

Positive Horizons Limited

Positive Horizons Limited

Inspection report

155 Belper Road
Bargate
Belper
Derbyshire
DE56 0SU

Tel: 01773827385

Website: www.positivehorizons.co.uk

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Positive Horizons Ltd is a domiciliary care agency providing personal care to 65 people in their own homes at the time of the inspection. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Exceptional care was provided by all the staff and people spoke extremely highly of the care provided. The registered manager and provider were passionate about delivering an outstanding and high-quality service. People were cared for by compassionate staff who respected people's privacy and dignity. Promoting people's independence was a high priority for all staff. A client welfare officer role had been introduced leading to improved communication with people. Systems ensured that people and their relatives were central to care planning and were partners in their own care.

The service was outstandingly well-led. The registered manager and provider led a positive culture of high quality, person-centred care and service improvement. The service worked in partnership with other agencies to lead by example in the area. People and staff felt involved in the service and feedback was consistently sought to drive quality. Staff wellbeing was considered a priority and the provider understood this enabled good quality care for people.

People were cared for in a safe manner. Staff were appropriately recruited and trained to enable safe care. There were enough staff to deliver care across the geographical area. Risks were managed and appropriately recorded. People received their medicines as prescribed and good infection control practice was in place. Lessons were consistently learnt when things went wrong.

People's needs and choices were acknowledged and respected. Care was planned to ensure people's needs were met in a person-centred manner. Staff were effectively trained in a wide range of topics. Staff worked closely with other healthcare professionals to ensure people were supported to live healthier and independent lives. People were supported to eat and drink enough.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care and support was planned in partnership with them. Any concerns or complaints were addressed and followed up in an appropriate and respectful manner. People were supported to have a comfortable and dignified death when care was at the end of their lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 25 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Positive Horizons Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service four days' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed time to gain contact details and consent to speak with people and their relatives.

Inspection activity started on the 9th September 2019 and ended on the 11th September 2019 when we visited the office location.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people and six relatives about their experience of the care provided. We spoke with five members of staff including the nominated individual, the registered manager, senior care staff and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records including five people's care records, medicine records and risk assessments. We also reviewed records relating to the management of the service including quality audits, accident and incident analysis, compliments and complaints files and staff meeting minutes. We looked at three staff files in relation to recruitment and staff supervision.

After the inspection

We spoke with one health and social care professional who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential abuse.
- People told us they felt safe. One person told us, "I feel very safe with the staff." A relative told us, "I feel [name] is always safe when the staff come."
- Staff were able to tell us what constituted abuse and there was a clear understanding amongst all levels of staff of their responsibilities around safeguarding people.
- We saw that people's safety was a priority for staff. One staff member told us, "Everyone we care for is vulnerable and it is all about making sure they are safe within their own home."
- All the staff had received suitable and effective training in this area.

Assessing risk, safety monitoring and management

- Staff assessed, managed and regularly reviewed risks to people's health and wellbeing.
- People told us they felt staff knew how to manage their needs. One relative told us, "[Name] used to require a hoist but now they use a patient turner. The staff know what to do and how to help them safely."
- Staff we spoke with were able to demonstrate a clear understanding of risks to people and how to maintain people's independence.
- We saw care records were clear and person centred. Risks to people's health and wellbeing were easily identifiable and care plans were clear on how to manage risk.
- Staff had training in how to manage behaviours that challenge, and care records were focussed on managing situations in a positive manner. For example, one person's care record had details on the best way to communicate with that person to keep them feeling calm.

Staffing and recruitment

- There were enough staff to ensure that people's needs were met safely.
- The provider organised care calls on a run system. They felt this helped minimise missed calls and ensured more consistency with staff.
- People told us they felt consistency with staff was important. One person told us, "They know us well now and we know them." A relative told us, "There is continuity of staff. That is really important to us, so it is reassuring."
- People were made aware of which staff would be visiting well in advance. One person told us, "I know who is coming on my rota." A relative told us, "We get a rota each week, so we know who is coming."
- People told us there were few occasions of missed or late care calls. One person told us, "They always ring to let me know if they are running late. They don't rush me, they take their time." A relative told us, "They are always on time, I cannot grumble."

- A staff member told us, "The office staff and management are able to be responsive to emergency situations. They would divert staff or office staff to cover calls if needed for an emergency."
- Staff told us they had enough travel time and enough staff to cover the geographical area. A staff member told us, "We have enough time and don't feel rushed."
- Recruitment records showed us checks to employ safe and suitable staff to work with people were completed.

Using medicines safely

- Systems to manage medicines were organised and ensured safe and timely administration of medicines to people. Staff were following safe protocols for the receipt, storage and disposal of medicines.
- Medicines records were clear and reviewed regularly by management staff. Care records had details about medicines administration, even if this was done by a family member to ensure there was a clear understanding of the person's health.
- People told us they received their medicines safely and on time. One relative told us, "The staff put on creams after [name's] shower. They record it on the official medicines administration record sheet."
- Staff were clear in their roles in relation to medicines and were trained in administering medicines safely. One staff member told us, "We do an online course and then have competency checks every so often."

Preventing and controlling infection

- Practices were in place to ensure prevention and control of infection protected people.
- People told us staff followed infection control procedures. One person told us, "They always have gloves and aprons with them."
- Senior staff always ensured all staff had access to gloves and aprons.
- We saw that spot checks by managers included checking staff were adhering to good infection control practice.

Learning lessons when things go wrong

- Lessons had been learnt following analysis of incidents.
- Staff recorded any accidents and incidents appropriately. The management staff regularly reviewed and analysed accidents and incidents to identify themes and gaps in knowledge or deficits in care packages.
- For example, one person had fallen and there was a clear record of the incident and actions taken. There were details of correspondence with other health professionals, such as occupational therapists, for follow-up care. Therefore, this helped to reduce the risk of further falls.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were met in line with national guidance and best practice.
- The registered manager carried out assessments of people's needs, fully involving the person and their representatives. The pre-admission process was person-centred and made sure the service could meet the person's needs.
- The registered manager told us how the service could accommodate reablement packages. These are short, focussed care packages that support people when unwell to get back to a level of independence. The registered manager told us, "I am proud of our reablement packages and how we help people get better. I feel it is very positive work that we do."

Staff support: induction, training, skills and experience

- People were supported by staff who had relevant training, skills and experience to care for them.
- One person told us, "The staff are brilliant. They all know what to do." A relative told us, "The staff are very well trained and know how to use the hoist and also the rotunda." Another relative told us, "The staff are very well trained with everything."
- Staff told us they had enough training to be able to care for people effectively. One staff member told us, "We have had a lot of training. We are definitely equipped well for our role."
- The registered manager explained how training was currently a mixture of e-learning and face to face sessions. There was a plan in place for it to become more bespoke for each care package.
- We saw training records which showed all staff had access to a wide range of sessions and were all up to date. Staff had received training in areas such as, moving and handling, clients with complex health and support needs, challenging behaviours, mental health problems, physical disabilities, terminal illness, sensory loss, ethnic minorities and religious groups.
- All staff undertook a comprehensive induction when they started and did not work unsupervised until confident to do so.
- Staff had regular supervisions and appraisals with management staff to help with their development. Topics such as wellbeing and areas for training were addressed at these sessions.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have balanced diet and could exercise genuine choice with meals.
- One person told us, "The staff ask me what I would like. They offer me both a hot and cold option."
- The registered manager told us how part of the assessment process involved asking about specialist needs with meals. For example, if people required a Halal meal.

- Some people had complex nutritional needs and required long-term artificial feeding. Staff were trained to be able to support them. Although the family mostly did this part of the care, the care records detailed how to assist with feeding if required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with different health and social care professionals to provide consistent care.
- Care records had details of work with other health and social care professionals involved in that person's care. For example, one person's care records had clear detail and instruction from the speech and language therapy team.
- A relative told us, "The manager recently came and reviewed the care plan and we talked it through. The staff have suggested speaking with the physiotherapists again about [name's] equipment."
- The registered manager told us how when they assessed one person for a care package, they noticed some additional health needs that had not originally been identified. The registered manager sent referrals to relevant health and social care professionals, and the person now receives care for these health needs and this has improved.
- When people were living with dementia, we saw care records had a This is Me document which could be used to understand the person and their needs.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff demonstrated a good understanding of mental capacity and a staff member told us, "It is about making sure people have the right care for them."
- We saw care records were clear about capacity levels and people's ability to consent.
- When people did not have the capacity to consent to some decisions, assessments were in place to demonstrate this and care plans guided staff on how the person's needs should be met.
- People told us how staff respected their decisions and gained consent when assisting them. One person told us, "The staff always respect me and get consent."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Supporting people to express their views and be involved in making decisions about their care

- People's choice and involvement was central to the service and there were innovative and creative solutions to hearing people's views.
- The registered manager had recently employed a client welfare officer to support people to express their views. People and staff felt this role had made a positive impact. One person told us, "If I ever feel unhappy, I know I can speak to the welfare officer."
- The client welfare officer had time allocated to them to support people's welfare as well as obtain reviews. The registered manager gave us an example when someone was struggling to get out due to family being away. The client welfare officer was able to visit and spend time with them and also fetch their groceries and prescriptions. The registered manager explained to us the client welfare officer role allowed for people to receive extra time and support for welfare needs and had opened up conversations with people and picked up concerns and questions that may not have come up before. This had a positive impact on people as more equipment or different referrals were able to be made for them. The client welfare officer was trained to be able to use different communication methods dependent on people's health conditions. This enabled views from all the people using the service to be gained.
- Another part of the role was to visit, and review people's care needs when they were in hospital. Staff told us how this had enabled people's discharge from hospital back to home to be a much smoother process. A staff member told us, "I think the role has had a positive impact. By having the hospital checks it has meant we have a smoother transition back home."
- All staff had good knowledge of other agencies who could help people in an advocacy role. This information was also part of the newsletter sent out to people.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider and registered manager were passionate about providing an outstanding service to people. These values were shared at the point of recruitment to ensure they found staff who were exceptionally compassionate, kind and respectful of dignity. From speaking to staff, we found this had been the case and there was a strong person-centred culture.
- People were empowered to be partners in their care. Care packages had been designed to ensure people and their relatives were central in their care.
- One person told us, "I am very happy. The staff are like my family." Another person told us, "When I wanted to change the number of calls I had, the staff worked with me to make sure I made the right decision." A relative told us, "The staff work very hard and I feel like we all work as a team for [name]." A staff member told us, "People are open with us and we have that day to day communication like we are friends."

- The registered manager told us about a recent death of a person in the service. This had been an expected death where staff had supported the person and their family at the end of life. The family had been very grateful for the service received and was arranging the funeral around the care staff's schedule. The family wanted to ensure their 'whole family' were able to attend and the care staff were part of that family. On the day of the inspection, a staff member took a phone-call from the family about the funeral and it was clear staff were able to empathise and show compassion at a sensitive time for the family.
- People told us staff would often exceed what was expected of them and carried out extra, thoughtful acts, not part of the person's care package and had improved the person's wellbeing. For example, taking time to support people to work towards a goal with a hobby and staying for longer on a care call to support relatives of a person at the end of their life. A staff member told us how they had spoken with the managers to cover their next call so they could stay with a person who was waiting for a diagnosis and were anxious. The staff member was able to provide reassurance and stayed with the person whilst they were visited by members of the health service.
- The registered manager had started a special recognition award scheme for staff. They told us, "We wanted our care staff to be rewarded when they went above and beyond for people."
- The registered manager told us how one person was struggling as they needed new clothes. Their family were away and one staff member went shopping for them in their own time. This meant the person was able to wear something they felt comfortable in and improved their wellbeing. The member of staff was rewarded for this example of going above and beyond.
- A relative told us, "Everyone helps and they always ask if we need anything else doing before they leave."
- The provider told us at Christmas, they rang all the people using the service and anyone who would be alone was invited to the provider's house for Christmas day if they wished.
- The provider tried to recruit from the local area to ensure staff had the same shared personal experiences to be able to help people. The registered manager told us, "A lot of our staff are from the local area and the accents help certain people who are living with dementia who benefit from reminiscence therapy. It works well."

Respecting and promoting people's privacy, dignity and independence

- Promoting people's independence was of high importance to staff. People were cared for by compassionate staff who respected people's privacy and dignity.
- The registered manager told us how they had supported one person to become less dependent on equipment to move. This had enabled the person to be able to move around with more independence and had positively impacted on the person and their family. A relative told us, "The staff have definitely supported [name] to be independent. They are very well cared for." A staff member told us, "[Name] has been one of our real success stories as they are no longer bedbound. The family and our staff are really pleased."
- The registered manager told us, "We had one person who was reluctant to engage in personal care and we felt this was due to a communication breakdown. We made some laminated communication cards and using these, we were able to build a relationship and now this person has regular personal care. It really helped improve their health and wellbeing." This is an example of using innovative ways to support people with their health and social care needs.
- Care plans detailed how staff should promote people's independence by explaining how they could carry out some daily tasks themselves.
- Rotas were largely based on people's relationships with care staff. This meant people were supported by a small team of staff who they knew well and had trusting relationships with.
- Staff were able to anticipate and recognise people's distress and discomfort at the earliest stage. One care record detailed how a soft toy could help the person feel more comfortable and reassured when using moving and handling equipment. We saw how this information had also been passed on to other health and

social care professionals involved in this person's care to ensure consistency.

- People and their relatives spoke very highly of the staff. One person told us, "I cannot fault the staff. They have been absolutely excellent." Another person told us, "The staff are very respectful." A relative told us, "The staff are all pretty dedicated to the job."
- People were asked who they would like to be involved in their care and what information could be shared. This was recorded to ensure their privacy was protected if they wanted to keep certain pieces of information private from their relatives.
- People's care records were kept securely, and their confidentiality respected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's support plans were personalised and included preferences, interests and dislikes and people's protected equality characteristics were respected throughout.
- We saw care records were regularly reviewed and people were involved in this process. A relative told us, "We had a review recently of the care and both [name] and I were involved in the process."
- People told us they felt the staff knew them well. One person told us, "They know my likes and dislikes. They do not offer me anything that would upset me." Another person told us, "I have difficulty using my right arm and the staff know how to support me with this but let me be as independent as possible."
- We saw care records were focussed on the person's whole life. For example, one care record we read had details about the person's previous work and life and also included information about their pets and what they like.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff identified people's information and communication needs by assessing them.
- We saw care records had details on how to communicate best with people. One care record explained how speaking with the person at their level and clearly helped them understand due to their hearing loss.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care provision was planned in a way that allowed people to maintain relationships, hobbies and interests.
- One person told us, "I go to an over eighties club and the staff manage my care calls around that." A relative told us, "The call times work well for me and allow me to look after myself and go out when I need to."
- We read one care record which detailed the person's risk of social isolation and there was a plan in place to support them in finding a respite placement.
- Another person had a sit-in call to help a relative have respite themselves.
- The provider did a regular newsletter to people using the service which had information about local events and dementia-friendly film screenings.
- Staff we spoke with had a good knowledge of local services and were able to signpost people to these.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt they would be listened to.
- One person told us, "I have never had to make a complaint about anything serious. I have always felt listened to if I have spoken to the carers." Another person told us, "I complained about my lunch call and we sorted it out together." A relative told us, "The client welfare officer came and explained the process of making a complaint or voicing a concern. They told us we would be protected and supported."
- The registered manager told us how minor concerns were recorded and taken as seriously as formal complaints.
- Complaints records were clear and detailed the concern raised, actions taken, and lessons learnt.

End of life care and support

- Staff understood the importance of good end of life care which incorporated respecting people's preferences. A staff member told us, "We have done a lot of end of life care. I feel it is something we do very well at Positive Horizons."
- A staff member told us how supporting someone to have a pain-free and dignified death had felt like a privilege to them.
- There was nobody receiving end of life care at the time of our inspection.
- Staff had completed training in end of life care and felt able to support people and their families. A staff member told us, "We are really good at end of life care here. The managers support us with our own emotions as well when someone dies."
- The registered manager told us how people are asked about their end of life preferences at their first pre-assessment. They told us, "We then have discussion meetings with people and their next of kin to discuss what care should take place."
- The staff would work with other agencies to provide a dignified death that was as comfortable as possible. The registered manager told us, "We recently worked with a local hospice to get respite overnight for one of our clients at the end of their life."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Both the registered manager and provider were passionate about caring for people in their own homes.
- The registered manager had been in this post for a short time and the provider told us the appointment of the registered manager had been a positive step. They said, "She works really hard and we have seen massive improvements in people's health and wellbeing but also staff morale. She has been a brilliant addition for us."
- The registered manager was part of a local manager's forum to gain further knowledge and skills. For example, what services were available in the area to support people or how to adapt care records and training to be more person-centred. The registered manager also used a number of resources to develop the service. For example, they received a newsletter from Skills For Care and also CQC. They used information in the newsletter to focus on improving their service. For example, communicating with local pharmacies about a recent change with administration records and amending policies in collaboration with them.
- Staff spoke highly of the management and felt extremely motivated and supported. Staff told us they were proud of the service. One staff member told us, "I love working here. I would be very grateful for Positive Horizons to look after a relative of mine." Another staff member told us, "I absolutely love working here. The managers have bent over backwards to support me." The registered manager told us, "I am very proud of my staff."
- We saw excellent communication between staff regarding best practice. For example, time had been taken to review the six C's in social care. This is a nationwide initiative which focuses on compassion in practice. The registered manager told us how up-to-date best practice guidance is covered at every staff meeting to ensure this is developed and engrained in the service.
- Health and social care professionals told us how there was a low staff turnover. The registered manager explained how this led to consistency of staff for people which had improved wellbeing.
- The provider had organised a 'family-friendly' run of care calls where calls that were organised for after school-run times were grouped in the same run. This enabled staff who wanted to work part-time or around childcare to carry on working. A staff member told us, "Positive Horizons have supported me with childcare throughout. They are brilliant."
- A staff member told us, "We had a recent death and one of the care staff was young and we were able to give emotional support to them as they were quite upset."
- Staff told us they felt valued and listened to. One staff member told us, "We work well as a team. We are always involved with everything."

- The registered manager understood the duty of candour responsibility. They spoke with people and their relatives about any concerns in an open and honest fashion.

Working in partnership with others

- The staff worked in partnership with external agencies to improve care outcomes. A health and social care professional told us before the inspection how the provider had taken part in a scheme where a set of care calls were pre-purchased by the local authority. This meant calls could be filled at short notice to enable people to be discharged from hospital in a timely manner. They told us, "Positive Horizons have been the only agency who could pick this up and successfully recruit staff for that area and have really helped us out in an area very difficult to service. The feedback from the service users here has been very good."
- Multiple health and social care professionals spoke highly of the staff and the service provided. One told us, "The provider is always good at responding to information requests and they are really committed to what they do." Another told us, "I work alongside Positive Horizons quite closely. I can only sing their praises. They don't hesitate to call our workers if they ever encounter an issue."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well organised and there was a clear staffing structure. All staff understood their role and there was a clear line of responsibility and accountability.
- The registered manager and provider understood their legal requirements with registration and kept us notified of any incidents or changes. Ratings from the previous inspection were visible in the office and on the service's website.
- The registered manager had a clear understanding of their role in governance. They had implemented and constantly updated audit paperwork to ensure they had a full oversight of the service.
- There were effective systems in place for internal audits and checks. These checks meant the registered manager could assist staff to provide people with high-quality personalised care which met their needs and preferences.
- Staff had regular observations when providing care, spot checks and review meetings. There were also regular customer reviews and surveys carried out. These actions meant the registered manager had a clear oversight of the service provided and they were able to quickly assess areas for improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was committed to engaging with people who used the service. They participated in regular reviews with people and often spoke with people and their relatives on the phone.
- The registered manager told us how the introduction of the client welfare officer role had improved engagement with people and their relatives.
- We saw staff meeting minutes which detailed how staff had given feedback and suggested improvements for the service. We saw how the registered manager had taken these suggestions on board when planning how to develop the service further.
- The provider told us about a dementia tea party they had organised. This was open to the public and people using the service to promote awareness and raise funds for charity. The provider was looking to find new appropriate venues to enable events like this to continue and become a regular occurrence.
- The provider had links with supported living in the area and people in these services were able to freely visit the office and spend time with the management staff. On the day of the inspection, we saw this happen and it was clear staff had good relationships with members of the community. We saw staff giving support to one person to find a new project for a hobby of theirs.

When people no longer used the service, for example after they passed away, relatives often stayed in

contact with the staff. The registered manager told us how they had maintained a relationship with a family and recently helped them find care provision for another relative of theirs.

Continuous learning and improving care

- There was a strong culture in place which focussed on improving care for people.
- The registered manager collated all information from their quality assurance processes to drive improvement. Throughout our inspection, they showed us how systems and processes had been continually adapted to ensure a high quality and person-centred service. For example, creating a static rota system ensured there were no missed calls for people. The registered manager had also adapted the medicines audit to include information of health professionals that were aware of any errors or concerns. This had led to an improved system for lessons to be learnt and allowed for a smoother process for people's health needs with medicines to be addressed.
- The registered manager used best practice guidelines and CQC guidance when implementing new processes.
- Incident recording had been improved to ensure learning could take place and there was clear accountability. The registered manager told us how this had enabled appropriate recording and helped to drive quality.
- We saw from a continuous improvement folder, the registered manager considered all improvements by how they would impact on people using the service.