

Bridgewater Home Care (Wigan) Limited

Bridgewater Home Care

Inspection report

Pemberton Business Centre
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Wigan
Lancashire
WN5 8AA

Date of inspection visit:
30 June 2016

Date of publication:
27 January 2017

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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

This announced inspection was undertaken on Thursday 30 June 2016. We announced the inspection so that management would be available at the office. We last inspected the service on 4 July 2014, where the service was judged to be meeting all of the standards assessed at the time.

Bridgewater Home Care provides domiciliary care and support for people in their own homes, predominantly in the Wigan area. The head office is based at Pemberton Business Centre. At the time of the inspection there were 75 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The people we spoke with told us they felt safe. The staff we spoke with had a good understanding about safeguarding and whistleblowing procedures and told us they wouldn't hesitate to report concerns.

We found medication was handled safely and people received their medicines at the times they needed it. We looked at how medication was handled at two of the houses we visited. Staff told us they had received relevant training and management conducted regular competency checks, to ensure staff gave people their medication safely.

The service used a call monitoring system. This enabled management and staff in the office to check care was being provided to people at the correct time of day and in line with people's care package requirements. Staff spoken with didn't raise any concerns about staffing numbers, and felt there were enough to care for people safely.

We saw staff were recruited safely, with appropriate checks undertaken before staff began working with vulnerable adults.

The service had a training matrix to monitor the training requirements of staff. This showed us staff were trained in core subjects such as; safeguarding, moving and handling, medication and health and safety. Staff told us they received sufficient training to undertake their roles and said they felt supported.

People told us staff helped them to maintain good nutrition and hydration. People said staff always left them with something to eat and drink before leaving their house.

We saw staff received regular supervision as part of their on-going development. This provided an opportunity to discuss their workload, concerns and training opportunities. We saw records were maintained to show these took place.

The people we spoke with told us they were happy with the care provided by the service. People told us staff treated them with dignity and respect and promoted their independence as much as possible.

Each person who used the service had a care plan with a copy held at the office and in their own home. This provided staff with guidance about how to deliver care to people. The care plans we looked at were person centred and provided information about people's likes, dislikes and life histories.

The service sent satisfaction surveys to people who used the service. This provided the opportunity for people to provide feedback about the service and recommend how the service could be improved.

There was a complaints procedure in place. We saw complaints were responded to appropriately. People were given a service user guide which detailed the process people could follow if they were unhappy with the service. We saw the service had received many compliments from people regarding the services they received.

People who used the service and staff told us they felt the service was well managed, Staff told us they felt well supported and would feel comfortable raising and discussing concerns.

We saw there were systems in place to monitor the quality of the service provided. This was done in the form of regular spot checks and observations of staff undertaking their work. We saw medication competency assessments were conducted. This provided management the opportunity to see how staff worked and make adjustments/suggestions to improve the service people received.

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.

The people we spoke with told us they felt safe as a result of the care they received.

We found people were given their medication safely and at the times they needed it, with MAR sheets accurately completed.

The staff we spoke with displayed a good knowledge of whistleblowing and safeguarding adults and could describe the process they would follow if they had concerns.

Is the service effective?

Good ●

The service was effective.

We found staff had received training in core topics and staff told us they felt supported to undertake their work

People told us staff sought consent before providing care.

People told us staff supported them to maintain good nutrition and hydration.

Is the service caring?

Good ●

The service was caring.

The people we spoke with told us they were happy with the care and support provided by staff

People told us they were treated with dignity and respect and were allowed privacy at the times they needed it.

People said they were offered choice by staff, who promoted their independence where possible.

Is the service responsive?

Good ●

The service was responsive.

The care plans we looked at contained person centred information about people's likes, dislikes and social history's. This enabled staff to provide person centred care.

People told us the service were responsive to their needs.

We saw complaints were responded to appropriately.

Is the service well-led?

The service was well-led.

The manager conducted regular spot checks and observations of staff undertaking their work.

People who used the service and staff told us they felt the service was well-led.

We saw team meetings and management meeting were undertaken to discuss work and concerns.

Good ●

Bridgewater Home 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This announced inspection was undertaken on Thursday 30 June 2016. The inspection was announced 48 hours in advance so that management would be available at the office. The inspection team consisted of two adult social care inspectors from the Care Quality Commission (CQC).

Before the inspection we reviewed any information we held about the service in the form of notifications received from the service. We also reviewed any safeguarding or whistleblowing information we had received, or any particular complaints about the service. We also liaised with the local quality assurance team based at Wigan Council, to see if they had any information to share with us.

At the time of the inspection the service provided care and support to 75 people within their own homes, predominantly in the Wigan area. The service also employed 35 members of staff. As part of the inspection we spoke with both registered managers, six people who used the service, four relatives and seven members of staff. The staff we spoke with consisted of care assistants, co-ordinators and field supervisors. We also visited four people in their own homes to speak with them and see how medication was handled.

We also spent time at the office looking at various documentation including four care plans, five staff personnel files, policies/procedures, staff training records and quality assurance documentation.

Is the service safe?

Our findings

The people we spoke with told us they felt safe as a result of the care they received. One person said to us; "I do feel safe. I use a hoist and the girls use it safely". Another person said; "I trust the staff and they use the key safe, which only staff from Bridgewater have access to. That makes me feel safe". Another person added; "The girls are great. I have a medical condition that causes a lot of pain but the girls are so gentle with me. I feel safe, no problems. The carers are quite good". A relative also told us; "No concerns about safety. I can't speak highly enough about the girls and the agency".

During the inspection we spoke with staff and asked them about their understanding of safeguarding vulnerable adults and whistleblowing. We saw there was an appropriate policy and procedure available for staff to refer to, and the induction and mandatory training further strengthened staff's knowledge in this area. Each member of staff could clearly describe the process they would follow if they had concerns about people's safety. One member of staff said; "Bruises would be an obvious sign of potential abuse. Physical and mental abuse can also occur. I would ring the office and let management know". Another member of staff said; "If somebody's money had gone missing that could be financial abuse, or if somebody wasn't being spoken with nicely, that could be verbal abuse". A third member of staff also told us; "I completed in house safeguarding training and scheduled to attend training with Wigan local authority next week. We also complete competency booklets to establish our level of understanding. Abuse could be physical, emotional, financial, sexual, neglect, institutional etc. If I ever had a concern about a person I support, I'd report to the management straight away".

People were protected against the risks of abuse because the service had a robust recruitment procedure in place. Appropriate checks were carried out before staff began working at the service to ensure they were fit to work with vulnerable adults. During the inspection we looked at five staff personnel files. Each file we looked at contained application forms, CRB/DBS (Criminal Records Bureau/Disclosure Barring Service) checks, interview questions and responses and evidence of references being sought from previous employers. The staff we spoke with told us they were asked to provide references and complete a DBS form, when applying for the job. These had been obtained before staff started work for the service and demonstrated staff had been recruited safely.

We checked to see if there were sufficient staff working for the service. The service used a call monitoring system to ensure that people received their care at the correct times and in line with their care package requirements. We were shown the system and saw that care staff had undertaken care visits at the times they were required. We saw that staff and management monitored the system closely, so that they could quickly identify if calls were missed or late and respond accordingly. The staff we spoke with felt there were sufficient staff working for the service. One member of staff said; "I feel we have enough staff. We never seem to struggle getting around everybody. Managers will cover if we are short". Another member of staff said; "I think they are fine. There is always cover provided for sickness". A third member of staff added; "No staffing issues. I have set hours and visits. I sometimes do extra but it's rare and the agency consults with me in advance".

The people we spoke with told us they had never experienced any missed visits since using the service. One person said; "No problems with that. They are always there or thereabouts in terms of the times they arrive". Another person also said; "There may be the odd occasion when they are late, but that's expected from time to time. They always complete my care as required".

We found people had various risk assessments in place to keep them safe within their own home. These covered areas such as speech/swallowing, hearing, sight, memory, nutrition/hydration, medication and skin. We saw there were also environmental risk assessment which provided a focus on the entrance to the building, the living room, kitchen and bath room. Each risk assessment we looked at provided an overview of how risks were being managed and the support people required from staff.

Medicines were stored, administered, recorded and disposed of safely. Staff were trained in the safe administration of medicines and records were accurate and up to date. People's care plans identified the level of medication support people received and provided clear guidance for staff to follow. We saw medication administration records (MAR) were returned to the office and stored appropriately. People and their relatives told us they had no concerns with how medication was managed and they received their medicines at the correct time.

People told us they felt safe within their own home. Some people who used the service lived alone and staff were required to use a key to access their house. We saw the keys were appropriately stored in a 'key safe' outside some of the houses we visited. This required staff to enter a pin code before gaining access so they could go in and deliver care safely, or if the person was unable to get to the door to answer it themselves. The staff we spoke with explained how they never discussed the pin codes to key safes in front of other people, or drew attention to the fact that people lived on their own.

Is the service effective?

Our findings

There was a staff induction programme in place, which staff were expected to complete when they first began working for the service. The induction covered areas such as moving and handling, medication, safeguarding and health and safety. In addition to completing their induction, staff were expected to complete a period of shadowing where they could watch and observe a more senior member of staff. The staff we spoke with all told us they completed the induction when they first started working for the service. One member of staff said; "It gave me a good introduction and insight into working in care, as I had never worked in this field before". Another member of staff added; "It was good and I found it useful. I was able to shadow and did all my mandatory training".

The staff we spoke with told us they received sufficient training in order to undertake their work effectively. We saw staff had received training in subjects such as safeguarding, moving and handling, medication, health and safety, infection control and fire safety. We looked at the training matrix which clearly identified when staff had last completed training and when any updates were due. One member of staff said; "There is plenty of training and I find it really helpful being able to do regular updates. The managers are always there to listen to you". Another member of staff told us; "Training updates are regular. If there is further training we need, all we have to do is ask". A third member of staff told us; "There is definitely enough available and they are always willing to offer more".

Staff were provided with specific training relevant to each person following the classroom and practical training sessions they received. For example, if there were any 'health care' procedures required such as eye drop administration or PEG feeding, trainers were on hand to provide training to staff and assess competency.

Staff told us they felt supported to undertake their roles. One member of staff said; "I'm very well supported. If there is ever a problem when you are out on a call, somebody will always come out and assist you if needed". Another member of staff said; "They are always there to listen to you no matter what". A third member of staff also added; "The on call system works well and all we have to do is ring the office if we ever have any problems".

We found staff received regular supervision from their line manager. Staff supervision enables managers to speak with staff about their work in a confidential setting and discuss how things are progressing to date. We looked at a sample of these records and saw these provided a focus on completing MAR charts properly, appearance, care plans, incident/accident reporting, medication, training, achievements, goals for the future and any compliments received. The staff we spoke with said supervision took place and it was usually every three months. One member of staff said; "Supervision is quite consistent. We are able to discuss any training needs and concerns relating to our work". Another member of staff said; "I've had one recently, as well as an appraisal. They are useful sessions where we can discuss the people we care for and any issues".

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. At the time of the inspection, there was nobody using the service who was subject to a DoLS (Deprivation of Liberty Safeguards), although we saw staff had completed training in this area and had an awareness of the legislation.

The people we spoke with told us before receiving care, staff always asked them for their consent. We also saw people had provided written consent, to staff taking responsibility for administering their medication. Staff were able to describe how they sought consent from people before delivering care. One person described how staff support them with their continence needs. They said; "The staff help me and they always ask if it is ok first". Another person said; "We have built quite a good relationship with the staff so they now know what I want and what I like. They still always ask before doing things". Two members of staff that we spoke with told us that before providing care to people, they would always confirm it was what they wanted first.

We checked to see how people were supported to maintain adequate nutrition and hydration. This was an area, which was covered during the initial assessment process where it would be determined if people needed support in this area. We also saw that people had specific dietary care plans in place, which also detailed any risks staff needed to be aware of. There was also a record of people's preferred preferences of food, the level of support they required from staff and if they would like to remain independent. The people we spoke with said they received enough to eat and drink. One person told us; "The staff make me my meals no problem and offer me plenty of different choices. I like Weetabix and the staff know that so I have it for breakfast. They stay with me whilst I eat as well".

We found staff had a good understanding of people's nutritional needs. We also spoke with staff and asked about their involvement in supporting people to maintain good nutritional intake. One member of staff told us; "One of the people I care for requires thickened fluids. All of the information is available in the care plan and we seek guidance from dieticians as well". Another member of staff said; "I make people their lunches and give them a drink. I always make sure they have a drink before I leave, especially when it is warm in summer".

Is the service caring?

Our findings

The people who used the service told us they were happy with the care and support they received. One person said to us; "Overall it is very good. I have nothing to grumble about. I am very happy with the care that is provided. Today they changed me and generally looked after me". Another person said; "I'm quite satisfied with them. There really are some nice girls who will do anything for us". A third person also told us; "The care is absolutely fine, no problems whatsoever".

People who used the service spoke favourably about the staff who cared for them. People told us they found the staff to be caring. One person said; "The staff are caring and seem to care about what they are doing. As a general rule they are very good and want to help. The staff seem willing to adapt to what I need". Another person said; "This company really do have some grand staff working for them. I feel very lucky".

During the inspection we spoke with people's relatives, who also told us they were happy with the care being provided. One relative said; "Our family member loves the girls. One carer brought them flowers when she'd been off and not visited for a week because she'd missed her so much. They seem happy and really comfortable with the carers. We haven't experienced that before. We've had other agencies and they weren't up to it. They would contact me because they couldn't understand what our family member was trying to say. These carers are in a different league. I'm impressed with the quality and knowledge of the staff". Another relative said; "The girls are really very good. They are very kind and we are as equally kind to them because we see it's a hard job and they work very hard. They are great. They really are."

We asked people who used the service if they felt they were treated with dignity and respect by staff who cared for them. Staff were also able to describe how they aimed to do this when delivering care to people. One person said; "They are very good in that area I must admit. If they are assisting me with personal care, then they always close the curtains". Another person said; "All of the staff treat me very well and how I want to be treated. Very well actually". A member of staff also said to us; "If I am washing people then I will cover people as much as possible. If people want to do things themselves then I respect that". Another member of staff added; "If I'm assisting somebody on the commode then I will give people the privacy to use it. I'll ask people if they want me to step outside so they don't become embarrassed".

People told us staff tried to promote their independence as much as possible. Staff were also able to describe how they aimed to do this when delivering care to people. One person told us; "The staff wash part of me and I do some as well which I think is good". Another person told us; "The staff do let me do things. Before my morning call I get myself up and ready. That way I'm doing a bit myself". A member of staff also told us; "I'll always ask if people want to do things, even if it's things like making a cup of tea or trying to take their medication themselves". Another member of staff said; "If I'm assisting people with washing and dressing them I will let people do a bit themselves. I'll assist but also let people try themselves".

During the inspection, it became apparent that staff had a good knowledge of the people they cared for. Staff were able to describe and talk about things people liked doing, their personal background and their likes and dislikes. The minimum time of a care visit was 30 minutes, with some lasting an hour. This meant

staff were able to spend time with people and interact with them. One person said; "I like how they don't do the 15 minute calls. It means we get to spend a bit of time together and chat".

Is the service responsive?

Our findings

The people we spoke with told us they felt the service was responsive to their needs. One person said; "The staff assist me to have a shower and use the commode. We have a chat and they help me get ready. I feel they meet my needs and if I need anything else they are very obliging". Another person said; "The staff do pretty much everything for me and meet my needs. No problems there".

We saw that before people's care package commenced, the service carried out an assessment of people's needs. This was usually done when receiving a referral from the local authority, which would then be followed up by the service conducting an assessment in people's own homes. We looked at a sample of initial assessments completed and saw they covered areas such as the persons background, their daily routine, dietary requirements, mobility, health conditions and moving and handling requirements. The people we spoke with said they recalled staff visiting them before their care package started. One person said; "One of the managers came out to do an assessment and see what we wanted". A relative also said; "I was impressed with the initial assessment. My relative can't communicate well so they asked me for all the details about their likes, dislikes, hobbies and life history". Another relative said; "I've been involved from the initial assessment and we regularly review the care".

There was a strong emphasis on continuity and each person was matched with and introduced to the team before care commenced. We were told staff were never sent to a person without a formal introduction, with all staff being required to sign a confidentiality agreement.

One person, who had used the services of Bridgewater Homecare was mentally and physically fit until five years ago and lived in their own property. This person suffered a very sudden and unexpected illness not long after this. This person's carer at the time was their daughter, who felt their mother needed to engage in more social activities and access community services for people living with dementia. The relative had approached Bridgewater Homecare, due to being unhappy with a previous care provider and her mother also becoming socially isolated.

Bridgewater Homecare had put together a plan of care to access activities and services the person wanted to do and would be of benefit to her. As part of this process, staff matched the person's requirements with suitable members of staff, visiting places such as parks, gardens, cafes and shopping. Once staff had been introduced to the person, the care package could commence. At the time, this person had been suffering with low self-esteem and had lost confidence making it difficult to leave their surroundings even though they wanted to.

Within three visits from staff at Bridgewater Homecare, this person was able to leave their flat to have a cup of tea in the communal area and then out into the gardens. By the time of the third visit, this person went to the hairdressers where they had not been for two years. Following on from the interventions of Bridgewater Homecare staff, this person now enjoys attending local dementia café's, accessing activities, shopping and visiting the places they felt unable to for the previous two years.

We asked staff how they aimed to deliver person centred care. One member of staff said; "I take one person shopping quite a bit, but they choose everything about the day such as where they would like to go because it is their choice". Another member of staff told us; "Some people prefer a bath, a shower, or a body wash. Other people prefer a cooked or frozen meal, but we let them choose". A third member of staff also told us; "The initial assessment explains what people want, which then feeds into the care plan which we read. All the information is based on what people want, rather than what is easiest for staff".

Each person who used the service had a care plan in place with a copy held at the office and also in their own home. This provided staff with guidance about how to deliver care to people. The care plans we looked at were person centred and provided information about people's likes, dislikes and life histories. The care plans we looked at covered a wide range of care needs such as dietary requirements, mobility, moving and handling, medication, personal hygiene and companionship. We found the care plans were reviewed regularly, or when a person's care needs changed. There was also good detail provided about people's daily routine such as people's preferred choice of breakfast, if they liked a shower or bath and how people liked to be supported to bed. This meant staff had relevant information available to them in order to provide person centred care.

We looked at the most recent satisfaction surveys sent to people who used the service. We saw people were asked for their views and opinions about the office staff, care workers, the quality of service provided, if staff were courteous and professional, if people were treated with dignity and respect and if people would like to make any recommendations about the service. We noted that the vast majority of feedback and comments were positive, with people stating that they were happy with service provided and had no concerns. One relative told us; "We get surveys and asked for our opinion about the care provided quite often. I've only positives to say. I can't praise them enough when I receive the feedback form. It's taken us a long time to get good care. I give them 10/10. We've been let down in the past by care services so we know when we've got a class act".

People who used the service were also given the opportunity to make further comment about the service they received during reviews of their care package. Both people who used the service said they felt involved in this process. We looked at a sample of these reviews and they covered areas such as if people were happy with the service, improvements that could be made, impressions of the staff, if the service was meeting their needs and if they would like to make any changes.

There was a complaints policy and procedure in place. This clearly explained the process people could follow if they were unhappy with aspects of their care. We saw complaints had been responded to appropriately. People told us if they needed to complain they would speak with staff or phone the office. Additionally, the service user guide specifically addressed complaints and informed people what they needed to do. The people we spoke with told us they had never had cause to make a complaint, but felt if they did, it would be handled appropriately. One person said; "I'm quite confident it would be handled how I would like".

The service had received compliment cards, praising staff in different areas. One compliment card read; 'To all the staff at Bridgewater, thank you for all your efforts over the past few months, it's much appreciated'. Another read; 'Just a little note to say thank you for all the help given to my mum. She is now at peace'.

Is the service well-led?

Our findings

There were two registered managers in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff we spoke with told us they enjoyed their work and that Bridgewater Homecare were good to work for. One member of staff said; "It's absolutely brilliant. They really look after the staff and are always there to offer assistance". Another member of staff said; "I'm really happy working here. They are the best company I have worked for. They don't do 15 minute calls, so we can spend a proper amount of time with people". Another member of staff added; "From my point of view, I find them really good. They are really flexible around things such as people's child care commitments".

We were told management operated an 'open door policy' and had designated weekly pop in afternoons for all staff and there was no need to wait for a 'formal' meeting to discuss any aspect of their role. Staff had recently completed an engagement survey for 'Best Employers in Care' with Smith and Henderson, with an overall score of 98% being achieved. This demonstrated staff benefited from good job satisfaction.

The staff we spoke with felt the service was both well – led and managed. One member of staff said; "It is very well managed. If you need anything you only need to ask and they are willing to listen. They are really good with the staff". Another member of staff said; "Management are approachable and you can go to them with concerns. They seem to appreciate the work we do and actually make a point of saying thank you to us". A third member of staff told us; "When clients have had concerns they seem to respond quickly. They are approachable and really seem to care about both staff and clients. They always check staff are doing ok".

All of the management team began their careers as domiciliary carers. This ensured that our ethos of empathically and compassionately caring for clients ran through the service. One of the registered managers held a Level 5 Diploma in Health and Social Care and was a City and Guilds accredited Dementia Trainer and Dementia Champion, having strong ties with the local Dementia Action Alliance, hosting quarterly meetings for all members. This was to ensure that staff were well trained and kept up to date to care for people living with a form of dementia and so that staff and clients were fully aware of the opportunities available in the wider community. Both registered manager, the Care Coordinator and two Supervisors held 'Train the Trainer' qualifications. This ensured parity, continuity and consistency in training of care staff.

The second manager also held a Degree in Health and Social Care and was working towards a Level 5 Diploma in Health and Social Care, as was one of the Care Co-Ordinators. All field care Supervisors either held or were working towards level 3 Diploma, with all care staff either holding or working towards at least a level 2 diploma in Health and Social Care. The management team were committed to lifelong learning and continually strived for excellence, working in partnership with stakeholders and looking to improve. In addition to qualifications in Care, management also held formally recognised certificates in other subjects

such as Data Protection.

We found there were systems in place to monitor the quality of service within people's homes. This was done through regular spot checks and competency assessments of staff. We looked at a sample of these records and saw they provided a focus on ensuring people were receiving the correct level of care, staff appearance and organization, completion of paperwork, how staff assisted people in and out of bed, use of the hoists, toileting, treating people with dignity and respect, assisting people with mobility and health and safety awareness. This provided the opportunity for management to see how staff worked and to make adjustments where necessary so that people received and improved quality of service.

The staff we spoke with said management carried out these checks regular and felt they were good systems to have in place. One member of staff said; "They tend to take place every three months and check if are wearing PPE equipment, giving medication safely and providing the correct care to people". Another member of staff said; "It's a good system to have as it ensures we are doing things correctly". A third member of staff added; "I had one not long ago. They check on a whole host of things to make sure we are doing things right".

We also saw that management carried out regular checks of staff giving people medication, to ensure this was given to people safely. These checks looked at if staff were seeking consent, completing MAR charts correctly, giving the correct medication, offering people water with their medicines and given medicines at the correct time. A member of staff said; "They do the medication competency check as part of our spot check. I feel re-assured knowing it is being looked at".

We looked at the minutes of recent management and team meetings, which had taken place. Some of the topics discussed included the availability of staff, on call arrangements, confidentiality, call monitoring, client concerns and any issues raised by staff. Staff had signed to say they attended and understood the content of the meeting. A member of staff said; "You can say what you need to say and everybody is able to contribute". Another member of staff said; "It's a good opportunity to find out what is going on within the organization".

There were various policies and procedures in place at the service. These covered equality and diversity, disciplinary, equal opportunities, safeguarding, whistleblowing, health and safety, accidents and incidents, training/supervision and complaints. Staff told us they were covered during induction and were available to look at if they needed to seek advice.

The service had secured a place on Wigan Council's Ethical provider framework. The service were asked to submit case studies and references from current people using the service. The service used a holistic approach to care provision, working in partnership with all stakeholders involved in each people's day to day living such as family, GP's pharmacists, social and health care professionals.