

Lauriem Complete Care Limited

Lauriem Complete Care Limited - Deal

Inspection report

32 Albert Road
Deal
Kent
CT14 9FE

Tel: 01304361222
Website: www.lauriem.co.uk

Date of inspection visit:
22 August 2018
24 August 2018

Date of publication:
01 October 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 22 and 24 August 2018 and was announced.

Lauriem Complete Care Ltd - Deal is a domiciliary care agency. It provides personal care to adults who want to remain independent in their own home in the community. Most of the people who use this service are older adults. The service also provides care and support to people living in specialist 'extra care' housing. Extra care housing is a purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. The service provides 'background support' to all of the residents in the extra care housing. Not everyone using the service or background support receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the last inspection in July 2017 the service was rated overall as requires improvement. Following this we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, responsive and well-led to at least good. At this inspection we found that the service had improved and the service is now rated Good.

At the previous inspection there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In that the provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety and there was a risk that people would receive inconsistent care and support. At this inspection we found that the provider had taken the appropriate action. The registered manager had assessed risks and there was a plan to minimise these risks in place. There was clear, detailed and appropriate guidance for staff. The care provided was consistent.

At the last inspection there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In that the provider had failed to consistently assess, monitor and improve the quality and safety of the services provided and operate effective systems and processes to ensure compliance with the requirements. At this inspection we found that the provider had made the necessary improvements. The service was regularly audited to identify where improvements were needed and actions were taken.

A registered manager continued to be employed at 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. The registered manager ran both this service and the providers other service in Dover.

There were sufficient numbers of staff to meet people's needs and cover the care calls provided by the service. Staff training was up to date and staff had the skills and knowledge they needed to support people. New staff had been recruited safely and pre-employment checks had been carried out. Staff were appropriately supervised and had annual appraisals. The provider undertook spot checks to monitor staff performance and competency assessments for medicine administration and manual handling.

People were protected from abuse and the risk of harm. Staff had undertaken training in safeguarding and understood how to identify and report concerns. Medicines were managed safely and people received their medicines when they needed them.

Peoples' care met their needs. Care plans were up to date and accurately reflected people's needs. Where people's needs changed care plans were amended. Staff were aware of people's decisions and respected their choices.

The service supported people to maintain their health and wellbeing. When people needed it they were supported with nutrition and hydration and to access health care. Staff used personal protective equipment and people were protected from the risk of infection.

People were treated with respect, kindness and compassion. People's privacy was respected and they were supported in a dignified way. People were supported to maintain and increase their independence where appropriate.

People were provided with opportunities to express their views about the care and support they received. People had information on how to complain and complaints were investigated and responded to appropriately.

People told us the service was well-led. Staff and the registered manager understood their roles and responsibilities. Staff understood their responsibilities to raise concerns and incidents were recorded, investigated and acted upon. Lessons learnt were shared and trends were analysed.

The registered manager continued to work closely with social workers, referral officers, learning disability health professionals and other health professionals.

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.

Risks to people were assessed and there was guidance for staff to mitigate risk.

There were enough staff available to provide the service. Safe recruitment practices were followed.

People were protected from the risk of abuse, staff had the appropriate training and knowledge.

Medicines were managed safely and people received their medicine when they needed it.

Staff used personal protective equipment as appropriate and people were protected from the risk of infection.

Lessons were learned when things went wrong and learning was shared with staff.

Is the service effective?

Good ●

The service was effective.

People's needs had been appropriately assessed before they received support from the service.

Staff were appropriately supervised and had the skills, knowledge and training the needed to support people.

People were provided with the appropriate support to eat and drink where this was required.

People were supported to access to healthcare professionals when they needed them.

The provider followed the principles of the Mental Capacity Act (2005).

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring.

People and their relatives were involved in decisions about their own care.

Staff assisted people to maintain their dignity and privacy.

People were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were personalised and contained information on how people liked to be supported.

There was a complaints policy in place and people and their relatives knew how to complain if they chose to do so. Complaints were investigated and responded to appropriately.

Is the service well-led?

Good ●

The service was well led.

Audits had identified shortfalls in the service and action had been taken to address any concerns identified.

Staff were happy in their role and felt well supported by the provider and that their views were listened to.

Staff and the registered manager were aware of their roles and responsibilities and notifiable incidents were reported to CQC.

The service worked in partnership with other relevant organisations.

Lauriem Complete Care Limited - Deal

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.

We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 22 August 2018 and ended on 24 August 2018. This was a comprehensive inspection. We visited the office location on 22 August 2018 to see the manager and office staff; and to review care records and policies and procedures. On the 24 August we visited the extra care housing unit and spoke to people who lived there who received a service. We also shadowed staff undertaking care calls to people to see how care was delivered.

The inspected team consisted of two inspectors and one expert by experience who undertook telephone calls to people who used the service and their relatives. 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 asked the provider to complete a Provider Information Return (PIR). 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 looked at the previous inspection report and notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

We sought feedback from relevant health and social care professionals and staff from the local authority involved in the service on their experience of the service. We contacted Healthwatch. Healthwatch are an

independent organisation who work to make local services better by listening to people's views and sharing them with people who can influence change.

During the inspection, we visited three people in their own home and spoke to thirteen people and six relatives on the telephone to gain their views and experiences. We looked at eight people's care plans and the recruitment records of five staff employed at the service.

We spoke with one of the providers, the registered manager, the operations manager and four other members of staff. We viewed a range of policies, medicines management, complaints and compliments, meetings minutes, health and safety assessments, accidents and incidents logs. We looked at what actions the provider had taken to improve the quality of the service. We also used information from a recent survey of people undertaken by the provider.

Is the service safe?

Our findings

People told us they felt safe using the service. People said, "I feel confident and safe with the carers.", "I feel safe when they are moving me.", and "I feel safe when then the two carers are hoisting me." When we spoke to people who lived at the extra care housing unit they told us that staff always responded when they pressed their alarm bell. One person told us about an incident where a stranger had rung their doorbell during the night. The bell was situated outside of a locked gate on to the street so that the persons visitors could gain access. They told us that staff responded quickly to the alarms and dealt with the situation well. The person told us that they felt safe during the incident and that staff reassured them there was nothing to worry about.

At the last inspection in July 2017, the provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety and there was a risk that people would receive inconsistent care and support. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had taken the steps necessary to improve. Individual risks to people's health and wellbeing had been identified and staff had the guidance they needed to mitigate risks. Care plans contained risk assessments including risks relating to mobility, personal care, medication and the use of equipment. There was information on the equipment people used to keep them safe such as when this equipment should be used and what it was for. We visited people in their homes and found that the equipment detailed in the care plan was an accurate reflection of the equipment being used. For example, where people used walking frames or mobility scooters to access the outside this was included in the persons care plan.

Where people had long term conditions there was information on how that might cause the person to feel unwell and how staff needed to respond if they became so. For example, where people had seizures there was information on what triggered a seizure, how often the person had seizures and when staff needed to call form medical assistance. There was also information on what the persons seizures looked like and actions staff needed to take to reduce the risk of harm if the person fell during a seizure.

Care plans included information on risks from the environment to people and staff. For example, there was information on parking and the lighting outside of the persons home to protect staff during dark winter evenings.

At the last inspection, some people were unhappy that the service did not send them a duty rota, like their previous service provider. At this inspection the provider who told us that they now sent out the rota to people who had identified that they wanted this information in advance. At this inspection, the people we spoke to who used the service did not feel that this as an ongoing concern when we asked them about it.

There continued to be enough staff to meet people's needs and keep them safe. Outside of office hours there was an on-call system. The out of hours system was staffed by one staff member who was on duty using a rota system. Staffing numbers were reviewed at regular management meetings and there was a

programme of ongoing recruitment. Where there was sickness or an unplanned shortage of staff one of the providers delivered care to people to ensure that calls were covered. The service was also able to access staff from the Dover office if there were short term staffing concerns.

People told us that the staff were reliable and they had never had a missed call. People said, "They turn up on time and stay as long as I need them to", "If they are going to be late they let me know", "They always arrive on time. They stay till everything is done for me." One relative said "We have regular carers and they stay the full amount of time." However, one person said that staff sometimes left early, they said, "Two staff used to stay the full 30 minutes but they have now moved on. Staff usually stay 20 to 25 minutes. I feel aggrieved as we pay for 30 minutes." The provider undertook a quality survey where people were asked if care staff arrived within 45 minutes of the planned time. This survey was a joint survey of people who used this service and the service run from the providers Dover location. 45 minutes was used as a benchmark as the local authority contract defined early or late calls as 'A call starting 45 minutes or more from the time stated on the Service Delivery Order'. Results of the survey for May 2018 noted that, 103 of the 109 people who responded indicated that staff arrived within this time.

Staff usually had sufficient travel time between their care visits to be able to travel from one person's home to the next. Occasionally this had not been calculated correctly. One member of staff told us, "Sometimes there isn't enough travel time, but when I report this to the office the schedule gets amended. Sometimes staff don't tell the office that there isn't enough travel time so they don't know and can't fix it." Staff meeting records showed that the registered manager had asked staff to let them know if they were running late to calls. The service was in the process of introducing an electronic sign in system where care staff use an app on their phone to sign in and out of the visit to enable them to identify where people were arriving late and where travel time is a concern so that they can address any further issues.

The service followed safe recruitment policies and guidance when employing new staff to the service. Pre-employment checks were carried out; these included obtaining a full employment history, identification checks, references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to identify people who are unsuitable to work with adults in vulnerable settings.

Policies and procedures were in place to ensure people received their medicine safely and on time. We observed staff administering medicines and saw that staff were following safe administration practices. For example, where medicine needed to be given at a set time this was clear in the persons care plan and office staff were aware of the importance of ensuring that the persons calls ran to time. Where people had pain patches there were body maps in place to ensure that these were not placed on the same patch of skin repeatedly. Staff received training on how to give people their medicines and medicine administration records (MARs) were complete and up to date. One person's relative told us, "We have not had any problem with medications and creams which they apply to pressure sores he acquired in hospital." One person told us "The carers take tablets out of the dosset box and put them in a dish for me; I have not had any problems with this."

Incidents and accidents were recorded by staff. Learning from these was communicated to the staff at team meetings and in care plans. For example, one person had recently had difficulty swallowing their medication. The staff we spoke to were aware of this, the person had been referred to the GP and was now being referred to specialist health professionals for further support to ensure that they could continue to take their medicine safely. We observed staff supporting the person to take their medicine and saw that staff were patient with the person and ensured that the person took their time taking each pill one by one. Learning from accidents and incidents minimised the risks of avoidable harm. Information about safety was analysed for trends to reduce risk and discussed at the providers management meetings. The provider and

registered manager had also shared the learning from recent inspection of another one of the providers locations and had applied the lessons learnt there to this service.

There was a safeguarding policy and procedure in place. Staff had undertaken training and were able to demonstrate that they knew what the possible signs of abuse were such as bruises and a change in behaviour. Staff told us that they knew how to raise concerns about abuse and that they were confident that the registered manager would deal with any concerns. Staff were also aware of what to do if the concern was not addressed. Staff said, "I report concerns to the registered manager, they have always dealt with the things that I have reported." There had been eight safeguarding concerns since our last inspection all of which had been reported to the care quality commission and the local authority and appropriately investigated. If staff had concerns about poor practice at the service, there was clear information on how to blow the whistle in the welcome pack given to new staff. The staff we spoke to staff where aware of this guidance and knew how to blow the whistle.

We observed that staff used appropriate personal protective equipment (PPE) where appropriate and that this was available to staff.

Is the service effective?

Our findings

People using the service told us, "They are all good to me", "When I have new carers, they introduce themselves", "When I had a fall the carer did not hesitate in calling an ambulance." And "I feel the carers understand my health needs.", "They spent about 90 minutes writing the care plan with me before the service started.", "The staff ask how much help I want with washing." We observed one carer offer to open a person's window. When we asked the person if they preferred the window open they told us, "I do and all the carers know it and offer".

People told us that someone from the office had visited them before they started to use the service to undertake an assessment to make sure the service could provide the care and support needed.. Records showed that peoples family had been invited to support them at this meeting where this was wanted. Records also showed that people's needs were re-assessed when they had been in hospital and returned home to ensure that the service was still able to support them appropriately. Assessment visits were undertaken by the field supervisors who used assessment forms designed for the service. These forms included information on people's needs including mobility, personal care, medication, finances and needs relating to a person's culture, social customs and communication. The assessment information was used to develop a care plan and risk assessments for each person based on their needs

Some people did not need the assistance of staff to support them with their healthcare, such as making and attending appointments as they managed this themselves or a family member or friend assisted them. However, people told us that staff did provide help when they needed it. One person told us, "They help me when I am not feeling well. They called the doctor and got them to visit me at home". Another person said, "they help me if I need to call the doctor". The service provided 'background support' for everyone living at the extra care housing unit. This meant that staff were available 24 hours a day to respond to emergencies and when people rang their alarm. People told us that staff were quick to respond if they pressed the alarm. The staff providing this background support had quick access to critical health information about people such as whether someone had a heart condition or epilepsy. This meant that they could share important information with the emergency services if they needed to call an ambulance. We observed that staff always checked that the person was wearing their pendent alarm and fall alarm, where they had this in place. This was recorded in people's daily notes.

No one at the service currently needed support to monitor their eating and drinking or their weight. However, one person had lost weight following a health issue in the recent past. The service had identified that the person needed more support and appropriate monitoring was put in place. The person had gained the weight they needed and the monitoring was no longer being undertaken at the time of the inspection.

Many people could either make their own meals and drinks or had a family member who helped them. However, some people required staff to assist with their nutrition and hydration. We observed staff offer and make people food and drink whilst they were visiting people. People told us they were happy with the support from staff. People said, "The carers always make me breakfast", "They make me a lovely cup of tea." And, "They always offer me a drink". We observed that staff made sure that people's food and drink was in

reach before they left the person's home.

People were supported by a well-trained staff team. Records showed that staff had received training relevant to their role to support people they looked after. This included manual handling, safeguarding people, equality and diversity, food hygiene, dementia and infection control.

Staff told us, "I like the training here, it is real and actually fun which makes it easier to learn. Questions get answered and it's not rushed.", "I feel confident in my role, I love my job and love my clients." Staff told us that there were opportunities to develop enhanced skills and this was reflected in the staff newsletter where staff were encouraged to discuss their development goals with the registered manager. One staff told us, "I am doing the diploma level 2 and considering doing level 3. They would support me 100% if I wanted to progress."

Records showed and staff confirmed that new staff had a period of shadowing more experienced staff before they carried out tasks on their own. Staff told us they were offered shadowing until they felt confident to undertake the role themselves. New staff were also given a handbook and a welcome pack which included a copy of the medicine handbook and policy, and information on health and safety and lone working. One staff said, "I felt properly prepared for the job".

There were four staff who worked as field supervisors who were responsible for observing staff to assess their competency when carrying out medicines administration and moving and handling. One supervisor told us, "If people don't pass the competency the supervisor undertakes a one to one mentoring session with them. Then there is another a spot check. If they fail that they have to attend mandatory re-training." We saw in staff supervision records that this was applied and staff had been supported to re-learn and maintain their skills. Staff confirmed that they had regular supervision and annual appraisals and that they found these to be supportive.

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.

When people had the capacity to do so they had signed their care plans to agree to the care and support. When people had a Lasting Power of Attorney (LPA) in place this was checked and documented in their care files and staff liaised with the responsible person about the person's care and support. LPA is a legal tool that allows you to appoint someone to make certain decisions on your behalf. Staff we spoke with understood the principles of the MCA 2005 and were aware of how to respect people's choices. One person told us, "I have the final say about my care".

Is the service caring?

Our findings

People were complimentary about the staff and told us, "The staff are very caring.", "The carers are very considerate and helpful.", "The carers are lovely, they are all very kind and helpful.", and "The carers do a grand job here." The service undertook a survey of clients in May 2018. There were 112 responses and 100% of people said they were treated with dignity and respect and that staff treated them in a kind and curious manner. Relatives told us, "The carers are kind, caring, very friendly and chatty and of a sunny disposition. They are positive and upbeat."

Compliments had been sent to the provider by people or their relatives about the care they received from staff. These included the comments, "all the carers who complete my calls are wonderful, caring and a credit to the company.", and "[staff member] is a god send, she really lifts me up." The service had also received compliments from health and social care professionals. One health and social care professional rang the service and that they were really pleased with the care and the client was looking really well. Another health and social care professional stated that they had been to visit the person and they were very happy with the carers going in and they are doing a really good job.

We observed staff treat people kindly and with patience and respect. People were happy to see the staff and were comfortable in their company. Staff chatted to people and people led the conversation. Staff were aware of the topics that were of interest to people and asked people about their family and lives. People were happy with the conversations. One person told us, "I like the way the carers don't talk down to me."

Staff asked permission before they undertook care tasks and talked to people about what they were doing before they did it. At the end of the call, staff asked the person if there was anything else they needed before they left.

People told us that staff respected their privacy and respected their home when they visited. We observed that staff always knocked on people's door or used the bell even when they had the key to let themselves in. When staff were undertaking personal care they ensured that we left the room first and closed the door. When staff left the room, and needed to re-enter they knocked on the door again. People said, "When they support me with personal care they respect my dignity at all times.", and "The carers asked how I liked to be referred to and therefore call me by my first name."

People's records were kept confidential. Records stored at the main office and the office at the extra care housing unit were kept in a locked cabinet. Office staff at the extra care housing unit told us they took people's confidentiality seriously and that they never had confidential conversations about people in the communal areas. The office space could be hot at times, however, staff said they always ensured that the window was shut and used a fan so that people outside could not overhear conversations.

Staff supported people to remain as independent as possible in their own homes by helping them to remain as independent as possible. When people said they wanted to do something themselves staff offered assistance but respected people's wishes. People told us this was the case and that this was important to

them as they wanted to remain in their own home. One relative said "Because of the service provided it means my relative can remain at home as opposed to going into care and therefore maintain some independence."

People and their relatives told us they were involved in their initial assessment and the writing of their care plan. One person told us, "I was involved with my care plan, they support me how I want to be supported."

The provider had developed a service user guide which was given to people when they began to receive support to provide them with the information they would need about the service and their rights. Information included what they could expect from staff, contact numbers and how to make a complaint. The service was working according to the Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place in August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information. For example, information was provided in plain English using clear large print format and, where needed, staff used these documents to discuss and explain information to people.

Is the service responsive?

Our findings

People told us that they were happy with their care and how they were supported. One person said, "They come and review the care plan", "I contacted the office to arrange an earlier call due to an appointment; it all worked out ok." Relatives told us, "We can get the care plan adjusted as my relative's health changes.", and "The service from the local office is very acceptable and the staff are easy to get on with."

Peoples care plans were person centred and included information on their life history, what was important to them and their preferences. For example, one person did not like to drink cold water and there was information for staff to ensure that the person was always given warm water. There was a brief summary of the care and support people were assessed as needing at each visit. There was further detailed guidance for staff to describe what assistance may be needed and when or how they would know if assistance was needed. No one at the service required staff support to attend to their religious and cultural needs. However, this was addressed in their care plan so that staff understood their needs and could offer support if necessary.

There was information on what people liked to do for themselves and what they needed support with. For example, there was information on how people liked to be supported to shower, what equipment they used to do so safely and what areas of their body they could wash themselves. When we observed carers visit people to provide their care we saw that the staff always checked the persons care plan and previous daily notes before providing care to ensure that nothing had changed.

Care plans were reviewed annually or where people's needs had changed. One person was recovering from a life changing illness. As the person rehabilitated and became more independent the care plan was amended to remain up to date with what the person needed help with and what they could do for themselves. For example, the person was now able to go outside alone. The care plan was amended to reflect this and to ensure that staff asked the person if they were planning to go out and helped them prepare to do so.

The provider had a complaints procedure in place. There was information about how to complain detailed in the new service user guide that was issued to people when they started receiving a service. This gave people or their relatives the information they needed to be able to make a complaint if they wished to. People told us they knew how to make a complaint if they needed to. One person said, "If I wanted to complain I would have no hesitation to contact the office." One relative said, "If I have any concerns at all they deal with it straight away."

Three complaints had been made since the last inspection. We reviewed these complaints and say that they had been investigated and responded to appropriately. Where action was needed to ensure that complaints did not re-occur this had been taken. For example, one relative complained that they felt that the call times recorded by carers were not always accurate. The supervisor discussed this with staff at their supervision. The registered manager spoke to the relative to review the situation. The service was in the process of introducing an electronic sign in system where care staff use an app on their phone to sign in and out of the

visit. This was explained to the relative and will prevent any future concerns from arising.

Is the service well-led?

Our findings

People told us that the service was well led. All the people we spoke to said they would recommend the service. People said, "I would recommend the service. I have been with them for years and have had no real problems.", "They provide me with a good service, they are efficient and respond quickly.", "My regular carers are wonderful, they are caring and kind. About a year ago I had loads of different ones; they came in, did as little as possible and then left. Things seem to have settled down now.", and "I phone the office once a week for the roster and get through ok." Relatives told us, "Contact is positive, friendly and competent." And "They have bent over backwards to accommodate my relatives needs and my requests."

At the last inspection, in July 2017, the provider had failed to consistently assess, monitor and improve the quality and safety of the services provided and operate effective systems and processes to ensure compliance with the requirements. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had taken the steps necessary to improve. A system for monitoring the quality and safety of the service provided was in use. Regular audits were being undertaken which had identified where action needed to be taken to improve the service and keep care plans up to date.

Carers updated people's daily record book at the end of each call. This book was used to record what care and support had been given and any concerns the carer had. Urgent concerns were reported to the office via the telephone on the day. Non-urgent issues were reported through the daily record book. Daily record books were returned to the office for checking after they had been filled up. The registered manager had identified that some people's record book was taking a long time to fill up as the people did not have a lot of calls. Therefore, where people only had a few calls a week a smaller record book was used to ensure that it was completed quicker and returned to the office more regularly. Staff in the office checked the daily records and care plans where amended where necessary. Medicine paperwork was audited for accuracy and completeness and any concerns were raised with the registered manager and supervisors so action could be taken. Care plans, incidents, complaints and recruitment files were audited by the registered manager. The provider also audited call hours to help inform recruitment planning. Where concerns of trends were identified these were discussed at the senior management meeting which was held once a quarter.

The provider had a clear vision for the service which focused on supporting people to make choices for themselves, promoting independence and providing a quality service. The vision and values were shared with people and staff when they joined the service. The registered manager and staff supported this vision.

The service held regular staff meetings for all staff. There were also staff meetings for those staff who worked at the extra care housing unit to discuss issues specific to their role there. At these meetings staff discussed any concerns they had about specific clients. Staff also told us that they had opportunities at these meetings to make suggestions about the running of the service and improvements that could be made. There were four supervisors who worked at both the provider's services. There were monthly meetings where the

supervisors and the registered manager discussed management issues and issues relating to people's assessment and the assessment process. The service produced a regular newsletter for staff which included information about changes at the service and good practice as well as positive feedback from relatives and professionals.

Staff had regular supervisions and annual appraisals. The supervisors undertook spot checks on staff performance to ensure that they were providing safe and effective care in line with the providers policies and procedures. Where staff needed extra support, this was provided through one to one sessions with supervising staff or extra training. There was a positive culture at the service. The staff we spoke to told us that they were happy and were positive about how the service was managed. Staff told us, "The registered manager is lovely, warming and will listen to you." And "I think we are a really caring company who really looks after the employees, there is a lot more training and more time to take in the information."

The provider was very involved in running the service and the registered manager told us they had a good support from them. Management team meetings were held to discuss the future of the business, recruitment and staffing, safeguarding concerns, issues and complaints. The registered manager worked in partnership with other agencies such as case managers and district nurses to provide appropriate support to people. The registered manager and the provider attended local forums, conferences and strategic events. Recently they had attended a conference focused on medicine management to learn about best practice in medicines management and apply this learning to the service.

Annual questionnaires were sent out to the people and their relatives. This survey was undertaken jointly with people who used the Dover service which was managed by the same registered manager. The last questionnaires were sent out in May. Responses were mainly positive. For example, out of 112 responses 100% of people agreed that they had a good relationship with their care worker. Comments included "I am happy with the care that I am given", "[Staff name] is a star – My days start so much better with one on the team to enable me." Where comments were not always positive the service wrote to all the people who used the service to highlight the improvements that were needed and what their plans were to address these. For example, one person had commented that they would like to score the questions 1-10 rather than answer yes or no and the service had agreed to this change.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The provider had notified CQC about important events such as deaths and safeguarding concerns that had occurred.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their ratings in the office area.