according to the care plan". A family member said, "Yes, someone rang up this morning asking a lot of questions they said they were doing a review and asking if we needed more help".

An initial assessment was undertaken with people before a support service was commenced so the registered manager was satisfied that Lauriem Complete Care Limited were able to provide the support required. People could choose to have their family member present during the assessment if they wished. If people were referred by the local authority, the information they held about people was shared which was included in the initial assessment. The initial assessment gathered important information about people, such as what support they wanted and needed and how they wanted this to be done. Other key details to help to get people's support right was collected, for instance their likes and dislikes and who else was involved in their support, such as family members or friends.

An individual care plan was agreed with people to give guidance and direction to staff about the care and support people had been assessed as requiring. At the front of the care plan was information that was very important, highlighted in red. Such as if a person had a known allergy to be aware of or if they had an advance directive in place and where this was kept within their home. A summary plan, in the form of a timetable, was also at the front of the care plan, showing the dates and times of visits that had been agreed with people to carry out their care and support throughout the week. A brief description of the support required at that time was also included on the summary plan. For example, shopping, laundry or help to get out of bed or with breakfast. This was followed by a pen picture, with a life history of people so staff had a basic understanding of the individual and what was and is important to them.

People were involved in how their care was described in their full care plan by stating how they wanted staff to support them. Care plans had individual detail, helping the staff to understand and provide the support as people wanted them to. For example, whether they liked to have a shower every day, the extent of support they liked or needed with their personal care or the types of breakfast they liked to have. Staff found the care plans were easy to follow and always up to date. They were comprehensive enough to give them the information they required. Staff were clear that care plans followed what people wanted. One staff member said, "It's the little details that make the difference, they are so important".

People's hobbies and interests were recorded as well as their religious and cultural needs. Staff were not usually involved in people's day to day activities as they provided people's personal care within their home. However, it was important staff were aware of what people's interests were so they had a point of conversation to chat about. If people attended a day centre on certain days of the week, staff made sure they visited early so people were ready to go at the right time.

As well as regular reviews of the care plan every six months, staff who knew people well informed their

supervisor if they thought someone's care plan needed to change. For example, if they noticed people's mobility had deteriorated and they needed more support than they used to. Or if people told them they wanted changes to be made, for example if they wanted to change the time of their support or the days. The office staff kept in regular contact with other health and social care professionals such as care managers, social workers and district nurses which fed into the care planning review process.

People's views of the service were sought at the same time as their six month review. Questions were asked about the professionalism of the staff, for example if they arrived on time, if they were polite and if they always asked before delivering care, showing respect. Some people had been able to raise issues that they said were a minor concern, such as that they did not always get a call to say staff were running late or they wanted the time of their support to be more consistent. People were asked if they knew how to contact the office or if they knew how to make a complaint. Responses were generally positive.

All complaints were well recorded, including a comprehensive investigation with action taken to address the concerns raised. Correspondence was sent to the complainant promptly and within the timescales of the provider's complaints procedure to inform them of action taken, where appropriate. Lessons were seen to have been learnt from the complaints made. For example, speaking to staff individually at one to one supervision meetings, or by discussing at staff meetings.

Compliments had also been received and these were always passed on to the relevant staff. Examples included one from a family, 'You are greatly under recognised for all the good you do. When it came to it you went more than the extra mile'

Good

Is the service well-led?

Our findings

People were generally happy with how the service was run. People told us that a senior member of staff came to see them about every six months to ask how their support was and if they had any problems. Most people said they would contact the office and managers if they had cause to and they received calls if staff were going to be late etc.

Staff said the registered managers and office staff were very supportive and felt comfortable speaking to any staff in the office. One staff member said, "They have been really good. I can't fault them". Another staff member gave an example of calling in to the office the day before with a concern about a person's medicines. They said that within half an hour it had all been dealt with, the GP had been contacted and had given advice which was relayed back to the staff member by the office staff. Another staff member said, "I wouldn't hesitate to ring if there was a problem".

The provider and registered manager together with the human resources manager had taken whistleblowing seriously and had hung posters in key positions around the offices urging staff to 'Do what's right – speak up'. Part of a campaign by the NHS to raise the awareness of staff to their rights to speak up, the provider had used the resources made available by the NHS to their advantage. A toolkit had enabled the registered manger and human resources manager to look at what they were already doing and what they could do better. The posters held details of who to contact if they had concerns to raise, national whistleblowing helplines included. All staff had also received a smaller, hand size version of the poster to keep on their person to refer to if needed. All new staff received the material within induction packs. The registered manager and human resources manager had been designated 'whistleblowing officers' so staff had named people they could contact if they wished. The next staff survey in August 2016 would be used to test the impact of the campaign.

The provider had started to send out a newsletter to all staff, the first one was sent in May and she planned to send it every six months. The newsletter included updates on the management structure, a welcome to new staff and an update on how CQC inspect services. Reminders about good practice and conduct expected were also included. Thanks and compliments received from people were recorded with staff names listed of those who had received exceptional personal comments.

The health and social care professionals we spoke to thought the management team was good at keeping them informed of changes and responding quickly to requests by them. When asked what the service does well, one health and social care professional said, "Low staff turnover, therefore less changes for service users, they have regular carers and therefore consistency in their care provision". Another said, "For the most part I find that the clients that have Lauriem are happy with the service".

Of the staff we spoke to, they all said they found the registered manager and the provider supportive of staff as well as the people they supported. Staff told us of personal issues and illnesses where they felt they had been taken care of. One member of staff said, "They have been so supportive. I have never had so much support from an employer. It has been really, really good". Another staff member told us, "I feel part of a

team, it's a lovely feeling and a lovely atmosphere".

Some staff had transferred to the service from a different organisation under TUPE arrangements in 2015. Staff who had transferred in this way were very complimentary about the provider and registered manager. Staff said they had felt welcomed and were impressed by the time spent with them by the provider, making sure they understood the arrangements. One staff member said about this time, "They were really professional. It was the first time I had felt cared for as a member of staff. It was a very positive experience which I was not expecting". All the staff we spoke to said they found the provider and registered manager approachable and would be comfortable speaking to either of them. One member of staff told us, "I can talk to anyone, the provider included. I feel well supported". Another said, "Any issues are dealt with quickly and efficiently, there is a lot of teamwork".

Staff meetings were held regularly so the registered manager and provider could keep staff updated on important issues and to enable staff to keep in touch with each other. A staff member told us a meeting had been arranged recently as some staff had not been completing medicines and fluid and nutrition charts correctly. Usually though staff meetings were planned in advance and the time was used to discuss important issues. Such as providing a good quality service, health and safety, medicines administration and discussing subjects staff themselves wanted to raise. Meetings ended with the registered manager telling staff they were always welcome to raise concerns with her at any time.

Some staff said that travel time between visits could be problematic at times. Others found travel to be well accounted for. Staff told us that the areas where travel time was more difficult was the larger, busier areas so traffic and geography were more of an issue than the smaller quieter areas.

The provider and registered manager made sure a range of audits were undertaken to check the quality and safety of the service. These included monitoring staffs driving and car credentials to make sure those who used their car for work were safe, an audit of employee qualifications such as NVQ and a matrix of all staff training. Actions taken following audits were seen to have been taken. Missed calls were monitored to enable the registered manager to keep abreast of potential problems making sure people were not left without their support. A cross section of care files were checked in detail every month to make sure they held good quality and up to date information in order to keep people safe and comfortable. A medicines competency audit was carried out to ensure all staff were having regular checks of their continued ability to administer people's medicines. A similar audit was used to check that supervisions, observational assessments and annual appraisals were being carried out regularly.

An annual survey was undertaken to find out what people thought of the service provided. The provider completed an analysis of the surveys to enable her to check the areas where Lauriem Complete Care Limited needed to improve and where they were doing well. The last survey was sent out in May 2016 to 204 people with 102 returned. The provider and registered manager had completed a plan of action for the areas they had identified as requiring some improvement. For example, more than one person had said that some staff had difficulty with basic cooking skills. Basic recipes were incorporated into the training schedule straight away. Further feedback received included contact with the office. As a response the provider had commissioned fridge magnets displaying the office telephone number so people would have the number to hand quickly when needed. The provider had written a letter to people with the results of the survey and her analysis. This helped to keep people informed about the service and to hear what the provider were doing about the areas where there may be a concern.

The provider had a continuous improvement plan in place where she had identified areas that needed to be monitored closely to ensure the quality and safety of the service continued to improve. Members of the

management team had tasks that they were responsible for and dates for expected completion. A staff member said, "This is the best company I have worked for. They are very organised".