

Meadowvale Homecare Ltd

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Inspection report

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Date of inspection visit:
21 December 2015
22 December 2015

Date of publication:
02 February 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

This inspection took place on 21 and 22 December 2015. The registered provider was given 48 hours' notice prior to inspection because the service provided domiciliary care services. This meant we could be sure that the registered manager and people's care records would be able for inspection. This also gave the registered provider time to gain consent from people who used the service for us to speak to them by telephone.

Meadowvale Healthcare Ltd provided domiciliary care services for people living in Redcar and Cleveland. The registered provider's office was located in Boosbeck, a small village in the Redcar and Cleveland area. At the time of our inspection there were 15 people using the service. The registered provider employed an operations manager, registered manager and eight staff.

Meadowvale Healthcare Ltd had been running for less than one year. This meant all of the staff and the management team were fairly new in post. Because of the demands for the service, the registered provider was currently advertising for staff. The registered manager had been in place since the registered provider had set up the 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.

All staff had received up to date safeguarding training. Staff had a good understanding of the signs and symptoms of abuse which people using their service could display. They were able to provide detailed information about the procedures which they needed to follow if they suspected abuse. Safeguarding procedures had been followed and appropriately recorded. All staff told us they would whistle blow [tell someone] if they needed to.

The service did not provide care or support to anyone who had a Deprivation of Liberties (DoLS) Safeguard in place. All staff had received training in DoLS and understood about the procedure they needed to follow if they suspected that someone may not be able to make decisions about their own health and well-being.

Risk assessments for people's needs and the day to day running of the service had been carried out. People did not have a personal emergency evacuation plan in place; however the registered provider told us they would action this straight away. When action was needed to respond to people's health conditions, we could see staff acted appropriately.

There were enough staff employed to provide care and support to people using the service. People we spoke with told us that staff attended their homes on time, were not rushed and stayed for the agreed length of time. The registered provider was in the process of recruiting further staff to meet increased demand for their service. They told us that they would not take on new people until suitable staff had been recruited. We could see that people had been recruited safely and two references had been checked and a

disclosure and barring services check had been applied for before starting work at the service.

Medicines were managed appropriately and staff were trained to dispense medicines. Each staff member had been observed supporting people to receive their medicines. This meant the service could be sure that staff were competent to manage medicines safely following their training.

People had the equipment they needed to help them stay in their own homes. This meant the service was not responsible for the monitoring of wheelchairs or hoists for example, however they told us they would report any fault with them to the appropriate service. Safety certificates for the day to day running of the service were up to date, where they had expired, we could see appointments had been made with the appropriate professionals.

All staff undertook a thorough induction programme when they joined the service. Staff had all received a range of up to date training which was refreshed during staff meetings. Staff had received regular supervision.

Staff supported people to eat and drink and provided prompts when needed. Staff followed the instructions of dieticians when needed. Monitoring processes were in place for people at risk dehydration or malnutrition.

The service worked closely with a range of health and social care professionals.

People and their relatives were very complimentary about the care and support they received from the service. People told us they were involved in making decisions about their own care and could make changes when they needed to. Regular reviews of care had been carried out and feedback sought.

People received care when and how they wanted it. People had regular staff which meant that people and staff could get to know each other and the more specific details of how people liked to be cared for. From speaking with people, we were told that privacy and dignity was always respected and maintained.

At the time of our inspection no one we spoke to had any complaints to make about the service, however everyone knew how to make a complaint and staff knew the procedure they needed to follow if they received a complaint.

People, relatives and staff spoke positively about the service and the management team in place. We could see that people were happy with the service they received and staff were happy working for the service. Everyone spoken to as part of our inspection felt able to approach the management team about any concerns which they had.

The service carried out a number of audits to monitor the quality of the service, and the types of audits were planned to increase as the service grew. We could see that monitoring was in place for accidents and incidents. Regular feedback was sought from people and their relatives and staff attended regular meetings. The registered provider attended a provider forum and kept up to date with the legal requirements of providing a domiciliary care service.

The registered provider had an operations manager and a registered manager in place. This management team was always on hand to address any concerns which arose and an on-call system was in place to deal with queries which occurred out of normal working hours.

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.

All staff were knowledgeable about abuse and the action they needed to take if they suspected abuse. Safeguarding training was up to date for all staff.

Medicines were managed safely. People were supported to take prescribed medicines by trained staff. Staff competency checks meant the service was sure medicines were managed appropriately.

There were enough staff to deliver the service. Staff were recruited safely and allocated to specific people depending on their care needs.

Is the service effective?

Good ●

The service was effective.

Staff were involved in an induction process which included shadowing experienced members of staff, getting to know people and the policies and procedures of the service. Staff training and supervision were up to date.

People were supported with nutrition and hydration. Monitoring processes were in place and staff followed the guidance of health professionals when needed.

Staff worked closely with a range of health and social care professionals. When people's needs changed, staff responded and took the action needed to make sure people's care needs were met.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us they were involved in making decisions about their care and could make changes when needed. People and their relatives told us they felt listened to.

Each person and relative we spoke with spoke positively about the care and support they received from staff. We could see that people were given the time they needed and were not rushed. Permission was sought before any care and support was given.

People and their relatives told us about how their privacy and dignity was maintained when they received care and support from staff.

Is the service responsive?

Good ●

The service was responsive.

People were involved in developing their care plans which were specific to them and provided the detail needed. Care plans were regularly reviewed to make sure care was given which meant people's individual needs.

People were supported to access the community and activities of their choice.

People knew how to make a complaint and staff were aware of the procedure they needed to follow. At the time of our inspection, no complaints had been received.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives spoke positively about the management team in place. Staff told us they were happy working at the service.

The registered manager worked closely with staff and carried out reviews of care with people. They also carried out audits. This meant they kept up to date with the quality of the service.

The registered provider sought feedback from staff at staff meetings and plans were in place to carry out a survey of care and to carry out a provider review.

Meadowvale Homecare 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 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.

One adult social care inspector carried out this announced inspection on 21 and 22 December 2015.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service and also information received from the local authority who commissioned the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also spoke with the responsible commissioning office from the local authority commissioning team about the service; they told us they had recently visited and had made some recommendations for improvement, however there were no significant concerns about the service.

The registered provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection, we spoke with the registered provider, operations manager, registered manager and two staff. We spoke with three people who used the service and three relatives over the telephone [with their consent] about the care provided and we reviewed care records and records relating to the day to day running of the service at the registered providers office.

Is the service safe?

Our findings

We asked people who used the service whether they felt safe when staff came into their home to provide care and support to them. One person told us, "Yes, I feel safe. I trust her [staff member] with my life. I've not had a carer like her." Another person told us, "The staff are admirable." A relative said, "I am very happy with the care my relative gets. The staff are very respectful." Another relative said, "Absolutely. I have no concerns." Comments showed that people and their relatives were happy with the service and the staff supporting them. One person told us, "They [staff] are always near me. I have a whistle I can blow to get them. They are splendid." One relative told us, "Oh yes my relative is safe. The staff hoist them and make sure they are comfortable. I am happy with the care they get. It's excellent."

Prior to our inspection we knew that there had been no safeguarding concerns relating to the service. At our inspection, we could see that all staff had received up to date safeguarding training. Staff had demonstrated a good understanding of the signs and symptoms of abuse which people using their service could display. They were able to provide detailed information about the procedures which they needed to follow if they suspected abuse. An up to date safeguarding policy was in place and reflected Teeswide [local] safeguarding procedures. All staff told us they would whistle blow [tell someone] if they needed to.

At the time of our inspection, there had been no accidents or incidents involving staff or people who used the service. The registered manager was knowledgeable about the procedures they needed to follow in the event of an incident or accident. They told us, following the occurrence of one of these, monitoring systems would be put in place.

Each person who used the service had appropriate risk assessments in place; these risk assessments were individual to the people they related to and had been regularly reviewed. We could see that a moving and handling risk assessment included a range of activities, such as walking, sitting and standing and detailed what assistance was needed during each activity to keep each person safe. We could also see that there was a risk assessment for the person's own home where staff were providing care and support to people. This risk assessment considered the internal and external risks, such as falls, health and safety as well as infection control and food safety. Risk assessments for the day to day running of the service were up to date. We could see that risk assessments for slips, trips and falls, working at computers and manual handling, for example were in place.

Each person who used the service lived in their own homes across the Redcar and Cleveland area. As part of the initial assessment, a risk assessment of the person's home was carried out to ensure the safety of staff providing care and support to people. This meant that staff could access the person's property safely and reduced the risk of harm to the person and the staff member.

We could see that during the initial assessment, each person had a fire risk assessment carried out to determine the risks to people and to staff. This assessment did not include information which may be needed to be shared with emergency services. The registered provider told us they would carry this out at each person's monthly review of care. Each staff member we spoke with told us they felt prepared to deal

with a medical emergency. All staff were up to date with first aid training. Staff were able to give examples about the procedures they needed to follow. One staff member told us, "I recently had a situation, where I called 111. I stayed with the person whilst their GP came to visit them. They called the ambulance."

An up to date health and safety policy was in place. We could see that the service had valid liability insurance. An up to date gas safety certificate was in place. We identified that the electrical safety certificate and (PAT) certificates had expired. During our inspection, the registered provider took action to address this. Following our inspection, we received confirmation that these had been booked in with the appropriate professionals. A fire evacuation plan and risk assessment had been carried out. Fire fighting equipment was within date. At the time of our inspection there had been no checks of the fire alarm or fire drills carried out and water temperatures had not been checked. We discussed this with the registered manager and registered provider and they took action to address this during our inspection.

People who used the service, their relatives and staff all told us that there were enough staff on duty to provide care and support people. One staff member told us, "We have enough staff at the moment. If we take on more clients, then we would need more staff." One person we spoke with told us, "The staff always turn up on time. I get the same staff each time and they never rush me." Another two people and a relative also confirmed this to be the case. We could see that specific staff were allocated to people and the registered manager told us that no missed calls had been experienced. The registered manager told us, that on one occasions, there was a late call because the staff member had been held up with one person using the service. This staff member telephoned the registered manager to inform them on this and they rang the person to let them know the staff member would be late and gave them an expected time of arrival. This meant that the person waiting for the call was given the reassurance they needed. The registered manager told us that no one was contracted for more than 30 hours per week because this gave the service flexibility to increase people's hours [with their consent] to cover sickness and annual leave. At the time of our inspection, the registered provider told us they were at capacity and were in the process of recruiting more staff before they would take on any new people who wanted to use their service.

We looked at the recruitment of the last three staff employed at the service. In each of the staff files there was a completed application form, signed contract and health declaration. We could see prior to starting work at the service, interview dates and completed interview questions and we could see that any gaps in employment had been checked. Two references had been sought for each person and a Disclosure and Barring Service (DBS) check had been carried out. This is a specific check of a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

We looked at whether people's medicines were being managed appropriately. We could see that people received their medicines direct from their local pharmacy. The service was not involved in the ordering or receiving of medicines. The registered manager told us that one person had ran out of one medicine on one occasion and they had telephoned the pharmacy on their behalf to make sure this person received their prescribed medicine. One person told us, "I wouldn't take my medication on a morning if staff didn't help me with it." One person was prescribed morphine and Paracetamol. From the medicine administration records (MAR) we could see that one person was taking different quantities of prescribed Paracetamol. We spoke to the registered manager about this and they told us that only 10ml of Paracetamol could be given if the person required PRN morphine. The records did not show this. We asked the registered manager to update the records and they told us this would be carried out immediately. One person received a controlled medicine which was given by the two members of staff supporting this person. Two signatures were in place, each time this medicine was given. This meant we could see that this person was receiving

this medicine safely and when needed. This medicine was monitored by the persons GP.

We looked at the medicine training records of four staff; we could see that they all attended training in August 2015 and medicines competency assessments were carried out in September 2015. This meant the service could be sure that staff demonstrated the knowledge and skills needed to dispense medicines safely. One staff member told us, "I have had my training and feel confident about supporting people with their medicines." A medicines audit carried out in December 2015 showed that all medicines had been appropriately labelled with people's personal details and a description and dosage of each medicine. We could see that gaps had been highlighted for 'as and when required' eye drops and creams and action had been taken to address this. The audit showed that MAR charts had been fully completed. An up to date medicines policy was in place.

Is the service effective?

Our findings

All staff employed by the service had undertaken an induction programme; one staff member said this was "useful". This included, getting to know people who used the service and the staff team and the provider's policies and procedures for carry out care and support to people. All new staff were subject to spot checks, which we could see that at least two had been undertaken during the induction period. This meant the registered manager could observe that staff acted appropriately with people and had the necessary skills needed to work in care. All staff received a performance review at weeks, two, four, eight and 12 of their induction. This meant staff were appropriately supported during their induction. Following this twelve week induction, staff received supervision.

We looked at the supervision records of four staff members; we could see that each of them had received supervision. This is a formal process to support staff to perform well in their roles. In these supervision sessions, we could see that there had been discussions about accountability, privacy and dignity, communication, confidentiality and equality and diversity. This service had been supporting people for less than one year, which meant that no appraisals had been carried out yet; these are normally carried out when a staff member has been in post for one year. All staff had received up to date mandatory training which included first aid, equality and diversity, the Mental Capacity Act and infection control, for example. Staff had also completed more person specific training, such as percutaneous endoscopic gastrostomy (PEG) training. We could see that training was discussed in staff meeting which acted as a refresher for staff. One staff member told us, "The training is really good. I enjoy that it is face to face rather than on a computer." Another staff member told us, "We do training at our monthly meeting, last time it was safeguarding."

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. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection, the service did not provide care and support to anyone with a DoLS restriction in place. We could see that training had been completed by all staff and staff demonstrated their understanding to us and could tell us about the reasons why someone may need to be deprived of their liberty.

Consent forms for a key safe had been signed by people. We could see that one consent form had been signed by the person's relative because they were not able to sign themselves [due to their health condition]. Records detailed the specific reasons for this and we could see that the person had been able to give verbal consent but not written. Consent forms for staff to provide care and support to people had been signed by people when they agreed to the service. When we spoke with staff, they told us they needed to

seek people's permission before any care and support was carried out; one person who used the service told us, "The staff ask before making me a cup of tea. One of them puts my breakfast out for me." One staff member told us, "We need to ask people if they want our help with washing and getting dressed. If someone refused my help, I would ask them why and see if there was anything I could do to overcome this. If not, I would speak with my manager." Another staff member told us, "If someone refused my help, I would take what they say on board. I would encourage them to carry out their own personal care."

At the time of our inspection, there was no-one who had a 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) certificate in place. All staff we spoke with had a good understanding of what this meant and about the procedure they needed to follow if someone had a certificate in place in the near future. The service worked closely with health professionals, and we could see that they followed the advice given to them. Although people lived in the community, we could see that staff would liaise with the person's GP or pharmacist if the person became unwell or if there were any concerns about their medicines, for example. One person told us, "If anything is wrong with me, they [staff] will ring the Doctors for me."

Some staff assisted people at meal times. This could include the preparation of meals or prompting with drinks and snacks. Staff used the person's daily notes to monitor food and hydration and told us that this would be used to determine if or when action needed to be taken. This action could include speaking to the person's GP or more close monitoring using food and fluid balance records. One staff member told us, "X was becoming confused about their bedtime because it was dark when they were eating their evening meal. I suggested they have their evening meal at lunch time instead and a lighter meal at tea time and now they are eating every day." Another staff member told us, "When I visit people, I always leave a jug of fresh water for them [next to where they are sitting] so it's on hand for them."

We looked at the food and hydration records of one person who received PEG feeds. We could see that this person received the prescribed amount of PEG feed at the time directed on the record. From the records we could see that this person did not receive the volume of fluids directed on the care records. Records looked at between 02/12/15 and 19/12/15 showed that this person received between 300ml and 700ml following each PEG feed. We spoke with the registered manager and staff about this. They told us that dietician had advised changes to the volume of fluids given following an infection. The volume of liquids to be given was directed by the output of fluids on the day. This meant that the volume of fluids the person needed could regularly change. Although staff had been following the advice given to them, the care records had not been updated to reflect this. We asked the registered manager to update the records immediately. Care plan audits had not picked this up.

Is the service caring?

Our findings

When we spoke to people about the care and support they were receiving from the service, each person spoke positively about staff. One person told us, "Coming to this service was the best thing I've done. All the staff are lovely. We have a good laugh when they are here. It's like sunshine coming in on a morning. They [staff] do anything for me." One relative told us, "I couldn't ask for better. There is nothing they could improve on." Another relative told us, "I am very happy with the care and service my wife receives. I can't fault them [staff]. They go over and above what I expect." When we spoke to people we found they were happy with the service they were receiving. People told us they were given the time they needed when staff were providing care and support to them, one relative told us, "Everything is super. They have the ability to read my relative [observation of signs and symptoms] and will come and tell me when things change." A relative said, "The staff are very caring. They will stay as long as we need and are never in a hurry to go. They [staff] will give any time for my daughter and come in on their days off to cover shifts. On the days when I am in hospital, the staff come in a little earlier to see to my daughter."

People confirmed they were involved in deciding what care they needed and when they wanted it. They told us that this was done formally during an initial assessment. The manager carried out a review of their care regularly, where they were able to make changes to their care if needed. Each person we spoke to told us they felt involved in their own care and staff respected their wishes. One person told us, "X knows me inside and out. I feel comfortable with them. I can talk to them about anything and X understands me." When we spoke to relatives, they confirmed that staff had the right level of knowledge and understanding to meet the care and support needs of their relatives. People and relatives told us that staff were respectful of them and were able to meet their care needs. One relative told us, "We have a good laugh with each other. They are very good and will ring the GP for us." Another relative told us that staff were very caring. They said, "They are so obliging, on time and can't do enough." One person told us, "They are all kind and friendly. Nothing is too much trouble." Another person told us, "I'm well cared for, they [staff] are lovely. I'm really satisfied."

People told us they felt their privacy and dignity was maintained. There was no dignity champion at the time of our inspection; however this is something the registered manager said they will look at. Each staff member we spoke with gave us a variety of examples about how they supported people to maintain their privacy and dignity. These examples included closing curtains and doors and using towels to protect people's modesty. One person told us that staff were "Very respectful" when providing care and support to them. They also told us, "The staff encourage me to go out because I struggle with this." Another person told us, "I am very pleased with the care I received. I am not rushed."

Each person who used the service was given a weekly timetable which showed the day / time staff would be attending to provide care and support to them and what care and support would be provided. Each person who used the service had specific staff allocated to them, one person told us, "I have dedicated carers – the same three. It's very reassuring." Another person told us, "I get one of three carers every time. We get to know each other. This is vital to me. They know where everything is." The registered provider told us that staff were matched to people's individual needs. Each person who used the service had a care plan with photographs of the staff members involved in their care. The registered manager told us that people who

used the service and relatives had made positive comments about this. We were told that these photographs gave people peace of mind and reassurance about who was coming into their home. A relative told us, "We get a rota via email. We get the same carers 99% of the time. It's nice to know who is coming."

Is the service responsive?

Our findings

Care records showed that people were involved in planning and making decisions about their own care. Each person we spoke with confirmed that they were involved. One person told us, "We discussed everything." People's care records showed what was important to the person and what assistance they needed. This was important for staff to make sure that they supported people to maintain their independence and helped people to achieve their personal goals for living in their own homes. People had a range of care plans in place which reflected their individual needs, such as personal care, continence, outdoor activities and communication. Care plans were very specific to each person and provided the detail needed. This meant that carers could ascertain the information needed from the care plan and then be able to provide the most appropriate and individualised care and support to the people the care plans related to. One person told us, "I think I have a care plan. Everything I ask for I get."

Each person had a care plan assessment summary which outlined specific activities, such as eating and drinking and medicines. Records showed what people were unable to do and what assistance was needed. This then informed a goal for people, for example, one person was fed via a percutaneous endoscopic gastrostomy [PEG] feeding tube. We could see that the person needed staff to be appropriately trained to administer this specific nutrition and the person's goal was to be able to eat independently. We found that information about how to achieve this goal was missing from the record. We could see that section about how to achieve a specific goal was largely incomplete in another person's records.

Daily records had been completed at each visit for each person's records we looked at. Daily records were very detailed; this meant staff [visiting at different times] were able to work together to monitor people's health. This meant that staff attending later visits could respond by prompting with a drink and a snack or make appropriate telephone calls to health professionals for example.

The registered manager told us that each care plan was reviewed on a monthly basis. We could see that care plans had been reviewed in October and November 2015, however there were gaps in the December 2015 reviews. The registered manager told us this was because they were in the process of changing the format of their care plans, following feedback from the local authority. Where reviews had been carried out, we could see the registered manager observed the care practice of staff involved in that person's care and carried out a discussion with the person and staff to make sure that the person was getting the most appropriate support. Checks of care plans and risk assessments were carried out to highlight any gaps in the records. People were asked about their strengths and areas where they wanted to improve, for example, one person wanted to access the local community. The service looked at how they could support this person with this goal and incorporated it into their care plan.

One staff member told us about a person who had a planned appointment at the local hospital. They said the person felt anxious about going out. To increase the person's confidence, the staff member told us they painted a white line on the person's door step [with their consent]. This meant the person could see the white line when taking the step over the door. The staff member told us they spent time with the person helping them to become confident in managing the step. We could see that this activity helped to reduce

the person's anxiety to attend their appointment. One staff member told us, "I help to promote people's independence, with X; I walk besides them and make sure I observe them." One person told us, "X encourages me to go out; sometimes we go for a coffee [in the community]." A relative told us, "The staff take my wife out. I know she is 100% safe."

At the time of our inspection, the service had not received any complaints, however all staff were aware the complaints procedure and people we spoke to confirmed they had been given guidance about how to make a complaint if they needed to. All three people and three relatives we spoke with told us they felt able to make a complaint. People told us, "If I was unhappy, I would speak with the manager." And, "I'd tell them." And, "I would speak with the manager or the carers."

Is the service well-led?

Our findings

The registered manager had been in place since the service was set up. They were supported by an operations manager and the registered provider. People and staff spoke positively about the management team in place at the service. The registered manager told us, "We have an open door policy here. The staff all have our telephone numbers and they can contact us at any time. We work to maintain good relationships with them." One staff member described the leadership as "Fantastic." Another staff member told us, "It's very good here. I feel supported." All staff we spoke with told us they enjoyed working at the service. One staff member told us, "It is good here. Everyone is always there for you and we all pull together." Another staff member told us, "We care, that's what make us good." One person told us, "The boss is marvellous." A relative told us, "The boss used to be a carer. She knows what she wants. The service is second to none. Nothing is too much trouble. We know the staff and for us, everything is geared towards my relative."

The service provided a concierge service. This included a monthly update about events and activities taking place in the local community which people could access as well as a list of useful contacts, which included local optician's services and support groups. On their birthdays, people received a birthday card and one hour free care which people could use how they wanted to. The registered manager told us one person had recently used this to trial a change in their care package. They had been happy with the change and had increased their care hours permanently.

The registered provider told us that staff meetings were planned to take place every two months, however they had been carried out more frequently than this because they were a new service. We could see that staff meetings were well attended by staff. Records showed that mandatory topics, such as health and safety, safeguarding and complaints had been discussed. Topics specific to the service, such as bad weather guidance for staff and new care packages had also been discussed. The registered provider told us that training topics were recapped during staff meetings. In a recent staff meeting, we could see that medicines management had been recapped by the team. The registered manager told us that it was the intention of the service to recap a range of specific topics such as data protection in every staff meeting to make sure all staff at the service kept up to date with the most up to date guidance.

Meetings for people who used the service had not been carried out because people lived in their own homes. People's views were obtained during reviews of care with people. The registered provider told us that a survey would be carried out next year; they felt that this would be more appropriate once the service had been up and running for a significant period.

The local authority had recently carried out a review of the service to make sure it was meeting the requirements of the local commissioning body. We could see suggestions for improvements had been made. The service had developed an action plan and the service had already put the suggested changes in place.

The service had introduced a number of audits, which included medicines and care plans and plans were in

place to increase these as the service grew. Where audits had been carried out, we could see that action plans had been put in place and records showed when actions had been addressed. The registered provider had not carried out any provider reviews of the service or any surveys but plans were in place make sure these were completed within their first year of business. The registered provider told us, "Our service is 100% customer driven. We listen to people and staff. We seek feedback, ensure our records are up to date and review our own practice.

The registered provider told us that they kept up to date with professional, clinical and general requirements of providing a domiciliary care service attending a local provider forum and Care Watch as well as keeping up to date with the requirements of the Care Quality Commission and Health and Safety Executive.