

Summerhouse Limited

Eldercare

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 started on 6 September and ended on 11 September 2018. The registered manager was given two days' notice of our inspection.

Eldercare is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, some of whom may be living with dementia. At the time of inspection 29 older people used the service. One of the directors, who was also the registered manager, was present throughout the inspection.

At our last inspection the provider was found to be in breach of four regulations. These were Regulation 12 Safe care and treatment, Regulation 18 Staffing, Regulation 19 Fit and proper persons employed and Regulation 17 Good governance.

We asked the provider to take action to make improvements to their quality monitoring systems and processes and ensure they kept complete, accurate and contemporaneous records to ensure they complied with Regulation 17 Good governance. This action has been completed.

Following the last inspection, we met with the provider to ask what they would do and by when to improve the key questions; Is the service Safe? Is the service Effective? Is the service Caring? Is the service Responsive? Is the service Well-led? to at least good.

Risk assessments had been improved to ensure they captured all risks relating to each individual. They had been reviewed and updated when changes in people's needs occurred.

Safe recruitment processes were now in place and had been followed. Pre-employment checks had been completed and an induction process followed.

Medicines had been managed safely. Staff had been provided with appropriate training and observations to assess staff competencies within this area had been conducted. Medicine administration records were now collected and audited on a monthly basis to ensure any areas of concern were identified and actioned as soon as possible.

Safeguarding training had been provided and staff we spoke with knew how to raise concerns. They were confident the management team would deal with any concerns raised appropriately.

There were enough staff available to meet people's needs and attend planned care visits. People were supported by a consistent team of staff and pre-admission assessments had been completed to ensure the service could meet people's needs before a package of care was accepted.

A comprehensive training plan was in place to ensure staff had the skills and knowledge to fulfil their roles.

An extensive range of training had been provided since the last inspection. Regular one to one supervisions and appraisals had taken place. Staff told us they felt supported.

People were supported to access health professionals when needed and to maintain a healthy balanced diet of their choice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People had signed their care plans to consent to the support they were receiving.

People's independence was promoted by staff. Care plans had been further developed to ensure they contained person-centred information and provided clear guidance of the level of support that people required. These had been regularly reviewed to ensure they remained up to date.

People's end of life wishes had been discussed and recorded. Advanced care plans provided staff with information about aspects of the person's life that was important to them.

Complaints had been recorded and responded to in accordance with the provider's policy and procedure. A concerns log had also been introduced to ensure informal concerns raised were addressed accordingly.

Effective quality assurance processes were now in place which were used to highlight any shortfalls in the service. Record showed that when shortfalls had been identified, action had been taken to address concerns.

Feedback from people had been sought on a regular basis to encourage continuous improvement. People told us they could contact the service at any time and were confident any feedback they provided would be listened to.

Following the last inspection, the provider had reviewed their management structure and implemented changes. People, relatives and staff spoke positively of the new management team, their performance and improvements made to the service provided.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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.

Risk management plans were now in place to highlight areas of risk and how this should be managed.

Safe recruitment processes were in place and being followed.

Medicines had been managed safely. Appropriate training in this area had been provided.

Is the service effective?

Good ●

The service was effective.

Staff had been provided with training to ensure they had the skills and knowledge required.

Regular supervisions had been conducted to review staffs' performance. Staff felt supported within their role.

People were supported with meal preparation where this was required.

Staff were aware of the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

Staff promoted people's independence and respected choices they made.

People's privacy and dignity was respected by staff who were knowledgeable of people's likes, dislikes and preferences.

People told us staff were kind, caring and conscientious.

Is the service responsive?

Good ●

The service was responsive.

The provider's complaints policy and procedure had been followed. People were confident any concerns would be addressed promptly.

Care plans had been further developed to ensure they contained person-centred information.

Regular reviews of people's care and support took place to ensure the service continued to meet their needs.

Is the service well-led?

The service was well-led.

Effective quality assurance processes were now in place to monitor and improve the service.

Feedback from people had been sought. Action had been taken when concerns were identified.

People, relatives and staff spoke positively of the management team. Regular staff meetings now took place that enabled staff to share ideas to help improve the service.

Good ●

Eldercare

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 checked 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.

Inspection activity started on 6 September and ended on 11 September 2018. The inspection was announced. The provider was given 48 hours' notice because the location provides personal care support to people living in the community and we needed to be sure someone would be available at the office location. The inspection was carried out by one adult social care inspector. Following the inspection site visit, an Expert by Experience contacted people who used the service and relatives to gain their views on the service provided.

As part of planning our inspection, we contacted the local Healthwatch and the local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

The provider sent us their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

During the inspection we reviewed a range of records. These included four people's care records containing care planning documentation, daily records and eight people's medicine records. We looked at four staff files relating to their recruitment, supervision, appraisal and training. We reviewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection we spoke with five people who used the service and four relatives to gain their views on the service provided. We also spoke with five members of staff including the registered manager, who is

also the provider, and the care manager who had responsibility for the day to day management of the service.

Is the service safe?

Our findings

At the last inspection in January 2018 we found the service was in breach of Regulation 12 Safe care and treatment. This was because risk assessments were not always in place where required and staff had not been provided with sufficient information to ensure they could manage risk effectively. Accidents and incident forms had not always been recorded appropriately by staff. The registered manager had not reviewed or analysed these forms to identify any trends. Medicines had not been administered or recorded appropriately.

We also found the provider was in breach of Regulation 19 Fit and proper persons employed. This was because safe recruitment processes had not been followed. As a result, we awarded a rating of inadequate.

At this inspection we found considerable improvements had been made to show that the provider was now meeting regulations and providing a safe service.

People and relatives told us the service was safe. Comments included, "The staff are great. I feel safe with them and they always on time", "I feel safe with the carers who come. They come four times a day. If they are going to be very late they always phone. They are meticulous" and "I feel safe. Staff are very good."

Since our last inspection the care manager had reviewed and updated each person's care files to ensure they contained sufficient, accurate information to enable staff to manage risks effectively. We found assessments were now in place for all identified areas of risks including falls, skin integrity and any known medical conditions that could present a risk, such as diabetes.

Risk assessments had been reviewed on a regular basis and updated when people's needs changed. For example, one person's mobility needs had increased. As a result, a review meeting had taken place. The person, their relatives and professionals had attended along with the care manager. Additional mobility aids had been put in place and we found the risk assessment had been updated to reflect this change.

Accident and incident forms were completed by staff and returned to the office where they were now reviewed by management. An accident and incident log had also been developed to evidence management overview, action taken as a result of the accident, and any lessons learnt. Staff we spoke with were aware of the new process in place and the importance of ensuring management were informed of any accidents and incidents which occurred in the community. One member of staff said, "Everything is reported to the office, no matter how minor it may be."

Where people had emergency pendant alarms this was detailed within the care plan. Daily records evidenced that staff ensured people had their pendants on before leaving to ensure they could gain assistance in an emergency.

People's use of medicines was recorded using a medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and the recording when they have been administered.

A system was now in place to ensure all MARs were returned to the office on a monthly basis. The care manager had taken responsibility for collecting and auditing all MARs to ensure they had been completed correctly. We looked at ten MARs and found they contained sufficient information which included the dose, frequency and strength of each medicine. They had all been completed appropriately by staff.

Training records showed that all staff who were responsible for administering medicines had now received appropriate training. The registered manager had also introduced a medicine administration observation form. Observations had been conducted on all staff who administered medicines to ensure they were competent in this area. A training plan had been developed to ensure refresher training was provided regularly to allow staff to keep up to date with best practice.

Records now clearly showed that the registered manager had taken action when concerns in relation to medicines had been identified. For example, one member of staff had failed to administer a prescribed dose of medicine to a person. The member of staff was required to complete refresher medicines training and had their competencies re-assessed by management.

A recruitment checklist had been introduced so the registered manager could clearly monitor all stages of the recruitment processes. We looked at three staff recruitment files and found appropriate pre-employment checks had been completed. References were requested and interviews had been recorded. Any gaps in employment history were now explored during the interview process. The registered manager told us, "We started to implement improvements after the last inspection. We understood what the shortfalls were and we were keen to make sure we improved. The recruitment process that is now in place is robust." We did identify that not all references had been dated to evidence they had been received prior to employment commencing. The care manager took action to address this during the inspection process.

Safeguarding training had been delivered to all staff in June 2018. Staff we spoke with were able to describe the process they would follow if they suspected abuse, such as contacting the management team or local authority safeguarding team. One member of staff said, "I was confident I knew about safeguarding but the training helped me to refresh. I am sure all staff would report anything they were concerned about." The care manager told us they had developed good relationships with the local authority safeguarding team and often contacted them if there was anything they were unsure of. The registered manager and care manager had also commenced a level 4 safeguarding training qualification to improve their knowledge.

An on-call system was in operation when the office was closed. This was managed by the care manager and senior care staff at the service on a rota system. People and staff we spoke with told us they were able to contact the on call outside of normal office hours and had never experienced any issues. One person said, "Day or night I know I can always ring them. I have never had any problems at all."

We found there was enough staff available to provide the support that people required. Rotas were produced one week in advance and staff annual leave was managed to ensure service delivery would not be affected. Rotas showed that people were supported by a consistent team of staff. Staff generally worked set shift patterns which meant that people received support at a consistent time. People we spoke with confirmed this. Comments included, "They were struggling with staff a while back but everything is much more settled now" and "They are usually on time but they do ring me if they are going to be late."

The registered manager was keen to explain improvements that had been made to the service since the last inspection and any lessons learnt. They demonstrated they had taken action to address shortfalls in relation to the concerns found at the last inspection. They said, "We have all worked extremely hard to make improvements. There has been change in the management structure and we now have a dedicated team

which is working really well. We understand the shortfalls found and why we needed to improve."

Is the service effective?

Our findings

At the last inspection in January 2018 we found the registered provider had failed to provide sufficient support and training to staff. This was a breach of Regulation 18 Staffing. As a result, we awarded a rating of requires improvement.

At this inspection we found improvements had been made to show that the provider was now meeting regulations.

People and relatives told us the service was effective. Comments included, "Staff know exactly what they are doing. They are all very well trained" and "Staff know what they are doing. If I am going away or feel a little under the weather they are straight on to it."

A supervision plan had been developed to ensure the registered manager could monitor when staff supervisions were due. This showed that staff had been provided with regular supervision sessions since our last inspection. The supervision form had also been further developed to fully record discussions that took place, any areas of concern and personal development.

The care manager now completed a 'staff member log' for each member of staff employed. Within this they recorded any concerns that had been identified such as minor concerns from people who used the service, staff and any issues with document recording in relation to each specific staff member. The care manager told us, "I use this information to help plan supervision content. If I have noticed some errors in recordings on documents then the supervision will be based around that. If other staff have complained about their punctuality then we will discuss that and how they can improve." A plan was in place to ensure all staff received an annual appraisal in 2018, with some appraisals already being conducted and recorded.

Staff we spoke with told us they felt supported by management. One member of staff said, "The care manager has been brilliant. You can see they are dedicated and want things to improve. I have had supervisions, training and attended regular staff meetings since the last inspection which are useful."

At the last inspection we found the provider had no formal process in place to ensure staff were competent within their role, as they did not observe staff practice. Observations had now been introduced and were completed by the care manager. They covered areas such as infection control, moving and handling, medication, punctuality, appearance and communication. Each member of staff had received at least one observation in 2018. The care manager explained that moving forward, at least two observations would be conducted for each member of staff per year.

Staff had been provided with training they required to ensure they had the skills and knowledge to carry out their role, which included specialist training in areas such as dementia and special health conditions. Staff were given the opportunity to attend refresher training to ensure their skills and knowledge remained in line with best practice guidance. A training plan was also in place to evidence when future training was planned. We identified that Mental Capacity training had not been delivered. The registered manager agreed to

source appropriate training in this area.

Staff told us they had attended an induction and records we looked at confirmed this. Staff new to care were required to complete the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care expected; it is completed over a 12 week period. New staff were also required to work alongside a more experienced member of staff before working alone in the community. This usually lasted three weeks. One person told us, "I have regular staff but if a new one starts they always come with the regulars until they find their feet." New staff were also subject to a three month probationary period. Records show that probation review meetings had taken place and if all areas of the staffs' performance were satisfactory, a permanent contract had been signed.

The 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). For people living in their own home, this would be authorised via an application to the Court of Protection.

Staff we spoke with understood the requirements of the MCA. We found that the service was working within the principles of the Act, although staff had not received training on this.

People usually consented to care by verbally agreeing to it. Staff told us they asked people if they were happy and understood before support was provided. Care plans evidenced that people had been involved in making decisions around the care and support that was provided, although signed consent was not always evident.

Where people required assistance with meal preparation this was clearly recorded in care files. For example, one care plan stated the person would like a frozen meal at lunch that their relative would buy and a light snack at tea time. Another care plan detailed that a person was diabetic and relatives would help the person plan meals to ensure they were suitable. Care plans also contained details of people's likes and dislikes in relation to nutrition, how they liked their tea or coffee served and preferred times to eat meals.

People we spoke with told us they were happy with the support that was provided. Comments included, "They come on a morning and ask what I would like for breakfast. They leave me a sandwich for lunch and come back at tea time and do my main meal" and "I have fresh meals delivered that staff heat up for me. I always choose what I would want."

The service had good working relationships with local GP practices, district nurses and other professionals. Information regarding people's GP's and other professionals involved in their care was recorded in people's care records. People we spoke with told us they could access their own GP whenever needed. One person said, "The staff are on the ball. They notice when things are not right and ask if they can ring the GP and my family to be on the safe side. I like that they are so observant."

Is the service caring?

Our findings

At the last inspection in January 2018 we found the service was not always caring. This was because staff did not feel their confidentiality was respected and were not always provided with relevant information when visiting a person for the first time, which on occasion had caused distress to people. At this inspection we found improvements had been made.

People and relatives told us the service was caring. Comments included, "Staff cater for [person's name] needs and are good at communicating. They show they really do care" and "They are all very caring and conscientious. Communication is very good and they listen to me."

Staff we spoke with told us due to the changes in the management structure the issues with regards to confidentiality had been addressed. One member of staff said, "Things are much better and I feel confident going into the office, discussing concerns and know they will not be shared with others." The registered manager told us, "Following the last inspection I made changes to the management structure after shortfalls were highlighted. We now only have one care manager which means conflict had subsided. Staff know they can speak to me at any time."

Improvements had been made to the information contained within care records. An overview sheet was now in place for each person who used the service which were stored securely in the office. These included important information in relation to each person such as preferred call times, access arrangements and care and support needs. The care manager told us the purpose of these was so that staff could come into the office and read important, relevant information about any new service users to avoid causing any distress.

People we spoke with told us staff promoted their independence. One person said, "Staff visit me once a week to help me in and out of the bath. They all know I can manage to wash on my own and encourage me to do it. They have helped me to build my confidence." Care plans also detailed what areas of support people could manage independently, areas they needed prompting, and areas they needed full assistance. For example, the care plan for one person described how the person was able to stand alone with verbal prompts regarding safety, but would need staff to assist when walking and offer reassurance. This demonstrated staff were provided with information to ensure they could promote people's independence.

All the people and relatives we spoke with told us staff treated them with dignity and respect. One person said, "Staff help me shower. They're very good with privacy and dignity. They always keep me covered and ask if it is okay to do things. They never take over but they know what support I need." A relative we spoke with told us, "They cater for [person's name] needs very well and are really good with communication, constantly taking to them explaining what they are going to do. They always keep [person's name] covered to respect their modesty."

It was clear from discussions with people and information recorded in people's care records that staff respected choices people made. One person told us how they liked their relative to manage their medication, choose clothing and cook meals. This was clearly recorded in the care plan and the person

confirmed staff always respected this. Another person said, "Everything is my choice. When I first started receiving a service I was asked what support I wanted and that is what I get. The care manager comes and reviews everything to check I am still happy."

Notes and information recorded in people's daily visit records evidence that people were able to change the allocated time of their visits if they had personal or healthcare appointments. For example, one person had a hospital appointment which meant they needed to be supported earlier in the morning and have a later lunch visit. This had been accommodated. People were also able to request specific staff for personal care, such as bathing or shaving, and this was accommodated where possible.

Staff we spoke with were extremely knowledgeable of people's likes, dislikes and preferences which were also recorded in people's care records. One member of staff said, "I visit people on a regular basis so really do get to know their needs and how they like things done. I know how each person likes their breakfast or tea and coffee served, what time they like their visits to be and days relatives visit." A person who used the service told us, "One thing I can say is everything is person centred, how I like it, no questions asked."

People were supported to live according to their wishes and values and had access to advocacy support if this was needed. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known. People told us staff sat and spoke with them about their care and what they wanted and support was delivered to help achieve this.

Is the service responsive?

Our findings

At the last inspection in January 2018 we found the service was not always responsive and awarded a rating of requires improvement. This was because care plans did not always contain sufficient information in relation to people's support needs and had not been reviewed and updated when there had been changes in people's conditions. We also found that complaints had not always been managed appropriately.

At this inspection we found the required improvements had been made.

People and relatives told us the service was responsive. One person said, "The staff are very observant. If they have any concerns at all they deal with it straight away – I would say that is responsive."

Since our last inspection all care plans had been reviewed and updated to ensure they contained the required level of detail. We looked at four care plans and found they now contained much more person-centred information which focused on each individual and their needs. For example, one care plan stated the person preferred to wear trousers, jumper and slippers during the day, pyjamas when in bed with no socks on at night. It also stated that the person did not wear aftershave but liked a shave every other day.

A further information sheet had also been introduced for each person. The care manager told us the purpose of gathering this information was to ensure that all things that the person considered important to them as individuals was considered and understood by staff. The information recorded included if the person had any sensory impairments, religious or cultural needs, social interests and any other things that were of importance to them. For example, one document stated that the person liked to watch TV and read a specific newspaper that was delivered each morning to their home. The information had also been included in the person's care plan which stated, 'staff to get newspaper from letter box each morning and give to [person's name] on breakfast tray with breakfast.' Another detailed how the person had a dog which was of significant importance to them and that staff should 'fuss' it on arrival.

My life history had also been introduced and completed for each person. This included specific details regarding the person's previous employment history, marital status, family relationships, memories from their youth and areas they found of interest. Staff we spoke with told us this information was particularly useful when building relationships with people. One member of staff said, "If we have a little bit of history we can stimulate conversations with people. I love hearing about what people did when they were younger. I could listen to them for hours. I think people enjoy telling their stories too."

There was clear evidence that regular care plan reviews had been completed by the care manager to ensure the support provided continued to meet people's needs. Records of these reviews included any changes that were required and who had been involved in discussions. We found these had not always been signed by people to evidence their involvement. However, people we spoke with told us they had been fully involved in such reviews. One person said, "[Care manager's name] comes out every couple of months to check everything over. We have a chat to make sure I am happy. If I am not [care manager's name] is straight on to it and it is sorted straight away. I ask them to keep my relatives informed and they always do."

The service continued to ensure they could meet people's needs before accepting a new package of care. Initial discussion took place with a social worker to obtain details such as the length and number of calls required, the support required, the person's medical history and if the person had specific times they wished for their visits to take place. The care manager then conducted a home assessment to ensure they captured details to enable them to provide a person-centred service.

We found evidence that the service responded when people's needs changed. For example, one person's health had deteriorated and they required additional support. A discussion had taken place with the person's social worker and a review meeting took place soon after. Additional support was then put in place. Another person had suffered with a virus. As a result, they needed more support. This had been implemented straight away. The person told us, "Staff were brilliant. They knew I was unwell and asked if they could call the GP. They put extra visits in place to help me and check I was okay and managing."

Staff completed daily reports after each visit which detailed what assistance had been provided to people. We saw these had been completed consistently and contained sufficient information. Staff told us they reviewed this information at each visit to ensure there had been no changes or concerns that required action.

At the last inspection we identified that complaints had not always been responded to appropriately. There had been one complaint raised since our last inspection. Records showed that all areas of concerns raised had been addressed and responded to within timescales stipulated by the provider's complaints policy. A 'concerns log' had also been introduced so management could monitor and respond to all concerns that were raised even if they were not formal complaints.

People we spoke with told us they knew how to raise concerns. One person told us, "I'd put a complaint into the office or to the care manager. If nothing happened then I'd follow the protocol that's in my book (service user guide)." Another said, "We're happy with everything. The tea time call was getting earlier so I contacted [care managers name] and they sorted it out straight away. I have no hesitation in contacting management if I have concerns."

We were presented with a folder which contained numerous compliments from people who used the service, past and present. Comments included, 'Many thanks for all your kindness and care. [Person's name] was always saying how well you all look after them and it was greatly appreciated' and 'We only knew you for a short time but what a huge difference you make to my life but most of all to [person's name]. You were all warm, friendly, supportive and above all professional.'

Is the service well-led?

Our findings

At the last inspection in January 2018 we found the service was in breach of Regulation 17 Good governance. This was because the service had failed to assess, monitor and improve the quality of the service and act on feedback that was provided. They had also failed to keep accurate, complete and contemporaneous records and did not have systems in place to ensure compliance with regulation. We also found the registered manager had very little oversight of the service and the care that was being provided. As a result, we awarded a rating of inadequate.

At this inspection we found considerable improvements had been made to show that the provider was now meeting regulations.

People and relatives told us the service was well-led. Comments included, "I think the service is well managed" and "I cannot think of anything I would change. Everything has been very good and that must be down to good leadership and management."

The service had a registered manager in place who had registered with CQC in August 2016. The manager was also registered to manage another location, Eldercare, based in Pickering. The registered manager is also the nominated individual for the registered provider and one of the company directors.

Following our last inspection, the registered manager reviewed the services management team, their performance and how they ensured they were kept up to date with the day to day running of the service. As a result, there was now only one care manager who took responsibility for the day to day management of the service who was supported by an experienced administrator. The registered manager had implemented weekly management meetings to ensure they kept up to date with what was happening at the service and records showed these had taken place consistently. The registered manager had also introduced an audit to allow them to closely monitor the care managers performance to ensure newly implemented improvements were maintained. The registered manager said, "The changes to the management structure have been positive. I can clearly see what is happening on a day to day basis and I am much more involved."

Staff we spoke with told us the support they received from management had improved. One member of staff said, "I have no problems going to the office now. [Care manager' name] has been extremely busy but I know there has been a lot of work to do. Saying that, they always have time for staff now which is an improvement. I feel part of a team."

There was a clear system now in place to ensure quality assurance audits were conducted on a regular basis to monitor and improve the service. Audits of medicines administration records, daily visit reports and accidents and incidents were now in place. The care manager had also introduced effective systems so they could monitor when care plan reviews, supervisions, training and staff appraisals were due. The audits we viewed demonstrated that where any concerns were found, these were addressed and appropriate action had been taken. For example, one to one discussions with staff who had made an error, group discussions in staff meetings and refresher training if required.

Staff meetings now took place on a monthly basis. They were used to inform staff of any pending changes to the service, provide information on people new to the service, but also to learn from any mistakes. The care manager told us, "Sometimes people make mistakes. I thought it was a good idea to learn from these to avoid them happening again. Staff meetings bring all staff together so we can discuss what we could have done better. This way we all learn from it." An example of this was two members of staff changing their shifts without notifying the office. A discussion had taken place during the staff meeting where staff were asked what the consequences of this could be and therefore the reason why it was not allowed.

Following our last inspection, the registered manager had made the decision to send satisfaction surveys to people who used the service so they could gain their views on areas of the service they needed to improve. The registered manager had analysed the feedback provided. It was clear action had been taken when shortfalls had been identified. For example, people had stated they were not always sure who to contact if they wanted to change their package of care. As a result, service user guides had been resubmitted to people who used the service and staff were encouraged to remind people of the route to take. A further satisfaction surveys had been submitted in August 2018 and the registered manager was in the process of collating the information provided. They told us, "We sent out surveys in February 2018. We felt after all the hard work that has been done in the past six months it would be a good idea to request feedback again to ensure the improvements we have made have impacted positively on people. I am in the process of collating the results but it all looks very positive from what I have seen so far."

Services that provide health and social care to people are required to inform the CQC of important events that happen at their location in the form of a 'notification'. Important events include accidents, incidents or allegations of abuse. We found notifications had been submitted to CQC as required.