Agincare UK Limited

Agincare UK Brighton

Inspection report

Hanover House
118 Queens Road
Brighton
East Sussex
BN1 3XG

Tel: 01273327565
Website: www.agincare.com

Date of inspection visit:
10 May 2017

Date of publication:
02 June 2017

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 10 May 2017 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

Agincare UK Brighton provides domiciliary care and support for people in their own home. The service provides personal care, help, and support to people with a variety of needs in Brighton and the surrounding areas. The service is located in the centre of Brighton and is situated centrally to the geographic area it serves. At the time of our inspection 193 people were receiving a care service with an age range between 27 to 102. This included older people, people living with dementia and people with a physical disability.

The service did not have a registered manager. 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. The new manager in post was currently registering with us.

People and relatives gave us a varied response on whether they saw regular care staff and were advised in advance of who was coming and at what time. Comments included "I get a variety of girls, I have got my favourites but I do like them all, we used to get a rota but it stopped so now I don't know who is coming", "I get the same girls and they are usually on time, they have never let me down"," I get all different carers, I do have a rota but I'll be honest it's not always correct" and "Rotas are not always regular". We have identified this as an area of practice that needs improvement.

Staff had a firm understanding of how to keep people safe and there were appropriate arrangements in place to manage risks. One member of staff told us"I became aware that something was bothering my client, they weren't the same, a bit worried and a bit anxious. When I investigated further I discovered some rogue builders had been round and had got them to sign up to a big building project, I immediately contacted the office who contacted their family to stop the work going ahead". There were enough staff employed to care for people safely and the provider had robust recruitment procedures to ensure that staff were suitable to work with people. People were supported to receive their medicines safely in line with current regulations and guidance.

Staff told us they had received training and were confident to meet people's needs and told us that communication with senior staff was good. One member of staff told us "The induction helped me with my knowledge and I was taught how to operate the hoists, it was good because if I wasn't sure they were patient and happy to go over it with me". Staff had a good understanding of the responsibilities with regard to the Mental Capacity Act 2005 (MCA). Records confirmed that where people lacked capacity to make specific decisions the service was guided by the principles of the MCA to ensure any decisions were made in the

person's best interests.

Staff felt fully supported by the registered manager to undertake their roles. They were given training updates, supervision and development opportunities. New staff trained alongside experienced staff on support calls. Competency checks were completed to ensure staff were delivering the correct care and support for people. One member of staff told us "We have regular supervision and talk about any issues or situations we may be having problems with".

People told us that staff were kind and caring. Comments included " All of them in turn are kind, I am very satisfied it's been life changing for me to have had this care and support", "They are kind and funny they make me laugh, cheer me up. I look forward to them coming". People confirmed staff respected their privacy and dignity. Staff had an understanding of respecting people within their own home and providing them with choice and control. People were supported at mealtimes to access food and drink of their choice if required. One person told us "I will decide what I want to eat that day, they will cook it for me, sometimes they will suggest something if I can't make up my mind ".

People's needs were assessed and regularly reviewed and they received support based upon their needs and preferences. We found the support plans to be person centred and details recorded were consistent. Staff supported people to access health care services if required. Staff told us they knew people well and recognised if they were unwell.

There were clear lines of accountability. The service had good leadership and direction from the manager. Staff felt supported in their roles and felt the management team were approachable. Staff comments included "He has transformed it in here, he is always approachable and he will do everything he can to find a solution to any problem". Another member of staff said "He really values the job you do, he appreciates how difficult the job is and is always there to support you".

The manager and provider monitored the quality of the service by the use of regular checks and internal quality audits to drive improvements. Feedback was sought through surveys which were sent to people and staff. Survey results were analysed and any issues identified acted upon.

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.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Assessments were undertaken of risks to people who used the service and staff. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

People were supported to receive their medicines safely. There were appropriate staffing levels to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

Staff were supported with induction, supervision and training to equip them with the skills and knowledge to provide care effectively.

People were supported at mealtimes to access food and drink of their choice in their homes and assisted where needed to access healthcare services.

Staff understood the necessity of seeking consent from people and acted in accordance with the MCA.

Is the service caring?

Good

The service was caring.

People were supported by caring and kind staff.

Staff maintained the confidentiality of people's personal information and people's privacy and dignity was respected.

People were encouraged to express their views about how care was delivered and staff responded proactively.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People and relatives gave us a varied response on whether they saw regular care staff and were advised in advance of who was coming and at what time.

Assessments were undertaken and care plans developed to identify people's health and support needs.

Staff were aware of people's preferences and how best to meet those needs.

Is the service well-led?

Good

The service was well-led.

People and staff felt the manager was approachable and listened to their views.

Quality assurance was measured and monitored to help improve standards of service delivery.

Staff felt supported by management and they were supported and listened to. They understood what was expected of them.

Agincare UK Brighton

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 the 10 May 2017 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us. The inspection team consisted of two inspectors and an expert 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.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. The provider had 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 all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with 13 people and one relative on the telephone, six care staff, three co-ordinators, a supervisor, deputy manager, area manager and the manager. We observed the manager and staff working in the office dealing with issues and speaking with people over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for 10 people, medicine administration record (MAR) sheets, seven staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

At the last inspection on 4 and 6 May 2016 we found the service was not consistently effective, responsive and well-led. Not all staff had received regular supervision and competency spot checks to ensure they were delivering the correct care and support for people. People and relatives gave us a varied response on

whether they saw regular care staff and were advised in advance of who was coming and at what time. People and relatives feedback around Agincare being well- led were varied and the communication that they received. Feedback regarding the management of the service was inconsistent and we were told that communication from office staff had been varied in quality. At this inspection we saw the provider had taken some action to improve the service following our last inspection.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. People's comments include "If I was concerned for my safety I would contact the office, I know about abuse and I would not have a problem reporting it", "Oh I feel very safe, they are pleasant and professional. If I had a problem and felt unsafe or If someone was hurting me I would phone the office" and "Oh gosh I feel quite safe with my carers I would have no problem if I felt unsafe in letting the office know".

We saw the service had skilled and experienced staff to ensure people were safe and cared for on visits. We looked at the electronic staff rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The manager told us "We have a member of staff who sole job is recruitment. This has improved over the months and we ensure the right people for the job".

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the manager had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff. Staff told us that once they had received their induction they shadowed an experienced member of staff until they felt competent in their role.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff were able to identify the correct safeguarding and whistleblowing procedures should they suspect abuse had taken place, in line with the provider's policy. Staff demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for and what they would do if they thought someone was at risk of abuse. They gave us examples of poor or abusive care to look out for and were able to talk about the steps they would take to respond to it. One member of staff told us"I became aware that something was bothering my client, they weren't the same, a bit worried and a bit anxious. When I investigated further I discovered some rogue builders had been round and had got them to sign up to a big building project, I immediately contacted the office who contacted their family to stop the work going ahead". Staff training records confirmed that staff had completed training on safeguarding adults from abuse. The contact details for people to report concerns externally were made available to staff in the office. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Policies and procedures on safeguarding were available for staff to refer to if needed.

Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident records. Details were recorded and any follow up action to prevent a reoccurrence of the incident. One member of staff told us "Any incident that happens, we record it in the care plans and then report it to the office as soon as we can". The manager audited these on a monthly basis to ensure that all incidents and accidents were recorded correctly and that the appropriate actions had been taken to minimise risk.

People were supported to receive their medicines safely. Some people self-administered or had support by their relatives to take their medicines. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Audits of medicine administration (MAR) were undertaken to ensure they had been completed correctly. Any errors were investigated, for example, if a missing signature had been highlighted for the administration of a medicine. The manager would investigate and the member of staff would be spoken with to discuss the error and invited to attend medication refresher training if required.

Risk assessments detailed and identified hazards and how to reduce or eliminate the risk. For example an environmental risk assessment included an analysis of a person's home inside and out. The condition of pathways and access to a person's home considered whether there was a risk of trip, slip or fall for either the person or the staff member and if there was adequate lighting. Other potential risks included the equipment people used and how staff could ensure they were used correctly and what to be aware of. For example, in one care plan it described how one person used a walking aid around their home, what staff needed to be aware of and the safest way to assist the person around their home. This meant that risks to individuals were identified and managed so staff could provide care in a safe environment.

Good

Is the service effective?

Our findings

People told us they felt that their carers had the correct skills and training to carry out their role. One person told us "They do seem well trained they know how to help me on and off of the commode". Another person said "I would not have anyone that was not well trained as I need to feel I am safe when they use the hoist, the ones who come know what they are doing".

At the last inspection we found the service was not consistently effective. Not all staff had received regular supervision and competency spot checks to ensure they were delivering the correct care and support for people. At this inspection we saw the provider had taken action to improve supervision and spot checks for staff.

Staff told us that they received regular supervision throughout the year. During this, they were able to talk about whether they were happy in their work, anything that could be improved for staff or the people they supported and any training they would like to do. Other issues discussed during supervision included training and the well-being of people they visited. We saw evidence that supervision had taken place for staff and spot checks undertaken by the manager and senior staff. Staff told us they felt supervisions had improved and when having supervision with the manager, they found them approachable if they required some advice or needed to discuss something. In addition staff said that there was an annual appraisal system at which their development needs were also discussed. One member of staff told us "We have regular supervision and talk about any issues or situations we may be having problems with".

Staff undertook a variety of essential training which equipped them with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in various areas including moving and handling, first aid and infection control. Staff told us they could access training in specific areas. For example one member of staff told us the provider had introduced access to e-learning which covered many subjects that they could complete. An induction was completed to ensure that all new staff received consistent training which also incorporated the skills for care care certificate to ensure that new staff were working toward this. The care certificate is a set of standards that social care and health workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care staff. New staff also trained alongside experienced staff on support calls. One member of staff told us "The induction lasted three or four day. I knew certain things already but the way it was set out it was easy to understand, it really helped. I then shadowed for two or three times with a senior to make sure I was confident". Another member of staff said "The induction helped me with my knowledge and I was taught how to operate the hoists, it was good because if I wasn't sure they were patient and happy to go over it with me". Competency checks were also completed to ensure staff were delivering the correct care and support for people. On speaking with staff we found them to be knowledgeable and skilled in their role.

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. Staff had knowledge and an understanding of the (MCA) because they had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for and they always asked permission before starting a task.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by peoples carers or by themselves and staff were required to ensure meals were accessible to people. People's comments included "I will decide what I want to eat that day, they will cook it for me, sometimes they will suggest something if I can't make up my mind", "I always choose what to have for my meals, they are helpful and will prepare whatever I ask, sometimes they leave me with a sandwich for in between in case I am hungry, they prepare a nice evening meal for me" and "I get out from the freezer what I want to eat but sometimes I will say, surprise me and they will cook something nice for me". People's care plans detailed their preferences around food and drink and at what time people liked to eat and how they may like to be assisted with meal times. One care plan detailed a person's preference around having a cup of tea and biscuits before they got ready to go to bed. One member of staff told us "I always leave snacks and some drink before I leave whether they have requested it or not". Staff told us if they had concerns about a person's nutrition or weight they would discuss this with the staff in the office and medical advice may be sought.

We were told by people that their health care appointments or health care needs were co-ordinated by themselves or their relatives. One person told us "One day I knew that my legs did not feel right, straight away my carer noticed and suggested we call a Doctor. A relative told us "If they notice a bruise or if my relative is unwell they will discuss it with me and decide if we need to call a Doctor". Staff told us they had good rapport and working relationships with various health care professionals such as social workers and district nurses.

Good

Is the service caring?

Our findings

Every person we spoke with told us that staff were kind and caring. Comments from people included "All of them in turn are kind, I am very satisfied it's been life changing for me to have of had this care and support", "They are kind and funny they make me laugh, cheer me up. I look forward to them coming" and "I can't fault them all, they are very kind and caring". A relative told us "Oh yes my relatives carers are kind and very respectful, I hear them speaking to them, always kindly".

Staff were knowledgeable of people's needs and spoke about them with warmth. It was apparent that positive relationships had been developed between staff and people, which had built up over time. The manager told us their aim was to try and ensure that the people received support from a consistent team of staff to enable positive relationships to develop. One member of staff told us "We mostly have the same set of clients, you get to know them well, you talk to them as you do your routine, it makes it so much easier". Another member of staff said "Every day we get compliments from the clients, they seem very happy. You get to know them so well that if anything was up or they were down in mood you would know right away". A third member of staff said "They sit and talk with me. They look forward to us walking in, to see their smile when they see you is just so rewarding".

Peoples' differences were respected and support was adapted to meet their needs. People used the service for various reasons, some requiring minimal support, receiving a visit a couple of times per week whereas others had several calls each day. Some people had their care funded by the local authority, whereas others privately funded their care. Records showed that people were treated fairly and that the support provided to people, regardless of how their care had been funded, was person-centred and enabled them to receive the type of support they chose.

People were encouraged to be as independent as possible. Care plans showed that people were asked what they needed support with and that they were able to continue to be as independent as possible, to enable them to retain their skills and abilities. Comments from people included "They encourage me to do what I can when they wash me I will do my face and neck", "I can't stand for long so they will assist me in the shower, we have a system they do the back and I do the front, they always encourage me". One member of staff told us "It is making sure clients keep their independence and giving good quality care".

Peoples' privacy and dignity was respected and people confirmed that they felt that staff respected theirs. One person told us "Yes they are all respectful, I have known some for years, and if one of the carers is a male they will leave the room whilst the girl does the more private things". Another person said "They help me to get in and out of the bath, they encourage me to wash myself which gives me confidence". Staff comments included "I make sure people are always covered when I wash them, I always ask if they are comfortable with what I am doing" and "I make sure they are covered as much as possible when washing. I close the curtains and make sure the bedroom door is closed, or other people prefer it slight ajar"

People and relatives were able to express their needs and wishes and were involved in people's care. Records showed that meetings with the person and their relative and health care professional, if

appropriate, took place and provided an opportunity for people to comment on the care they received and suggest areas that they wanted changed. For people who were unable to express their wishes, referrals to advocacy services could be made to enable them to access additional support to express their needs and wishes. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care for others. Care staff received communication by text messages and emails. Information on confidentiality was covered during staff induction and training.

Requires Improvement

Is the service responsive?

Our findings

People told us they did not always receive a service that was responsive to their needs. Comments from people included "I would like to see the same people [staff] or at least know who is coming, we used to get a rota but don't anymore", "I know them in the office, they are always quite helpful, if I call to ask why my carer is late they do apologise but I say they should have rung me" and "It is difficult to build a rapport with lots of different staff, I would like to see the same one".

At the last inspection we found the service was not consistently responsive. People gave us a varied response on whether they saw regular care staff and were advised in advance of who was coming and at what time. At this inspection we found areas of improvement still required. Some people felt they did not see regular care staff or a rota. This included people saying they would feel like to know who was coming with confirmed times. Comments included "I get a variety of girls, I have got my favourites but I do like them all, we used to get a rota but it stopped so now I don't know who is coming", I don't know what time they are coming sometimes 11am can be 9am or 10am, I would like it to be around 8am as I am waiting to go out", "I get the same girls and they are usually on time, they have never let me down","I get all different carers, I do have a rota but I'll be honest it's not always correct" and "Rotas are not always regular". Staff told us they sent out rotas to people via email or post. When asked if this was regularly sent we were told they were trying to ensure the rotas were correct before they sent the rotas out and this could affect people not always receiving them. One member of staff told us "We aim to work two weeks in advance of the rotas, this will ensure people receive rotas in time". We discussed these concerns with the manager who told us "This is an area that is improving but I am now organising for one member of staff to be responsible for sending out rotas to everyone on the same day each week. Rotas are emailed and posted".

We recommend that the provider seeks guidance from the NICE guidelines on delivering personal care and practical support to older people living in their own homes

Staff told us that they felt they had enough time to support people with the time that was allowed for each call. If they felt there was not enough time they would raise this concern with office who would like into it. Staff were committed to arriving on time and told us that they always aimed to notify people or the office if they were going to be late. One member of staff told us "We rely on the care staff to let us know if they are running late, so we can inform the client. This is something that we could do better on". Another member of staff told us "Travel time can be an issue sometimes. We work in a busy city and that has its challenges. Traffic, road works etc. If I don't have enough travel time given, I contact the office and let them know".

At the last inspection we found the service was not consistently responsive. Assessments were undertaken and care plans developed to identify people's health and support needs. Not all care plans had been reviewed and updated. At this inspection we saw the manager had taken action to improve care plans.

Assessments were undertaken to identify people's support and care needs. The plans were developed outlining how these needs were to be met. The care records were detailed and gave descriptions of people's needs and how the staff could meet these. Staff completed daily records of the care and support that had

been given to people. They detailed task based activities such as assistance with personal care and the support people required. In one care plan it detailed how staff assisted a person to transfer to a wheelchair and how staff were required to reassure the person and support where needed. In another support plan it described how staff were to support the person to the toilet and assistance they needed with this.

There were two copies of the care plans, a copy in the office and one in people's homes, we found details recorded were consistent. The plans contained detailed person centred information for staff to understand how to deliver personalised care and support to people including a life history and likes and dislikes. The outcomes included supporting and encouraging independence for people and the meaningful use of time for them, including activities they liked to do. The plans were consistent with details and provided information on what activities and interest's people had. One care plan detailed how support was given to a person to enable them to live independently at home. The person enjoyed reading and going to the cinema and staff were to encourage the person. It also detailed to monitor the person's moods due to them being susceptible to anxiety and report any concerns. Care plans had been reviewed and updated when required. The manager had a system in place to monitor the reviews required and alert senior staff when they were required. One person told us "Sometimes they do come and see me from the office, They update my care plan and they ask me if everything is ok". Another person said "I have got a care plan, someone from the office came out a few months ago and I think they updated it".

Staff were knowledgeable about the health care needs of the people they cared for. Staff were able to describe what signs could indicate a change in a person's well-being. Staff were confident how to respond in a medical emergency. One member of staff told us that if one of their clients had a fall they would not attempt to lift them and call the emergency services and contact the office. Staff knew how to obtain help or advice if they needed it and one member of staff told us "Someone is always on the end of the phone, we have an out of office hours number to call for assistance".

People were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people in the information given to them at the start of the service. A complaints folder held details of complaints received by the manager and action and responses they had taken to resolve them. People's comments included "Yes I would complain if I needed to but haven't had to", "I am very happy with Agincare I've never had to complain" and "I love them coming I must be one of the lucky ones, I've never had to complain, they are another part of my family".

Good

Is the service well-led?

Our findings

People and staff found the management of the service had improved since the last inspection. One person told us "I really like the new manager, he's very kind to speak to". Another person said "I do know most of them in the office they do listen if I need to change something". A member of staff told us "I like the way the manager works. We now have an opportunity to progress within the company whereas before external people where brought in who didn't know any of the carers or the clients, he's creating a good happy working environment". Another member of staff said "The manager is very approachable. He is very understanding and you can go to him with anything".

A health professional told us "I have been involved with the manager in the care of a patient who had learning disabilities and autism. They went over and above the call of duty to provide urgent, compassionate, appropriate care for this vulnerable patient, stepping in before funding was confirmed in order to prevent unnecessary, unwanted admission to hospital, in order to keep the patient in their own home in accordance with her wishes. The carers were all delightful, attentive and warm. The manager was a great help and support to my patient's family."

At the last inspection we found the service was not consistently well-led. Feedback regarding the management of the service was inconsistent and we were told that communication from office staff had been varied in quality. Since the last inspection the provider had appointed a new manager and the manager had taken action to improve.

Staff spoke of a positive and open culture where they were well supported and valued by the manager. We received consistently positive feedback from staff about the manager. They all described him as approachable, but very effective too. One member if staff told us "He has transformed it in here, he is always approachable and he will do everything he can to find a solution to any problem". Another member of staff said "He really values the job you do, he appreciates how difficult the job is and is always there to support you". A third told us "It's really good as we now have people in the office who used to be carers, so they understand and know the clients, it makes such a difference". Another said "I like the way he (the manager works), we now have an opportunity to progress within the company whereas before external people where brought in who didn't know any of the carers or the clients, he's creating a good happy working environment"

The manager showed great passion and demonstrated good oversight of the service and had building up their knowledge of the people and staff. They explained that knowledge was gained through undertaking supervision and spot checks on staff and communicating with people and their relatives. Spot checks were used to ensure that staff were maintaining quality of care provision and covered areas such as staff appearance, their focus on the person and the rapport between them as well as details of the care provided. Communication had improved with regular staff meetings for office and care staff. Minutes of recent meetings included training, staff development, new staff and updates on people. The manager told us "I put people at the heart of everything I do. If it needs improving, then I will improve it".

The quality of the service was monitored by the provider and manager using formal tools such as quality audits. These included audits around care plans, MAR sheets and staff records. Evidence was available to demonstrate that audits were used effectively and enabled the provider to identify any shortfalls in a prompt manner. Where any issues had been identified, we saw actions had been implemented to ensure that improvements were being made. Quality assurance process's included quality assurance visits or telephone calls to people and a service review annually or as and when required, dependent on any changes to the person's health.

Annual surveys were sent out by the provider. We saw the results from a recent survey sent out to people. The manager then used the feedback to drive improvement. We saw evidence of the manager dealing with concerns or queries raised on the surveys were being addressed. The recent survey for staff was currently being sent out by the provider. Newsletters had been created and sent out to people and staff. The recent spring addition included details on new staff, healthcare updates and how people could nominate 'Employee of the month'. This is where a member of staff was recognised for the good work they had been doing for people and rewarded.

The manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They were aware of the requirements following the implementation of the Care Act 2014, for example they were aware of the requirements under the Duty of Candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The manager also ensured their own training and development was kept up to date. This included attending provider meetings with peers. The manager told us "We have really good meetings provided by the provider and discuss many issues and share best practice with other managers".