

ADASS EAST Community Services (OP) for Sunrise Healthcare Ltd

Overall Rating



GOOD



Involvement and Information

Standard Rating

Respecting and Involving Service Users

Good



A01 The care plan is individually tailored, person centred, includes appropriate information on the service user's preferences and views and clearly evidences that they were involved in the decisions about how their care and support is to be delivered. This is confirmed via the pre-admission, daily records & across care plans.

Good



What We Found

- Care plans seen were tailored, non-discriminatory and contained adequate information to enable carers to provide person centred support. The care plans reviewed provided detailed instructions relating to how the individual would like carers to support them. Examples of this include, "When taking off my pyjama top, my carer should take out my left arm first, then take it off my head and finishing with my weaker right arm." And "I must be in an upright position before taking my medication". There was also detailed information relating to the preferred choices such as "I prefer soft foods due to my hiatus hernia", and "I like to have the electric fire turned on without heat as I like the flames as it comforts me". And "I like to have all of the lights and lamps on regardless of the weather and time of year". Plans did not include generic statements and were person centred. Each care plan reviewed contained information relating to the individual's hobbies and interests such as "I enjoy competing crosswords" and "I like to watch cowboy films".

A02 There is evidence that SU's have been given information in appropriate formats (meeting the accessible information standards) to enable them to make informed decisions about their care and support (e.g. signed information on admission forms).

Good



What We Found

- Although an electronic system is used by the provider, a hard copy of care plans is printed and left in the service users' property. The manager advised that they have software available to provide pictorial care plans and large print care plans, if required, however this is not required at present.

B01 Service users confirm that they are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. SU's are treated with kindness, compassion and empathy. Care workers are seen to support SU's choices and preferences in regards the way their care and support is delivered.

Good



What We Found

- All service users/relatives spoken with reported that they/or their relatives are treated with respect and their privacy and dignity is respected. A relative reported that they feel that the carers do take these matters seriously. All individuals spoken with advised that carers are supported to maintain independence with one reporting that they feel the support has enabled them to remain at home.

B02 Service users confirm that they are always placed at the centre of their care and provided with appropriate and adequate information to enable them to make informed decisions about the care and support they receive.

Good



What We Found

- All individuals spoken with confirmed that they have been provided with service users guides, where aware of where to find the guide and advised that the guide contained the necessary contact details. All reported that they were aware of how to contact the registered manager or the agency. All individuals spoken with reported that they have access to their or their relatives care plan and have read it. Most reported that they have not read recently however reported that this was read when care commenced or following a review.

B03 Service users confirm that they are encouraged to provide feedback about how the service might be improved and confirm that that they are listened to and their feedback is acted upon.

Requires Improvement


What We Found

- All individuals spoken with reported that they had not been asked to provide feedback for the service. All those spoken with were unable to recall receiving a survey.

B04 Service users spoken with (where appropriate) confirm that they are supported to maintain relationships with family, friends and the community in which they live and are supported to play an active role in their local community as far as they are able and wish to do.

Good


What We Found

- Individuals spoken with felt that the provider encouraged family to be involved. Whilst the provider has been unable to provide support with accessing the community due to the COVID pandemic, some service users/ relatives reported that they were previously supported by the provider to access the local community.

B05 Service users spoken with confirm that they are supported to enjoy a variety of activities and social opportunities and these are based on their preferences and strengths and form part of everyday life.

Not Assessed

What We Found

- Individuals spoken with do not require support in this area.

C01 Staff are able to explain how they ensure people are treated with dignity and respect.


Good


What We Found

- All employees spoken with provided were able to provide examples of how they ensure that they treat service users with respect and dignity. Examples included, "treat them how you wish to be treated", "let them make choices", "maintain privacy by closing doors or curtains", "asking for consent and respecting their wishes". All staff spoken with advised that they have read the providers equal opportunities policy with one individual advising "the office is good at providing copies of all policies".

Involvement and Information

Consent

Standard Rating
Requires Improvement


A03 Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the MCA and that any restrictions are taken into account in line with DoLS when providing care and support. Care plans contain the date of the expiry of any authorised DoLS. POA is clearly documented and evidenced across the care plan where relevant.

Requires Improvement


What We Found

- The provider is currently in the process of completing and implementing mental capacity assessments into care plans, where applicable. Whilst the assessments reviewed deemed that the service user had mental capacity in relation to medication management, it evidenced that the provider had completed an assessment in line with the Mental Capacity Act and documented the reasoning of this decision. The Mental capacity assessments reviewed were decision specific. As Mental capacity assessment were not fully embedded at the time of the audit, there was no evidence of regular reviews taking place.

B06 Through observation there is evidence that staff understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.

Good
★★★★★

What We Found

- All individuals spoken with reported that the carers ask for consent with one person reporting “they always ask before they do something, and they are thoughtful”. Most individuals spoken with felt that visits were not rushed, and time was taken. Another individual reported that “mealtimes can feel rushed towards the end” however they advised that was dependant on the service users’ needs on the day due to unpredictability.

C02 Staff are able to describe how they ensure that the principles of the MCA are put into practice in their daily work.

Good
★★★★★

What We Found

- All employees spoken with reported that they have completed Mental capacity Act (MCA) training. All employees spoken with were able to advise the purpose of the MCA. One employee reported that the Act protects individuals so they can be assisted to make their own decisions or decisions are made in their best interests. All employees spoken with were able to provide examples of how they implement the MCA into their work. Examples provided included, when a service user lacks mental capacity, they would use their care plan as guidance to ensure that decisions are being made in the individuals best interest, allowing people to make decisions such as what meal they would like to eat and what they would like to wear. One employee reported that if they had concerns that a service user was no longer able to make decisions, they would discuss this with the manager.

Personalised Care and Support

Standard Rating

Care and Welfare of Service Users

Good

★★★★★

A04 Care plans are signed by the service user where appropriate to evidence their involvement in their care and support planning.

Requires Improvement

★★★☆☆

What We Found

- On one care plan reviewed, where the service user was assessed to lack mental capacity to sign the care plan, an explanation was provided as to why the individual was unable to sign. However, the service user had a Lasting power of attorney in place and there was no explanation as to why they had not signed the care plan. Other care plans reviewed were signed appropriately to evidence their involvement and consent to the care plan.

A05 There is evidence that where a key worker system is in place that this is clearly recorded in the care plans and that the service user has been given appropriate information about key working system.

Good
★★★★★

What We Found

- Key worker system is been put into place recently. Information relating to Key workers is found in the electronic app. All carers are responsible for ensuring that they notify the office of any changes to their allocated services users.

A06 There is evidence that SU's have been given information about how to make contact with the care provider.

Good
★★★★★

What We Found

- All service users receive a service user guide, and it is reported that this is kept with paper care plan at the service user's property. The service user guide contained contact number for the provider, office opening hours and emergency out of hours telephone number. The service user guide also included contact details for The Local Government and Social Care Ombudsman (LGO) and Care Quality Commission (CQC).

A07 The care assessment has been conducted in a way to reflect the SU's strengths, abilities and interests to enable them to meet all of their needs and preferences. These are reflected in the written care plan(s) and include maintaining links with family, friends & the community as well as social engagement and/or preferred activities.

Good
★★★★★

What We Found

- The care plans reviewed reflected the service users' strengths and abilities to enable carers to meet their needs and preferences. For example, one care plan advised "I am able to wash my own hair with verbal prompting. It is important that I can continue to do this for myself to promote my independence". Another care plan reviewed stated "I can make simple day to day decisions such as choice of clothes or which drink I would like to have, which medication I would like to have, and which support I would like from my carers when they visit me".

A08 There is evidence that the SU's needs, together with any risks to their health and wellbeing, have been taken into account through the assessment process and that this is reflected in the planned delivery of care and support to ensure that the SU remains safe, their needs are adequately met and their welfare is protected.

Good
★★★★★

What We Found

- Care plans reviewed contained a range of risk assessments appropriate for to the service user. One care plan reviewed, a risk assessment was being reviewed monthly, as per guidance set out on the assessment. On another care plan reviewed, the recommended timescale of 3 months review of the risk assessment had been completed. Where risks were identified, there was a risk management plan in place with details relating to control measures.

A09 Evidence that care and support plans are regularly reviewed and maintained to reflect the current needs of the individual, including reviews of risks and that these are effectively managed to keep the SU safe.

Good
★★★★★

What We Found

- The manager advised that care plans are reviewed every three months or sooner if there are any changes. A review of two care plan showed care plans being drawn up March 2021, review being completed with service user and their family in May 2021 and monthly risk assessments being reviewed, were required. On an action plan seen, it was documented that both care plans above were to be reviewed in the month of September and therefore a care plan review was slightly over the advised review period of 3 months. Another care plan showed a review being completed within the stated 3-month period.

A10 Evidence that daily records are maintained with up to date information to reflect the current needs of the individual.

Good
★★★★★

What We Found

- Daily notes seen were recorded electronically via the app. All daily notes seen were personalised, factual, respectful and contained adequate information.

A11 Evidence that the care planning and support is designed to maximise the SU's independence and quality of life and that service users are supported in setting goals to maximise their independence and improve their quality of life wherever possible.

Good
★★★★★

What We Found

- The care plans reviewed had a "planned outcomes" section. This set out the goals that service users wanted to achieve in order to maximise their independence.

B07 Service users spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their carers) involvement.

Requires Improvement
★★★☆☆

What We Found

- All individuals spoken with confirmed that they feel involved in the support planning. One individual also reported that the provider provides good advice, when requested, with another person advising that they feel that the provider is very supportive to enable them to participate in making decisions regarding their care planning. However, one individual felt that a review of their relative's care was required due to a change in their needs and reported that the reviews of care plans were not regular.

B08 If a key worker system is in place then service users are aware of who their named care worker is.

Requires Improvement
★☆☆☆

What We Found

- All individuals spoken with were not aware if they had a key worker or whether a key worker system was in place

B09 Observation of care staff interaction and care delivery demonstrates that the service user remains safe; their needs are adequately met; and their welfare is protected and that delivery of care is effective, enabling and maximises the SU's independence and quality of life.

Good
★★★★☆

What We Found

- Whilst observations did not take place, individuals spoken with felt that the carers were able to adequately provide the support the care they required and overall felt that the delivery of care was good.

C03 Staff understand and can explain the role of the keyworker if used in the service.

Good
★★★★☆

What We Found

- All employees spoken with advised that a key worker system is in place. Employees advised that each key worker had 2 or 3 service users that they "look out for". One advised that their role was to ensure that changes were reported to the manager. Another reported that this ensured that service users details remained up to date.

Safeguarding and Safety

Standard Rating

Safeguarding People who use the Service from Abuse

Good
★★★★☆

A17 Assessments, together with and care/support plans effectively maintain people's safety and DOL's are only used when in the best interests of the service user (where possible and appropriate).

Not Assessed

B20 Service users confirm that they feel safe and observations of care practice confirm this to be the case. Any service users spoken with that have been subject to a safeguarding are able to confirm that they were supported appropriately by the provider.

Good
★★★★☆

What We Found

- On discussion with individuals, they all reported that they felt that safe care was provided.

C04 Staff are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their responsibilities under the Local Authority's safeguarding and whistle-blowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.

Good
★★★★☆

What We Found

- All employees spoken with reported that they would advise the office or the manager of their concerns. One employee advised that they "would be confident management would take action." One employee was also able to advise that they would also contact Care Quality Commission, if required.

What We Found

- All employees spoken with advised that they have received safeguarding and mental capacity Act training. All employees spoken were able to provide various examples of types of abuse. They also advised that they had access to view all policies, including whistle-blower policy

F12 Records evidence that safeguarding incidents are appropriately recorded and actions evidenced and improvements / changes are implemented where required.

Good
★★★★★

What We Found

- The provider has not had any safeguarding incidents since December 2020. The safeguarding incident form seen evidenced the actions taken following the incident. Evidence has been seen that the provider has previously made statutory notifications to Care Quality Commission.

Safeguarding and Safety

Standard Rating

Cleanliness and Infection Control

Good

★★★★★

B14 Staff are observed to follow good practice in relation to cleanliness & infection control.

Good

★★★★★

What We Found

- Not observed however all individuals spoken with confirm carers use of PPE.

C06 Staff confirm they have received appropriate training in respect to infection control and are able to explain how to prevent infection. Care workers are able to explain how they ensure appropriate waste management.

Not Assessed

Safeguarding and Safety

Standard Rating

Safety, Availability and Suitability of Equipment

Good

★★★★★

C08 Staff confirm that they have received appropriate training on how to use equipment safely and that they are confident to do so and that support is available if required.

Good

★★★★★

What We Found

- All employees spoken with advised that they had received moving and handling training. One employee advised that COVID has had an impact on physical training however felt that they had received regular training and "refresher courses". Another employee advised that they had received practical training from the administration manager. All employees spoken with reported that they received regular spot checks.

E04 Equipment is suitable for its purpose, available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence and is stored safely.

Not Assessed

Suitability of Staffing

Standard Rating

Requirements Relating to Staff Recruitment

Good

★★★★★

D01 Recruitment records confirm that the organisation has carried out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable DBS check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.

Good
★★★★★

What We Found

- Staff folders reviewed included an application form with interview questions and responses. Whilst application forms were scored using rating scales, the scores did not reflect the key. For example, key showed highest score being a 3 whilst interview questions were scored at 10. Manager advised that this was due to old paperwork being rated differently. Disclosure and barring service (DBS) checks were completed and a DBS matrix was seen to ensure that DBS were renewed on a 3-year basis. Right to work in the UK documents were seen, were applicable, and a completed application along with curriculum vitae (CV) were located. Whilst most gaps in employment history had been identified and queried by the employer, there was one gap that had been missed. Application forms also showed that references were sought and verified. There was also evidence of references being sought from other care providers for employees who had previously worked in care. Where health conditions and pregnancies had been disclosed, risk assessments were in place. It was evidenced that staff had full access to policies and procedures via their electronic system and the managers were able to check how often these were being reviewed. Within the files, employee handbooks had been signed for.

D02 Records show that when staff are provided by an external organisation that those staff, whether agency or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff. Agency staff profiles are in place from the agency provider and there is evidence of an in-house induction.

Not Assessed

What We Found

- No external organisations, agency or volunteers used.

D03 Records evidence that other people who provide additional services are subject to any appropriate and necessary checks.

Not Assessed

What We Found

- Additional services not used.

D04 The organisation has appropriate procedures and guidance to help ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.

Good
★★★★★

What We Found

- In the staff files reviewed, the provider had staff files and a separate continuous professional development folder for each staff member. The staff files reviewed contained a job description specific to the employee's role. It was also seen in one folder that an employee had been promoted to a senior role and new job descriptions specific to the senior roles were also seen. The CPD folders reviewed showed learning and development plans. These also include a log of training completed to date and certificates. A contract of employment was seen in all staff folder reviewed and whilst all were signed by the employer, one was found not to be signed by the employee. The code of conduct was included as part of the staff handbook and the handbook had been signed for on receipt.

Suitability of Staffing

Staffing and Staff Deployment

Standard Rating

Good
★★★★★

B17 Through observation and discussion with service users, they confirm that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support and that the staff are able to communicate effectively and appropriately with Service Users who may have a variety of needs.

Good
★★★★★

What We Found

- All individuals spoken with reported having confidence in the care provided. Individuals advised that they were happy with the care provided stating that they were the best carers that they have had. All individuals spoken with felt that the carers had the right knowledge and skills to support them or their relative.

C09 Staff confirm that staffing levels are appropriate and sufficient and that they feel there are robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).

Good
★★★★★

What We Found

- Employees spoken with reported that they felt that staffing levels were appropriate and sufficient. One employee reported that they “do not feel overworked” or that they “can’t do their job properly because of too few staff”.

F02 Rotas and records show that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support.

Good
★★★★★

What We Found

- The provider produced an overall rota to demonstrate that the minimum number of staff members were available according to the dependency tool they had developed. The electronic rota seen showed that all services users care hours had been allocated to a worker demonstrating that sufficient staff were on duty. The electronic daily notes seen also showed scheduled time of visits, actual time of visit, as well as length of time of the visit. The manager advised that the data is analysed to pick up any concerns.

F03 The provider has robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).

Requires Improvement
★★★☆☆

What We Found

- A business continuity plan (BCP) is in place to support with the management of unexpected changes in the service. Some examples include This flooding and loss of electricity in both the office and service users’ properties, loss of IT, phone failure, staff availability and pandemic. Whilst information such as “Contact local care agency” and “Communicate with local authority” and “Contact IT providers” was present, this lacked details as no contact details were provided on the BCP. A Red-Amber-Green (RAG) report was available for service users to be used should prioritising of calls is required.

Suitability of Staffing

Standard Rating

Staff Support

Good
★★★★★

C10 Staff confirm that they have received an appropriate induction at the start of their employment in line with the Skills for Care – Care Certificate.

Good
★★★★★

What We Found

- All employees spoken with reported that they had received an induction. One reported that they “felt very supported throughout the induction”. Another reported that they were given “lots of advice, training and support from the team”. All employees spoken with advised that, following induction and shadowing, they felt confident or comfortable to be able to independently deliver care.

C11 Staff confirm that they receive appropriate and regular supervision that is in line with the contract requirement. That their performance is appraised and that they receive an annual review.

Good
★★★★★

What We Found

- All employees spoken with confirmed that they have received regular supervisions and annual appraisals. Employees reported that they found these useful, helpful, or reported that good advice was given. One employee reported that they felt that supervision provided an opportunity to bring up new ideas for training.

What We Found

- All employees spoken with confirmed that they had undertaken training as part of induction and received regular ongoing training or “refresher courses”. One employee reported that if they felt further training is needed, they can discuss this with the registered manager. Another advised “There is lots of training to increase your knowledge” whilst another advised that they feel that they “have received good training”. All employees spoken with reported that they felt supported and were encouraged to progress with one employee reporting that they had been “supported to become a senior support worker”. Another advised they are “so happy working there”.

C13 Where appropriate and when asked agency staff confirm that they have been inducted to the service appropriately.

Not Assessed

What We Found

- The provider does not use agency staff.

C14 Staff confirm that they feel supported and are aware of the mechanisms in place to prevent and manage bullying, harassment and violence at work.

Good
★★★★★

What We Found

- All employees advised that they were aware of the harassment and bullying policy. Whilst all reported to not have personal experience of bullying or harassment, the majority of those spoken with reported that they felt confident that they could approach the manager, and this would be taken seriously.

D05 The provider maintains records to evidence that all staff receive appropriate in-house induction at the start of their employment and those new to care receive an induction in line with the Skills for Care – Care Certificate.

Good
★★★★★

What We Found

- Induction documents were seen in all files and had been signed off by the manager. The continuous professional development (CPD) folders reviewed included a log of the training completed to date and certificates. Documents were also seen to evidence that staff had received spot checks and shadowing to evidence competency.

D06 The provider maintains records to evidence that all staff receive appropriate supervision (as set out in the contract standards), that their performance is appraised and that they receive an annual review.

Good
★★★★★

What We Found

- In all staff folders reviewed, supervision documents were seen. The employer advised that they complete six supervisions per year. They advised and evidenced that supervisions consist of spot checks, medication competency checks, supervision meetings and an appraisal. For example, one staff file reviewed evidenced medication competency 08/01/21, a general spot check completed 08/01/21, a supervision meeting 14/03/21, a moving and handling spot check 08/05/21, and a medication competency check 23/05/21. The staff folders reviewed contained an annual appraisal. All supervision and appraisal documents reflected the dates as seen on the supervision/ appraisal matrix. The provider also advised that new starters have additional supervisions and spot checks when employment commences. This is to ensure carers competency prior to being able to deliver care solely. This was evidenced on the training matrix.

D07 The provider maintains records to evidence that all staff undertake both core training and additional training and this is refreshed and updated as required.

Good
★★★★★

What We Found

- A training matrix showed that all training was up to date for working employees. Where training had expired, the matrix clearly identified the reason for this. For example, one employee was on maternity leave. The provider also had continuous professional development folders for staff. On review of some of the CPD files, certificates were seen, and these were consistent to the training matrix. The provider advised that they are in the process of implementing champion roles however this is not yet fully embedded. An example of this includes employees being given the opportunity to do additional training based on their interests. An employee will be undertaking level 2 dementia training as this is an area of personal interest. Other employees have had the opportunity to attend advanced first aid training and NVQs.

Quality of Management

Assessing and Monitoring the Quality of Service Provision

Standard Rating
Requires Improvement
★☆☆☆☆

C15 Staff confirm that they would feel confident to raise concerns about risks to people and poor performance openly and would be supported by the management if they did so.

Good
★★★★☆

What We Found

- All employees reported that they felt able to raise any concerns relating to risks or poor performance. All employees reported that they felt that concerns raised would be acted on or listened to. All employees reported that that the manager and/ or office staff were approachable with one employee reporting the registered manager "is always available".

F04 Records show that the provider continually gathers and evaluates information about the quality of services delivered to ensure that people receive safe and effective care and support and uses this to improve services by learning from, and acting on, any information including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews.

Good
★★★★☆

What We Found

- There was evidence seen that the service completes an annual satisfaction survey with the data results being published in January 2021. The information analysed was collected from Services users, relatives and staff members and was set out into different domains, for example, safe, effective, caring etc. The results for each domain were then analysed and scored. For example, "99% of service users rated Sunrise healthcare good or better in? safe". An action plan had been generated as part of the responses and was shared with service users and/or relatives. It was reported on the findings that a meeting had taken place with staff members and they "were asked for suggestions of ways of implementing change for improvement".

F05 The provider has clear mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly and provide information about the quality of the service to people who use the service.

Requires Improvement
★★☆☆☆

What We Found

- The whistle-blower policy was available to employees without request via the providers software app. Whilst contact details of the Care Quality Commission and Local Government & Social Care Ombudsman were present, the provider had not inserted Norfolk County Council's contact details under section 5.8 of the policy.

Quality of Management

Using Information and Dealing with Complaints

Standard Rating
Good
★★★★☆

B18 Service users spoken with are aware of how to complain and are supplied with information on what to do and how to contact the provider, LA / LGO.

Good
★★★★☆

What We Found

- All individuals spoken with confirmed that they have been provided with relevant contact details to make a complaint. One individual spoken with reported that the manager is "amazing and very supportive".

B19 Service users confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint.

Good
★★★★☆

What We Found

- All individuals spoken with advised that they would feel confident and comfortable to raise a complaint. One reported that they feel they are “very supported and would not hesitate to make a complaint if I felt it necessary”. One individual reported that they had previously made a complaint and felt, whilst manager was understanding, they felt that “points expressed were not taken fully on board”. However, they reported that this would not prevent them from making future complaints. One individual spoken with reported that the manager is “amazing and very supportive” and reported that due to this, they would have no concerns in approaching the manager to complain.

C16 Staff feel listened to and have the opportunity to raise issues and ideas through organised meetings, their views are taken into account and feedback provided.

Good
★★★★★

What We Found

- All employees spoken with advised that there are regular team meetings. One advised that notice of meetings is given in advance. One employee reported, whilst employees are encouraged to attend meetings, this is not mandatory however minutes of the meetings are circulated to all staff to ensure that they are kept up to date. Another employee reported that they are encouraged to contribute to team meetings. One employee reported that the provider “is receptive to new ideas”. Another advised, “new ideas put forward have been considered by the manager”. Another advised “Information is always being sent out on email, available to look at online, as well as being able to ask questions at any time.” Another employee reported that the provider also produces and circulates a monthly newsletter, which focus on different areas each month.

F06 There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and / or complaints received. That they learn from feedback and share this learning to improve the experience of service users who use the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.

Good
★★★★★

What We Found

- A complaint, incidents, compliments log was in place. This included a summary and the actions taken as a result. A complaints, compliments and accident and incidents topic were seen to be a set agenda item discussed within team meetings. This provided information regarding the actions that were taken from any concerns and was reported to encourage conversations regarding lessons learnt and best practice. Records evidence that the provider responds in writing to concerns raised by service users and/or their relatives. A complaint response letter seen included details of actions taken following the concern raised. The letter also included contact details of the Local Government & Social Care Ombudsman should those raising concerns not be satisfied with the providers response. The provider also had an “outstanding log”. This was used to evidence compliments or feedback when carers were reported to go above and beyond. The information on the log is reported to be used within supervision and to share these examples within team meetings.

F07 There is evidence that the provider has effective methods in place to obtain feedback from service users, relatives and staff and that feedback is listened to, acted upon appropriately and people are kept informed of the outcome.

Good
★★★★★

What We Found

- Staff meeting minutes evidenced monthly meetings taking place via zoom. Minutes of meetings also included actions identified in the meeting, who was responsible, proposed date of completion and date of completion or marked as ongoing actions. Actions from previous months were also carried forward on to team meeting minutes. The provider also provided evidence of monthly newsletters that are sent to service users and carers. This includes informative information such as any changes to guidance and reminders of relevant important information.

F08 There is clear evidence that the provider shares appropriate details of complaints and the outcomes with the Local Authority.

Not Assessed

Quality of Management

Records

Standard Rating

Good

★★★★★

F09 Personal records of service users are clear, accurate, factual, complete, personalised, fit for purpose, up-to-date, held securely and remain confidential.

Good
★★★★★

What We Found

- At the time of audit, no confidential information was visible and was held securely in locked cabinets. Then office is located within a business hub with several other business/ offices within the building. It was advised that only the registered manager and administration manager have keys to access to the office. At the time of the audit, the office was seen to be locked when the office was left unoccupied.

F11 Records evidence that a range of appropriate and effective audits have been analysed and action plans developed. That action plans include time lines, the staff responsible and that any progress / completion of the actions is clearly recorded. Audits have clear robust criteria to ensure consistency. Best practice is for the provider to use external auditors to assess their service.

Good
★★★★★

What We Found

- The service had a number of audits in place to ensure that actions were identified and this was followed up with action plans. All action plans seen included a timeline of expected completion date or date of completion. Audits included care planning audit, Medication Audits, Personal protective equipment (PPE) and infection control audit. All audits had been signed and verified by two members of staff.