

Essential Nursing & Care Services Ltd

Essential Nursing and Care

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

Essential Nursing and Care Dorchester office is registered to provide personal care to people living in their own homes. At the time of our inspection the service was providing support to 38 people. The service was run from an office in the centre of Poundbury.

The service had 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.

When we last inspected the service in March 2014 we had concerns about the assessment and quality of service provision and respecting and involving people who use services. We asked the provider to take action about these concerns. At this inspection we found that improvements had been made in both areas.

People and their relatives told us they felt safe with the staff who provided their care and support. Staff were aware of their responsibilities in protecting people from harm and knew how to report any concerns about people's safety or wellbeing. People had individual risk assessments giving staff the guidance and information they needed to support people safely.

People were supported by staff who were familiar to them and we saw that staff had enough time with people to meet their assessed needs

Medicines were administered safely and gaps in recording were highlighted and managed by regular audits. Staff undertook medicines competency and refresher training.

People received care and support from staff who had the skills and training to meet their needs. Staff spoke highly about the training offered and as well as mandatory subjects, undertook training in specific topics including Parkinsons, Diabetes and Respiratory Awareness.

Staff sought consent from people before providing support and they were aware of the principles of the Mental Capacity Act and had received training in this area.

People were supported to have enough to eat and drink by staff who understood what support they required. We observed staff offering people choices about what they wanted and preparing food and drinks in the way people preferred.

People were supported to access healthcare services when required and staff communicated any requests for referrals to the office.

People told us that staff knew what their preferences were and how they liked to be supported. Staff were

kind and caring and we observed that they had a relaxed and comfortable rapport with people we visited.

People had input into their care plans and these contained details about people's likes and dislikes. Staff offered people choices about how they received their support and knew what was important to them.

We observed staff treating people with dignity and respect and encouraging people to be independent with the support they received.

People were not always told about changes to their care and did not consistently receive a rota telling them who would be visiting. The service had already identified this gap from feedback they had received and had put measures in place to improve this.

People and relatives were involved in regular reviews about their support and encouraged to feedback through surveys and telephone calls. Feedback was also sought from staff using regular surveys and information was used to develop and improve practice.

People, relatives and staff felt that the management of the service was good and told us that they were able to contact someone in the office when they needed to; support was also available out of hours. People were aware of who to contact if they were unhappy about any aspect of their care and support and there was a system in place to manage complaints.

Communication between staff and management was positive. Staff were encouraged to raise issues and discuss queries and felt valued in their role. There were regular staff meetings where practice and ideas were discussed and staff also received regular newsletters keeping them up to date with changes and recognising achievements.

Quality assurance systems at the service were regular and information received was used to identify trends or areas for development.

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

People were supported by staff who understood their responsibilities in protecting people from harm.

People's individual risks were identified and there were clear plans indicating how to manage these.

People were supported by staff who were recruited safely and had undergone appropriate pre-employment checks.

People were assisted to manage their medicines and received them as prescribed.

Is the service effective?

Good ●

The service was effective

Staff were knowledgeable about the people they were supporting and received relevant training for their role.

Supervision processes were in place to monitor staff performance and provide support and additional training if required.

People were supported to maintain a balanced diet and had choices about their meals and drinks.

People were supported to access healthcare professionals promptly when needed.

Is the service caring?

Good ●

The service was caring.

People had a good rapport with staff and we observed that people were relaxed in the company of staff.

Staff knew how people liked to be supported and offered them appropriate choices.

Staff respected peoples privacy and dignity.

People were encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People had person centred care plans and were involved in regular reviews about their support.

People were regularly asked to feedback their views about the service.

People were aware about how to complain and the service had a complaints policy.

Is the service well-led?

Good ●

The service was well led.

Staff told us that the registered manager was approachable and that they were encouraged to discuss any issues or concerns.

Staff and management communicated well and staff felt valued in their role

Quality assurance measures were regular and used to identify trends and areas for development.

Essential Nursing and Care

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 was announced and took place on 7,8 and 13 September 2016. Further phone calls were completed on 9,12 and 15 September. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits.

The inspection was carried out by one inspector 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 service.

Before the inspection we reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding concerns. We reviewed the notifications that the service had sent to us and contacted the local quality assurance team to obtain their views about the service.

The provider had not completed a Provider Information Return (PIR) because we had not requested that they do so. A PIR is a form that asks the provider to give some key information about the service, what the provider does well and what improvements they plan to make. We gathered this information during the inspection.

We spoke with five people in their homes and four relatives. We also telephoned 20 people and relatives to obtain their views about the service. We also spoke with five members of staff. We spoke with the registered manager and the proprietor.

We looked at a range of records during the inspection. These included five care records and three staff files. We also looked at information relating to the management of the service including quality assurance audits, policies, risk assessments and staff training.

Is the service safe?

Our findings

The service was safe. People told us that they felt safe with the support they were receiving. One person said that "the carers are all lovely, all really good". Another person said "I have a regular team with backup staff". A relative told us that they had peace of mind with the support their loved one received. Another person told us "I feel safe with my regular carers" and another relative said that they "feel confident with the package of care".

Staff understood about the possible signs of abuse and how to report any concerns. One told us about how they would identify possible abuse. They explained that because they knew people well they would be aware of more subtle changes in behaviour or mood and would report any concerns to the office. Another staff member told us about some of the signs of abuse they were aware of and knew how to report any concerns. Staff received regular safeguarding training and we saw that the staff handbook contained a copy of the safeguarding policy which gave detail about the procedure for reporting. Staff were aware of the Whistleblowing Policy and how to escalate concerns and told us that they would be confident to report and that this would be followed up.

People had clear, individual risk assessments which explained what risks they faced and what support staff should provide to manage the risks. For example, one person was assessed as being at high risk of falls. There was a clear assessment which directed staff to check the person had the necessary equipment available when they walked and also had their pendant alarm when carers left the property. For another person, they were at risk of choking when they ate. There was a safe swallow plan in their record which had been provided by the Speech and Language Therapist to manage this risk. Staff knew the risks people faced and understood their role in managing these. For example, one staff member told us about a person they supported whose skin could become sore and what support they provided to manage this risk.

Some people we spoke with told us that they needed to have visits at a particular time because staff supported them with medicines. If times were different, this could impact on their health condition. The registered manager told us that where people needed set times, these would be highlighted when a person had their initial assessment. They would also be checked by the assessors when they reviewed the MAR (medicine administration record) monthly with the GP surgery. They did say that this could vary due to staff leave or sickness but they would always aim to keep the calls within 30 minutes of the planned time to ensure that the persons' health condition was not adversely affected.

The registered manager told us that staff, people and relatives informed them if a carer had not arrived for any reason and they were responsive to this. When we spoke with people they also told us that they received visits consistently and did not have any occasions where a carer had not arrived. This demonstrated that the service was providing a reliable service to people and people were not left without support.

Staff told us that they had sufficient time to travel between visits and people told us that staff were generally on time for each visit. One person told us that staff had not been given long enough on their rota to get to them on time and they had rung the office to let them know. The office had changed this and the staff

member now had enough time to travel and arrived on time when they visited. A staff member told us that they generally had enough travel time for their visits and another told us that the office listened when they had not had enough time between visits. This demonstrated that the service was supporting people safely by ensuring that staff were able to get to people's homes on time.

Recruitment at the service was safe and processes robust. Staff files included references from previous employers, applications forms and interview and assessment records. The service used a recruitment tracker document to keep a clear pathway of progression for staff and it showed when recruitment checks had been completed and when staff had received the necessary training and shadowing opportunities. Checks with the Disclosure and Barring Service (DBS) were in place before staff started and DBS details were displayed on staff badges and included expiry dates and a picture of the member of staff. The registered manager told us that they had recruitment incentives in place for staff who recommended someone to work for the service or for previous staff who returned to work for the company. They told us that this was working well and they had successfully recruited staff through this incentive.

People were supported by staff who were familiar to them. One person told us "I know most of the carers and have approximately four each week". Another person told that they had "only a few different carers and I've got to know them". Another person said "usually regular staff, I know them all now". A relative said that their loved one was "very lucky and has set carers who visit" and another relative told us that the area they were most pleased with was the continuity of care as this was important to their loved one.

The registered manager told us that they used a tool for emergency planning at the service. This focussed on how the service would support people in an emergency, for example severe winter weather or a flu pandemic. The service used a 'traffic light' system which indicated if a person would be a 'red' or high priority for support, other people were categorised as an 'amber' - medium or 'green' low support need. This related to the risks the person would face if they did not receive support from staff as planned. This demonstrated that the service had a system in place to ensure that people who had the greatest support needs would be prioritised in an emergency situation to ensure that they were safe.

People were supported to take their medicines as prescribed. We observed that staff were familiar with what medicines people needed support with and how to support them. Peoples care records had clear assessments which identified what level of support a person needed with their medicines and also identified if a person managed their medicines independently. We looked at the MAR (Medicine Administration Record) for two people and saw that there were some gaps where staff had not signed that medicines had been given. People told us that they received their medicines on time and this told us that people were not at risk, but that there were some gaps in recording. We saw that MAR were regularly checked by staff and the registered manager told us any gaps were addressed with staff and additional training offered. This told us that the service had robust processes in place to identify any recording gaps and were working with staff to reduce these gaps and ensure that staff had the correct knowledge and skills to manage medicines safely.

Is the service effective?

Our findings

The service was effective. People felt that staff had the necessary skills and training to support them. One person told us that staff were "really excellent, I can't fault any of them". Another person said "staff have fantastic training which keeps them updated" and another person said "staff are cheerful and nicely presented and have a laugh and a smile with me". A relative told us "staff are trained to a higher standard than other agencies we have used before". Another relative told us that new staff generally shadowed when they visited their loved one.

Staff spoke highly about the training they received at the service. One told us that the training was amazing and another explained that the yearly updates they received were really good and incorporated lots of topic areas. Another staff member said that the training they had received as part of their induction was "comprehensive and I felt I knew what I was doing". We saw that the service had a robust system for ensuring staff had sufficient training and all training was face to face which staff told us they preferred. Peoples care plans identified any specific training needs which staff would be required to have to support them. This was reflected in training staff were offered which included Parkinsons, diabetes and respiratory awareness. One staff member told us that they felt that it was good to have the relevant knowledge as it helped to support peoples different support needs.

The registered manager explained that when they completed a persons' assessment with them, they identified any training needs and these were then sent to the training co-ordinator who booked staff on for the relevant support. Most training was mandatory and covered topics including lifting and moving, infection control and basic life support. The registered manager explained that they wanted to make sure that staff had the necessary skills to support people with a range of conditions and if staff already had this knowledge then they were more able to be responsive to picking up new support for people quickly. The registered manager also said that they were working on setting up alerts on the system to ensure that staff had the required training which had been identified to support each person. This was already in place but was done manually by the office staff when arranging the support for people each week. This demonstrated that the service ensured that people were supported by staff who had the necessary skills and knowledge to support them.

Staff received a comprehensive induction at the service and we saw that new staff were completing the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. We saw that induction records included staff shadowing visits and included work staff had completed as part of their Care Certificate. One staff member said that "shadow shifts were really invaluable and gave me a good idea of the job and improved my confidence". Two other staff members told us that they had found their induction to be very good and had felt supported when they started in their role.

Staff received regular supervisions, annual appraisals and also clinical assessments every three months which were unannounced. Supervisions were face to face and staff told us that they discussed a range of areas including any learning or development opportunities and their own wellbeing. The registered

manager explained that the clinical assessments were carried out in people's homes and staff were assessed in a range of areas including infection control and communication with people. Every six months, the assessments also covered competencies in medicines and staff received both verbal and written feedback after every assessment. We saw that staff files included supervision notes and copies of the assessments which were signed by the member of staff and the assessor, as well as the registered manager.

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 were aware of the Mental Capacity Act and worked within the principles of this. They told us they had received Mental Capacity Act training and we saw that the assessment paperwork for capacity and best interests was in line with legislation. One member of staff explained that they would check that a person could make a decision and if they were concerned about their capacity, they would ring the office to highlight this. The registered manager told us that all of the people they provided a service to had capacity to make their own decisions but that mental capacity assessments and best interest decisions would be undertaken if this was necessary.

Staff sought consent to support people. We observed a member of staff checking before they supported someone to apply a cream to their legs. Records had clear consent forms which were signed by the people receiving care. In some cases people were unable to sign and had nominated someone to sign on their behalf. The registered manager said that they would change the consent forms so that it was clear if a person had requested for someone to sign on their behalf.

Staff communicated well with people and understood that people had different communication needs. For example, we observed that a member of staff crouched down when they spoke with a person to ensure that they were able to hear them properly. Another person needed encouragement and their care plan guided staff to be patient when communicating. Staff were aware of the persons communication needs.

People were supported to have enough to eat and drink by staff who understood what support they required. We observed staff offering people choices about what they wanted and preparing food and drinks in the way people preferred. One member of staff told us about a person they supported and their specific diet, there were certain foods that the person was not able to eat and the carer was aware of these. Care records included details about any likes and dislikes people had and for one person we saw that their record had clear details about how staff were to provide support to reduce the identified risk of choking.

People were supported to access healthcare services when needed. Staff told us that they alerted the office if a referral to a healthcare professional was required. We observed one staff member checking with a person whether they had contacted their GP about a prescription and the person confirmed that they had done this. One person explained that if they were unwell on occasion, the staff were good and contacting healthcare professionals. Another told us that staff were "fully confident and would act" if they were unwell. People's records included clear contact details for involved health professionals including specialist nurses and GP's.

Is the service caring?

Our findings

At our last inspection in March 2014 we found that people were not always provided with appropriate information and support in relation to their care. People were not always involved in decisions in the way in which the service was carried out in relation to their care. Regulations had been breached and we asked the provider to take action. At this inspection we found that improvements had been made.

Staff were kind and caring and had a good rapport with the people they supported. One person said "I don't have to ask, the way staff do things is thoughtful. They make you feel at ease and I don't feel like a burden". Another person told us "nothing is too much trouble, staff are very respectful and chat as they do their work". Another said "they ask how I am, I feel listened to". A relative told us about a member of staff who was "wonderful" with their loved one "kind and patient". We observed a member of staff having a relaxed chat with a person and sharing appropriate humour. We saw that staff were friendly and had rapport with the people they supported. For example, we observed one staff member supporting a person with their normal routine because they knew their preferences. The person told us "they know what I like and how I like things done".

People told us that staff knew what their preferences were and how they liked to be supported. A member of staff told us about what a person liked to have for breakfast and explained the smaller details which were important to the person. For example, whether they liked their door to be open or closed when staff left and how they liked to be greeted when staff arrived. A relative told us that staff knew her loved one well and knew how to support them. Another relative said that staff seemed to know exactly what their loved one wanted and how they liked things done. A member of staff told us "you get to know people and that's why continuity is important". A person told us that staff "do little extra things for me. They are very chatty...this gives us confidence that someone takes notice of us". Another person said the staff were "wonderful. I was tired the other day and the carer said to sit and rest, they do understand".

People were involved in planning their support and had input into their care plans. One person said "I was involved and told them what I wanted to be done". The registered manager explained that the service had assessors who sat with people to plan and write their initial plan of support and also completed reviews with people. Once the initial assessment had been typed up, the assessor then visited the person again to go through what was written and check that they were happy with the care plan. A member of staff told us that when they visited someone new, they were given details first about how to support them.

People and relatives told us that they were offered choices about how they were supported. We observed one person being offered choices about what the member of staff prepared them for breakfast and the person chose what they wanted. We observed another member of staff suggesting options for what support a person wanted and the person chose what they wanted the member of staff to do. A member of staff explained how they offered appropriate choices to people and told us about one person who liked to choose where they ate their meal each day and staff respected their choice.

People's preferences were listened to by the service. Care records included whether people had a

preference about whether they had a male or female carer and people we spoke with said that their preference had been respected. The registered manager explained that the office system was able to record peoples preferences and if people liked a particular carer they tried to keep the continuity for the person. The registered manager also gave us an example of a person who had requested not to have a particular carer, the office had changed the staff rotas and spoken with the member of staff to make them aware. The system then ensured that the person did not have any visits from the particular staff member. This demonstrated that the service listened to the preferences of people and acted upon their requests.

The service had one person who had an advocate working with them but did not routinely inform people about advocacy services or how they could refer for these. The registered manager said that staff would make the office aware if a person might benefit from an advocate and they would then refer them if the person agreed to this. They said that they would start to include information about advocacy in the service user packs to ensure that people were made aware about advocacy services.

We observed staff treating people with dignity and respect. We saw that a member of staff knocked and sought the persons consent before entering their room when they arrived for a visit and a staff member explained how they promoted a persons' dignity when they supported them with intimate care. We saw that the care record for a person promoted staff to be respectful that they were providing support in the persons' home and where people lived with others in their home, care records promoted respectful behaviour.

Staff supported people to remain as independent as possible. A staff member explained how they encouraged a person to do what they could themselves and also encouraged them to assist with tasks such as washing up with them. They told us that their focus was to support people to remain at home independently for as long as possible.

Is the service responsive?

Our findings

The service was not always responsive. People and relatives told us that they did not always receive a rota telling them who would be visiting. One person had not received a rota for the last few weeks and we observed that people we visited did not have current rotas in the property. One person said that their rota was emailed to them as this was their preference, another said that they had requested their rota was emailed but this did not always happen. One person said "I don't get a rota regularly" and another told us that they had not received a rota for a while and said "it would help if I knew when they were coming". Another person highlighted that they had a lot of hospital appointments and it was difficult when they didn't know who would be visiting or at what time. Other people told us that they did receive a rota regularly and knew when their visits would be.

The registered manager told us that they had been struggling with some staffing pressures and this had impacted on the consistent delivery of rotas for people. We saw that this issue had been raised in feedback from people prior to the inspection and the registered manager showed us the action plan which had been put into place. The service had used the feedback to discuss and agree how to improve the consistency for rotas and this demonstrated that people's views were listened to and used to improve the service.

People and relatives were not always told about changes to their visits. Some people we spoke with told us that they were always told about any changes. One person said "they ring and let me know about any changes and ask if we mind". Another said that they "had a late visit but I was called about the change". Other people told us that they were not contacted about changes. One person said "I had a visit which was an hour late but no-one let me know". Another person said "they don't always ring if times are different". The registered manager advised that the staffing pressures had impacted on the office and explained that the action plan regarding consistent delivery of rotas would also reduce the need for last minute changes and improve the service for people.

People had person centred care plans which reflected their preferences about how they wanted to be supported. Care plans included a 'my story' section which provided staff with a picture of what was important to the person and their history. This meant that staff were able to engage with people about topics and subjects in which they had an interest. Care plans also included people's likes and dislikes. We saw that one record showed that a person disliked being called 'dear' and another record indicated that a person liked to watch particular types of programmes on the television. This demonstrated that people received a personalised service.

Reviews were planned every six months and people and their relatives were involved. The registered manager showed us the review planner which indicated when a person had first started to receive support and the date of their initial assessment, it also identified when a six month review was due and on what date this had been booked in. Peoples care plans showed when new assessments and reviews had taken place and who had completed these with the person. One person said that a member of staff had been out to review and they had "told them what I thought about the care". Another person said they were "regularly visited to review how things are going". Another said that during the review, staff had been through their

care plan with them. Relatives told us that they had been invited to reviews for their loved ones. One relative told us that they had made suggestions at a recent review which were included in their loved one's care plan. They had felt fully satisfied with the process and fully included in the content of the care plan.

People and relatives told us that they would be confident to complain if they needed to. One person said that they had not needed to complain, but would be confident to contact the office if they needed too. We saw that the care records in people's homes included copies of the complaints procedure and this was also discussed as part of people's reviews. The service also kept a log of issues about the support people received. Some examples included when a person had not received a planned visit, the record showed actions which had been taken including speaking with the staff member and ensuring that the local authority were aware so that the person was not charged for the visit. Another issue log was documented when there had been a medication error and actions had been taken which included contacting the person's GP and that the member of staff had completed a reflective statement and received medicine update training.

Feedback about the service was gathered by sending surveys to people, completing monitoring phone calls and reassessment and review visits. We saw that surveys and calls took place monthly and the feedback was used to inform and improve practice. The continuous improvement plan for the service had identified that survey responses were decreasing and the service was considering other ways of gathering feedback. This demonstrated that the service listened to people and were invested in trying to gather feedback in a way which worked for people.

Staff also received a survey monthly asking for their feedback. Responses were used to improve and develop practice and to address any concerns from staff. The surveys covered areas including training, communication and whether staff felt valued in their role. Response rates had been decreasing and the registered manager told us that they were considering giving these to staff on a more infrequent basis. For example, on completion of training courses, training updates and as part of staff appraisals.

Is the service well-led?

Our findings

At our last inspection in March 2014 we found that the service sought the views of people however did not effectively capture the experience of people which meant changes were not made accordingly. This meant the service did not have regard for the views of people and those acting on their behalf. Regulations had been breached and we asked the provider to take action. At this inspection we found that improvements had been made.

The service was well led. There was a registered manager in post who also covered another branch of the service. They spent their time between the two branches and worked with the proprietor to ensure that either the registered manager or proprietor worked at the Dorchester branch each day to provide management cover. The office staff worked as a team and there was a busy and positive atmosphere. Staff who dropped in to the office were welcomed and offered drinks and time to catch up. People, relatives and staff told us that they were able to get hold of the registered manager or someone in the office easily. One person told us "the registered manager is ok, I speak to them about different things and they are helpful". A relative told us "the registered manager is good, they ring up and ask how I am".

People, relatives and staff told us that the office were helpful and they were able to contact someone out of hours if needed. One member of staff said "I can always get hold of someone in the office or on call". A person told us "I can always get through to someone and they are helpful, but they don't always get back to you". Another staff member told us "calls are diverted to another branch if they are busy and I can always contact out of hours, they call back if they are busy".

Communication between staff and management was good. Staff felt valued in their role and told us that they were encouraged to discuss and raise ideas and feedback their views. One told us "they listen to what we have to say, it's always nice to know there is someone behind you to help". Another staff member said "I feel appreciated and the registered manager thanks me for all my hard work". Another staff member told us that the management understood what shifts they needed to work and tried to work their visits around this. They also said that if they had any issues with the visits they had been given, they would call in and office staff were reassuring and tried to make changes if needed. The registered manager told us that they had an open door policy and encouraged staff to drop in and discuss any concerns they might have.

There were regular staff meetings every six months and also regular meetings for the office staff. In addition, the service had separate meetings to look at recruitment and marketing. A member of staff told us "we have regular staff meetings and we are encouraged to raise any issues". Another staff member explained that they discussed their suggestions and thoughts at the staff meetings and said that it was "good to share practice and ideas". Other meetings with office and management staff covered discussions around recruitment and advertising options and ensured that all staff had opportunity to have input into the improvement and development of the service.

The service had clear visions and values and these were included in information for staff and people who used the service. The service user guide in people's homes outlined the beliefs and core values of the service

and included promoting independence, respecting peoples choices and protecting people from harm, abuse and exploitation. The registered manager told us that the service also had clear values and beliefs for staff which included dedication, partnership working, honesty and teamwork. They told us that these were emphasised in the policies and procedures for and also discussed in supervisions and appraisals with staff.

Staff received recognition through an employee of the month system. Staff could be nominated for this for any reason and nominations were made by other staff and also people who used the service or relatives. One relative told us that they had fed back about one staff member through the scheme and other people told us that they were aware that they could nominate staff. The registered manager told us that employee of the month nomination forms were sent out to people who used the service every month. We saw that a winner was chosen at random every month and received a certificate and a voucher in recognition, their photo was also displayed in the office. The registered manager explained that they ensured that every member of staff who received a nomination was recognised and sent letters to each nominee thanking them for their hard work and letting them know who had nominated them and why. This demonstrated that the service recognised good practice and valued staff. Some people told us that they felt uncomfortable nominating for the employee of the month as they did not want this to reflect badly on any of the other staff who supported them. We raised this with the registered manager.

The service sent regular newsletters to staff to update them about changes and recognise achievements. For example, one newsletter updated staff about the need to sign and return the recently changed staff contracts, provided updates about the fundraising the service had been involved with for a local charity, updated changes in staffing and recognised staff who had won employee of the month.

Quality assurance systems at the service were regular and used to identify trends or areas for development. Audits were completed in various areas including accidents and injuries, medicines and complaints. Issues recorded were used to identify possible gaps or trends and formed the basis of planned actions to improve service delivery. Where there were areas for improvement with staff practice, we saw that staff were spoken with and offered additional support or training to ensure that they had the necessary skills and understanding. This demonstrated that the service used audits information to improve the service and encourage staff development.