

# Chosen Care Group Limited

# Cardamom Court

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Outstanding ☆

# Summary of findings

## Overall summary

### About the service

Cardamom Court provides care and support to older people living in specialist 'extra care' housing. Not everyone who used the service received personal care. 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. At the time of our inspection 26 people were using the service.

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

People told us the service was exceptionally well run. The service provided care that achieves best outcomes for people and improves their quality of life. They adopted various initiatives and approaches to promote people's well-being, maintain their health and safety and achieves good outcomes for them. They work with staff, GP services and other health services to proactively identify the risk of people's health declining and following measures to improve their health and well-being.

The provider worked effectively with other agencies and organisations to develop the service and promote positive outcomes for people. There was strong management and leadership of the service and staff told us they were well supported. The registered manager understood and delivered their role very well. Staff understood their roles and felt motivated to deliver good care to people.

People, their relatives and staff were involved in developing the service. Their views and feedback were considered in designing the service. People were supported with their language needs. Information was provided to them in the language and formats they understood that enabled them to share their views and make decisions about their care.

People and their relatives knew how to raise concerns about the service.

People felt safe with staff and in the way their care was delivered. The registered manager and provider regularly monitored the quality of service delivered using a range of systems.

Staff understood safeguarding procedures and knew what actions to take if abuse had occurred. People's care needs and risks were assessed. Management plans were developed to address risks to people and detailed how their individual care needs would be met.

Medicines were handled and administered safely. Staff understood the organisation's medicines policy and followed it to ensure people received their medicines safely. Incidents and accidents were managed in a way that ensured lessons were learnt to prevent reoccurrence.

People received care and support from staff when they required it as there were enough staff available to care for people. Staff were recruited in a way that ensured people were safe with them. Staff followed practices that reduced the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in place support this practice. People consented to their care. People and their relatives were involved in making decisions about their care. Staff and the manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005.

Staff were supported through induction, on-going training, regular supervision; and appraisal to be effective in their roles. The service liaised effectively with social and health care professionals; and other services to meet people's needs appropriately. Staff supported people, where required to arrange and attend appointments to maintain good health. People's nutritional and dietary needs and requirements were met.

People were cared for by staff who were caring and compassionate. People told us staff treated them with kindness and respect. Staff understood the importance of delivering care to people in a way that maintained people's dignity, privacy and independence. People were given choice about their care.

Staff had received equality and diversity training and they respected people's individualities. Staff supported people to maintain their religious and cultural beliefs. People had a range of activities they participated in to occupy them. The service worked with people to reduce the risk of social isolation.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 20 March 2020 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cardamom Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

# Cardamom Court

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of one inspector and an Expert by Experience (ExE) who made phone calls to people and their relatives. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Cardamom Court provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built accommodation in a shared building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

We gave the service 48 hours' 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 visited the location on 11 April 2022.

#### What we did before the inspection

We reviewed the information we held about the service including notifications we had received. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We looked at five care files, ten people's medication administration records, four staff files, quality assurance reports and other records relating to the management of the service including incidents and accidents records. We spoke with seven people using service, one relative, the registered manager, chief operations officer, four care staff, the well-being coordinator and the GP involved in the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records related to the management of the service and we received feedback from two members of the local commissioning team.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded against the risk of abuse. The provider had a safeguarding procedure in place and worked closely with the local authority safeguarding team. One person told us, "I feel comfortable with them [staff] and safe here. I call them friends because of the way they treat me."
- Staff had been trained in safeguarding and knew their responsibility in keeping people safe from harm. Staff were able to explain to us the signs to recognise potential abuse and actions they would take to protect people. All staff we spoke with felt confident that the registered manager would take all necessary actions to safeguard people including carrying out investigations.
- The registered manager understood their duties to keep people safe from abuse. Records showed that safeguarding concerns had been investigated in line with their procedure and that of the local authority.

Assessing risk, safety monitoring and management

- Risks associated with people's care, health and well-being were minimised. Senior and experienced members of the team assessed risks to people covering moving and handling, health and safety of the environment, nutrition, falls and medicine administration. One person commented, "I have mobility problems and the carers are very careful with me. I feel safe and protected when they are here with me."
- Management plans were developed to guide staff on how to support people to reduce these risks. We saw management plans in place to minimise the risk of people developing pressure sores. Staff understood the need to ensure good hygiene and to apply barrier creams to maintain skin integrity. There were moving and handling plans to support safe transfers for people. Plans provided instructions to staff on how to operate equipment and to perform tasks safely.
- Training record showed, and staff confirmed they had completed moving and handling training. Staff understood people's plans and followed them to ensure they supported people safely. Risks were reviewed regularly, and management plans were updated to ensure they remained relevant to current needs and situations.

Staffing and recruitment

- There were enough staff available at the service day and night to deliver planned care to people and to respond to urgent situations. People told us they had their needs met by staff. One person said, "They [staff] do three visits a day. They come on time and do their job very well. I'm well looked after." Another person mentioned, "I get three hours care and they [staff] look after what I want. They complete what I want them to do."
- Staff were allocated times to provide care to people based on their needs. The rota showed that care visits were adequately covered by staff and where it required two members of staff to undertake a care visit this

was provided. Staff told us that they had enough time to support people safely. One member of staff said, "We have enough staff to work and look after people. The times given to us is enough to complete our care visits."

- Gaps in the rota were covered by staff who were flexible and willing to pick up extra shifts to cover planned and unplanned absence. The provider had a bank staff system which was used to cover shortfalls of staff.
- Recruitment procedures were robust and only suitable staff could work with people. Records showed the provider took up references for staff and checked criminal record database before staff could work with people. Applicants' right to work in the UK, proof of address and medical fitness were also confirmed.

#### Using medicines safely

- People received their medicines safely. The provider had a medicines management policy and procedure in place. Staff were trained and their competency assessed in the safe administration of medicines.
- Care plans detailed what support people required with managing their medicines. This included reordering of medicines, administration and safe storage.
- Staff we spoke with were clear about the actions they would take if there was an error. They said they would contact the pharmacist and GP for advice; and would complete an incident form to report it to the registered manager.
- Medicines administration records (MAR) were completed and showed what time people had received their medicines and the signature of staff who administered. MAR charts were audited monthly to ensure they were completed and accurate as required.

#### Preventing and controlling infection

- The service took steps to prevent infection and comply with COVID-19 guidance. One person mentioned, "The carers have good hygiene standards and wear protective clothing. They wash their hands regular before preparing food for me."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Lessons were learnt from incidents and when things went wrong. Staff knew how to report incidents and accidents. Record of incidents, accidents and near misses was maintained by the service.
- The registered manager reviewed these and took actions as necessary. Actions were taken to prevent incidents from recurring.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good.

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 were assessed and delivered in line with standards and relevant laws.

The registered manager completed an assessment of people's needs to establish they could be met at the service before agreeing to provide a service to them.

- People and their relatives were involved in the assessment process. Assessments covered medical and physical health conditions, mental health and behaviour; personal care, and nutrition. The registered manager explained they reviewed the information received from the referring authority and involved other professionals where necessary in assessing people's needs.

- Information sheets about people's health conditions were held in people's care files and shared with staff so they understood people's conditions and symptoms. For example, there were information sheets on Alzheimer's disease, diabetes, and Parkinson.

Staff support: induction, training, skills and experience

- Staff were adequately supported through training, and supervisions to be effective in their roles. One person commented, "The carers are very good at the work they do for me. They support me with all aspects of care. They recognise my needs." Another person mentioned, "I think the carers are well trained and they know me well and know what care I need."
- Record showed, and staff told us they felt supported by the manager. One member of staff mentioned, "The registered manager is really good at training us. She's always helping us develop ourselves and gain confidence in the job. I'm up to date with my trainings. I get supervisions too and I feel well supported."
- New staff members completed a period of induction which included undertaking training courses and shadowing an experienced member of staff. New staff were required to complete the Care Certificate Induction programme. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Training records showed staff also completed training specific to the needs and health conditions of the people they cared for such as dementia care and diabetes awareness.
- Staff received regular support and supervisions which included observations, spot checks and one-to-one sessions. Annual appraisals were also given to staff where they received feedback on their performance and discuss developmental needs.

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

- People were supported to meet their dietary and nutritional needs. People's nutritional needs and

requirements were noted in their care plans. One person commented, "The carers make me nice meals which taste very nice. They are good cooks."

- The provider worked in partnership with another organisation to provide hot meals on site for people if they chose to. Staff supported people to prepare their meals in their flats in line with their choices and requirements.
- Staff told us they sometimes sat with people to encourage them to eat if there were concerns about their eating. Staff explained that they reported any concerns about people's eating and drinking to the registered manager or to the person's relative and GP.

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

- People's healthcare needs were met. The service had a GP attached to them who visited weekly to see people who needed to be seen regarding their health.
- Staff shared information appropriately with the GP and supported people to explain their health concerns to the GP. The GP told us staff communicated with them very well and contacted them promptly if they had concerns about people's health. They commented, "They don't fail to contact me if there is anything or concerns. They follow up on recommendations and on instructions - i.e. increase or reduction of medication."
- People's care records also showed they had district nurses, occupational therapist and other health professionals involved in maintaining their day-to-day health needs were met. Staff liaised with occupational therapist when required to provide equipment for people. We saw district nurses were involved in managing one's diabetes.
- The service worked with other agencies to provide a consistent and effective service to people. Each person had an 'About Me' document which contained personal information about people's health conditions, medicines, GP and next of kin details; and care required. Staff told us they shared this document with appropriate services like ambulance team people are been taken to hospital so they could get the care they needed.
- The provider worked closely with the housing provider to maintain high standards of infection control, health and safety; and to provide hot meals and activities for people.

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 MCA 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.

- We found people were working in accordance with the principles of MCA. Staff had received MCA training and understood people's rights under this legislation. One member of staff told us, "Without people's permission we cannot do anything. We ask for their permission before you touch them or do any task for them. They need to agree first."
- Records showed that people and their relatives were involved in making decisions about their care. The

registered manager understood their responsibilities under MCA. People had lasting powers of attorney in place.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and compassion. One person said, "I have a good bond with the carers. They are nice and very considerate. They smile a lot to me and encourage me to engage. I find them even more friendly than I would expect for carers." Another person mentioned, "The carers I have are lovely. They are always there for me. We sit and have a laugh and they lift my mood up a lot."
- We observed staff related to people in a friendly and jovial manner. Staff addressed people by their preferred name as indicated in their care plans. Staff took interest in what people were doing and offered support. For example, we saw staff comforting people that morning following a bereavement of one of the tenants. Staff spent time with them talking to them, giving them space to express their emotions and making sure they were comfortable
- Records indicated people's protected characteristics such as religion, culture, gender, sexuality, disability and race were covered as part of their need's assessment. Where people made a preference for staff based on gender or culture to meet their needs, this was accommodated. Staff had undertaken training in equality and diversity and understood the benefits of promoting equality and diversity amongst people.

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

- People and their relatives were involved in making decisions about their care. One person told us, "They involve me and listen to me. I tell them what I want, and they respect what I say always." A relative commented, "We both always liaise with the social worker and keep the care plan up to date and the care my loved one gets closely reflects that. I can voice any opinion and they act on it. The care my loved one gets now is right for them."
- Care plans indicated how best to involve people in their care. Where people had communication difficulties, it was noted ways to support them to express their views and wishes. One person told us they experience memory problems, so staff always reminded them of things and gave them time to process and respond to decisions.
- Staff showed knowledge of the needs and preferences of the people they cared for. Staff told us it was important to follow people's preferences and choices.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, and dignity was respected. People told us that care staff always knocked on their doors before entering their flat or rooms. One person stated, "They always knock on the door to alert me before entering. They respect my privacy and dignity." Another person commented, "They make me really happy

because they respect me and treat me well and look after me. I respect them too. Respect is give and take."

- People's independence was promoted. Staff supported people to maintain their skills and abilities to live as independently as possible. One person said, "They help me to be more independent by taking care of the things I can't do and encouraging and assisting me to what I can. One relative mentioned, "Independence is promoted, and they try and encourage more walking around the house."
- People's care plans indicated what they can do themselves and what they need support with. People had their own tenancies and their care was planned and delivered based on their own individual needs to enable them to remain as independent as possible which was in line the provider's objectives.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

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 received care and support tailored to their individual needs covering their physical and mental health conditions, personal care, nutrition, mobility and social inclusion.
- We noted that support people needed in relation to their cultural and, religious needs were not included in their care plans.

Three of the six care plans we looked at indicated people's cultural or religious background but failed to mention how this affected people's food choices and requirements and how they will be supported. No information was given on how people are supported to maintain and practice their faith and what care staff need to be aware of to support people accordingly.

- We spoke with the registered manager who reviewed the care plans immediately. They reassured us they would tailor the care provided to meet people's cultural and religious needs. We were satisfied with the actions taken as people told us staff supported them to maintain their religious and cultural needs.
- Staff delivered care to people as agreed. People received support from staff to attend to their personal care needs, to manage their medicines, and to maintain their physical health. One person told us, "The carers are very good at the work they do for me. They support me with all aspects of care. They recognise my needs."
- Care plans were reviewed regularly to ensure they remained relevant to people's needs. Staff told us that they were made aware of people's care needs by the registered manager and senior care staff through staff handovers and reading through care plans before delivering care. This ensured staff had the information they required to support people appropriately.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service met people's communication needs and followed the requirements of the Accessible Information Standard.
- People's care plans included their communication needs and how best to achieve effective communication. Where people used hearing aids, care plans reminded staff to support people to wear them.

- Information such as care plans, service user guide, and that complaints procedures were produced in other languages based on the needs of people using the service. We saw these documents in Lithuanian and Portuguese. We also saw these documents for one person in an easy to read format as they had visual impairment.

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

- People were supported to participate in activities to keep them occupied and entertained. The service had a well-being coordinator who organised and delivered activities for people.
- They organised various social activities and encouraged people to join to reduce the risk of isolation. Activities were done in small groups and on a one-to-one basis and covered people's interests and what they enjoyed. Activities included exercises, quizzes, games, and pampering sessions.
- The service had undertaken an activity to help people reflect on objects that were meaningful and important to them. This was done in the form of an exhibition. One person was very happy to show us a large framed photograph of themselves in their cultural outfit with them holding a religious item. They told us, "They gave a framed picture of myself and it made me really happy. I look at it all the time and feel happy. I have asked for two more of the photographs so I can send to my loved ones."
- On the day of our inspection, there was musical performers in celebration of Easter. The atmosphere was joyful and full of excitement. Both people and staff sang and danced together.

Improving care quality in response to complaints or concerns

- People knew how to raise or make a complaint about the service. The service user handbook given to people when they first started using the service included details about how to complain. People told us they had not had any cause to complain. One person said, "I'm satisfied that the carers have covered all their duties when they leave each visit and I've had no cause to complain about any of it".
- The registered manager understood the provider's complaint procedure. There had not been any complaints raised about the service.

End of life care and support

- People's advanced care decisions and wishes were detailed in their care plans where relevant including their Do Not Attempt Resuscitation (DNAR) status and if they wanted to be sent to hospital or not. At the time of our inspection no one was receiving end of life care.
- Care staff had completed training in end of life care. The registered manager told us they would work closely with people's relatives, local GP and other health and social care professionals to meet people's needs at the time.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The service had adopted various programmes and technologies aimed at achieving exceptional positive outcomes for people that improved their quality of life and well-being.
- The service worked with and followed a care at home strategy that aimed to reduce the risk of hospital admissions. They worked to maintain people's health through regular monitoring and early intervention. Staff were trained to take clinical observations and recognise readings which may indicate that a person's health might be at risk or deteriorating. They liaised with the person's GP or health advisor service for advice on actions to take.
- In two cases we reviewed, people's medicines for managing their blood pressure had been reduced in dosage. This was through staff regular monitoring people's vital signs which showed they had been consistently low. The GP carried out a review of their medicines and reduced the dosage of medicines they took. This intervention meant people received prompt care which reduced the risk of their health deteriorating and the need for hospitalisation.
- One person commented, "The care is going very well and I'm improving in myself as a result." One relative stated, "There has been such a big improvement in my relative's wellbeing since he used the service. The carers are always willing to do extra duties and will respond positively to that if we need it."
- The service had introduced an Emergency lifting cushion. This cushion is used to help people lift themselves off the floor quickly following a fall with support from staff. When people have had a fall, trained staff do an assessment to check if they are in any pain or if they had sustained any injury. If there were no concerns staff use the equipment to support the person to lift themselves from the floor to a comfortable position. The person's vital signs are checked and reported to the GP who advises on any action necessary. This means people's confidence and dignity are not compromised after a fall.
- Staff told us the impact of having and using this equipment on the people they supported. One staff member said, "It was particularly beneficiary for the service users during the pandemic when ambulance services were stretched, and it took long time for them to respond to a call. With the equipment we could help people get up, check them, make them a nice cup of tea and give them reassurance they needed, and they were back on their feet doing their thing."
- Another example of the service adopting programmes to promote positive outcomes for people, the registered manager had completed a 'Trusted Assessor' Award. This award meant they can assess for minor adaptations and make recommendations for equipment to help people living with a disability to decrease risk and increase independence and quality of life.



- This ensured timely referrals to health professionals such as occupational therapist were made and equipment was ordered and supplied promptly.
- In one case study, based on the assessment and recommendation from the registered manager who was the Trusted Assessor, the person received a hospital bed which reduced their continuous risk of falling from their standard double bed. This meant people got the equipment they needed promptly to manage risk adequately and promote their independence and well-being.
- The provider had been recognised and awarded for the excellent work they do. They were awarded the 'The Great London Care Award' which is part of the Great British Care Awards. This was for their contribution to promoting best practice within the care sector and for demonstrating excellence in their work.

#### Working in partnership with others

- The provider worked excellently well with the local authority and other care organisations to improve and develop their services. The registered manager had been part of various projects within the local authority and contributed actively through sharing learning and good practices that had enabled others to improve the service they provide.
- They had been part of a group reviewing medicine policy for the local authority. They contributed in developing the policy which would be used across the borough for domiciliary care services. The registered manager commented, "It benefited us to be part of the great team of not only commissioners also all NHS professionals to share ideas and our experiences. We also learnt from this exercise and implemented our learning to our services." The registered manager had also contributed in developing 'patient passport' document for the local NHS Clinical Commissioning group. The document will help pull together information about people and their needs to enable an effective and consistent service to be delivered across services.
- The registered manager had delivered medication training to staff within the local authority as it was recognised that there was a training need which the provider's training could meet.
- A member of the local authority commissioning team commented, "We have a very good working relationship with the registered manager. Good and open communication. Registered manager ensures the recommendations/actions are completed within the agreed timescale after each monitoring visit."
- The registered manager worked with the clinical commissioning group and attended regular meetings where concerns are discussed and actions agreed. The local GP commented, "The registered manager attends local multi-disciplinary meetings which is very helpful in sharing ideas and helping us address issues quickly."
- The provider worked with other organisations such as Skills for Care to develop training programmes for staff. The provider was also part of the care providers voice which strive to understand local needs, experiences and concerns of people who use health and social care services and to effectively to speak out on their behalf.

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

- The provider engaged with people in ways which empowered to express their opinions. They considered people's language needs when giving information to people about their care and when asking for feedback about the service. People whose first language is not English language had their care plans, complaint procedure and service user guide produced in the language they understood. Surveys were also sent to people in accessible formats and in the language they understood. One person commented, "I cannot read English and they offered me the Survey in my language."
- The service regularly engaged with people and their relatives in the running of the service. Regular meetings took place with people to liaise, consult and share information with them. People also used this to feedback on their views about the service and share any concerns.

- Regular staff meetings took place where various issues about people's care, team issues and how the service is planned and organised are discussed. Staff felt their contributions and suggestions were recognised. Team meetings were also used to share good practices and learning. Staff told us they felt valued and motivated in their roles. One member of staff said, "I enjoy working with the company. I'm a carer and enjoy performing my duty as a carer and they enable me to perform my role well. They also value you as staff which is nice."

#### Continuous learning and improving care

- The quality of the service delivered to people was regularly assessed and monitored through checks and audits. The registered manager audited medicine administration records monthly to ensure these were correctly completed and to identify any errors. People's care records including daily logs, care plans and financial records were also checked to ensure they were accurate. Regular spot checks were conducted to check staff were performing to the standard expected.

- The provider conducted annual survey to obtain feedback from people, their relatives and staff about the service they provide. The analysis of the survey conducted in March 2021 showed high satisfaction levels. Comments included, "Provides personalised support all the time," "Staffs and Manager go extra mile."

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

- Staff had the leadership and direction they needed. Staff told us they felt supported in their roles and knew who to go to for guidance and support. One staff member said, "The registered manager is supportive. She is a great manager. If I have any problems, she helps me sort it out."

- The registered manager understood their role and were experienced in running an effective care service. They complied with the requirements of their CQC registration including submitting notifications of significant events at the service. They were open and transparent when things went wrong and understood and acted in line with the duty of candour.

- The service had a procedure for staff to follow to respond to emergency situations; and staff understood this procedure. The service operated an on-call duty management system which provided support to staff if needed. Staff told us they would liaise with the shift leader in the first instance for advice and if unable to resolve the problem, they would escalate it accordingly.

- Staff understood their roles and responsibilities and were given the tools to be effective in their jobs. Staff told us they had regular training to maintain their knowledge and skills in their roles.