

Assure Care Ltd

# Assure Care Ltd

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on the 10 and 11 December 2018 and was announced. It was the first inspection since the provider registered on 1 July 2016.

Assure Care Limited is a domiciliary care agency providing personal care. It is registered to provide a service to younger adults, older people, people with learning disabilities or autistic spectrum disorder, people with a physical disability, people with a sensory impairment, people with mental health needs and people living with dementia.

CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection it was confirmed that 14 people using the service received 'personal care'.

A registered manager was 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 registered manager was fully aware of their legal responsibilities and was committed to providing effective leadership and support to staff.

Risk assessments were in place and were regularly reviewed. Staff were aware of specific risks relating to people's healthcare conditions. Risk assessments were applied to indicate the risks and how they were to be managed to keep people safe.

People were supported by staff that had been safely recruited and had a good understanding of safeguarding procedures. Sufficient numbers of suitable staff were available to support people to stay safe and meet their needs.

Appropriate arrangements were in place for the management of medicines. Staff had received training and were knowledgeable about how to safely administer medicines to people. People received their medicines as prescribed.

People were protected from the risk of infection. Staff understood their responsibilities in relation to infection control and hygiene and were provided with personal protective equipment (PPE), such as disposable gloves and aprons.

Staff knew how to report and record accidents and incidents and lessons were learned when things went wrong. The registered manager recorded accidents and incidents and responded to these to ensure people were safe.

People's needs were assessed before they were supported by Assure Care Limited. People were involved in

the development of care plans and risk assessments that took their preferences and wishes into account.

People were supported by staff that had access to a training programme, supervision and appraisals. Spot checks were undertaken regularly to ensure people's needs were being met as detailed in their care plans.

People were supported to eat and drink enough to maintain a balanced diet and were supported to live healthier lives and maintain good health.

People were very happy with the care and support they received. The staff and management team were inspired to offer care that was kind and compassionate and were committed to supporting people to enhance their lives and maintain their independence. People's cultural and religious beliefs were respected and embraced.

People's assessments and care plans considered people's values, beliefs, hobbies and interests along with their goals for the future. The management team had taken time to get to know people and involved them in planning their care. Care plans recorded people's personal history, interests and religious beliefs.

The provider had procedures in place to respond to people's concerns. People were encouraged to raise any concerns or complaints they may have about the provider. People had not had the opportunity to discuss what it meant to be at the end of their life or make their preferences known. At the time of the inspection there was no one receiving end of life care.

The registered manager had a good oversight of the quality of the service as they were involved in all aspects of care delivery. There was a clear vision to deliver high-quality care and support. The registered manager often went the extra mile to ensure people felt valued and had good quality care. People had formed a good relationship with the registered manager and knew them by name.

People were given the opportunity to provide feedback on their experience of the service through surveys and regular contact with the registered manager. This feedback was utilised to make improvements to people's care experience.

## 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.

Risk assessments were in place and were regularly reviewed.  
Staff were aware of specific risks relating to people's healthcare conditions

People were supported by staff that had a good understanding of safeguarding procedures and there were sufficient staff available to support people to stay safe.

People were supported by staff that had been safely recruited.  
People received their medicines as prescribed and were protected from the risk of infection.

### Is the service effective?

Good 

The service was effective.

People's needs were assessed before receiving care. People were supported by staff that had access to a comprehensive induction programme.

People's choices were respected, and their independence encouraged.

People were supported to eat and drink enough.

### Is the service caring?

Good 

The service was caring.

People were very happy with the care and support they received, the staff and management team all spoke positively of the people using the service.

Care was kind and compassionate and people's right to confidentiality was respected.

The provider was committed to employing the right staff with the right approach.

### Is the service responsive?

Good 

The service was responsive.

People were supported by staff that had taken time to get to know them, people's preferences and wishes were taken into consideration when planning people's care.

People's cultural and religious beliefs were respected and embraced.

The provider was flexible to people's needs, people knew how to complain if they had any concerns and felt they would be listened to.

### Is the service well-led?

Good 

The service was well-led.

There was a registered manager in post that understood and carried out their role of notifying incidents to the Care Quality Commission.

The registered manager was visible to people, relatives and staff. Everyone knew the registered manager by name and held them in high regard.

The registered manager had a clear vision to deliver high-quality care and support. Staff felt valued and supported by the registered manager.

# Assure Care Ltd

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 11 December 2018 and was announced. We gave the provider 48 hours' notice of the inspection visit because it is a small service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in the office. The inspection visit was carried out by one inspector.

The inspection started on 10 December and ended on 11 December 2018. We visited the office location on 10 December 2018 to meet with the registered manager and to review care records, policies and procedures and made telephone calls to people receiving care and the staff on the 11 December 2018.

Due to technical problems the provider was not able to complete a Provider Information Return (PIR). This is the information we require providers to send us as least once annually, to give some key information about the service, what the service does well and the improvements they plan to make. We took this into account when we inspected the service and made the judgements within this report.

We reviewed other information we held about the service. This included whether we had received notifications regarding important events which the provider must tell us about. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We contacted the commissioners of the service and Healthwatch to obtain their views about the care provided at the service.

During the inspection we spoke with three people using the service and one relative. We spoke with three members of care staff, a care coordinator and the registered manager.

We looked at care records in relation to three people using the service. We looked at four staff recruitment files and staff training records. We looked at records that showed how the provider managed and monitored

the quality of service. These included spot checks, complaints, compliments, incident reporting and a sample of the providers policies and procedures.

# Is the service safe?

## Our findings

Staff we spoke with were knowledgeable of risks associated with people's health conditions, and people confirmed staff were competent in meeting their needs. One staff member told us, "I feel confident with the stoma bag [opening in the stomach that allows faeces to be collected into a bag], I know what to do with it and [name] is happy." However, we found risk assessments were not in place for one person regarding their healthcare needs. For example, catheter and stoma care. This meant staff did not have the information they needed to identify a deterioration in the person's health condition. Following the inspection detailed risk assessments and care plans were put in place for the specific healthcare needs.

Risk assessment records confirmed specific risks such as risk of falls and not eating and drinking enough were appropriately managed. Records showed the risk assessments were regularly reviewed as and when people's needs had changed, and their care plans were updated to accommodate the changes.

Staff were aware of the need to check equipment in people's homes before using it to ensure it was fit for purpose. One staff members told us, "It is down to the staff visiting to check the hoist is safe before using. It says when it was last tested and you need to check the sling to make sure it's safe before using." People confirmed staff checked the equipment before using it.

The systems, processes and practices in place protected people from abuse. People told us they felt safe with the staff that provided their care. One person told us, "I feel totally safe with the carers." A relative told us, "All the care staff are good, I know [relative] is safe so I can relax."

Staff we spoke with all had a good understanding of safeguarding procedures and could describe what to do if they suspected or witnessed any form of abuse. One staff member told us, "If there is a safeguarding concern, we record what we see, the date and time, and alert the manager." We saw staff had up to date training in safeguarding procedures. The management team knew how to escalate safeguarding concerns and had worked with the local authorities safeguarding team to complete investigations when needed. We saw evidence of this during our inspection. Policies and processes were in place to ensure prompt action would be taken to keep people safe.

The provider ensured there were sufficient numbers of suitable staff to support people to stay safe and meet their needs. Rotas confirmed staffing numbers were consistent and appropriate for people's needs. People told us they were confident that staff would always attend. One person told us, "I have never had any missed calls." A relative told us, "They [care staff] are always on time for calls." Visits were planned nearby and travel time was allocated between visits. Staff confirmed the travel time was adequate.

The provider followed safe recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Records showed when convictions



had been disclosed a risk assessment had been completed by the registered manager prior to staff being employed.

There were appropriate arrangements in place for the management of medicines. Staff had received training and were knowledgeable about how to safely administer medicines to people. The provider used electronic Medication Administration Records (MAR) to record when people received their medicines. People we spoke with confirmed they received their medicines on time. The registered manager told us, "I am really hot on medicines and staff will tell you that. It is very rare mistakes happen, but carers know what to do if there is a mistake." Care staff confirmed they knew what action to take if a medicines error had occurred.

People were protected from the risk of infection. The provider had infection control procedures in place. Staff understood their responsibilities in relation to infection control and hygiene and told us they were provided with personal protective equipment (PPE), such as disposable gloves and aprons. One person told us, "Without fail they [care staff] wear aprons, gloves and sometimes shoe covers." A member of staff told us, "[Name] has a stoma bag, sometimes it leaks, I know the signs and put my gloves on straight away."

Staff knew how to report and record accidents and incidents. We saw evidence that accident forms were completed by staff, and there were arrangements in place for the registered manager to review and investigate incidents. Lessons were learned when things went wrong. The care provider recorded accidents and incidents reported and responded to these to ensure people were safe. For example, one person had fallen while receiving personal care. The registered manager contacted the social worker for a review of their needs and made a referral to a health professional to review the persons mobility skills and equipment.

## Is the service effective?

### Our findings

The provider had systems in place to assess and identify the support people required before receiving care. The registered manager completed care plans with the person receiving care and chosen representatives, this was updated as they got to know people or as their needs changed. People's protected characteristics and preferences for care were considered during the assessment to help the provider plan their care.

Staff had received an induction and had undertaken training, which the provider deemed as mandatory, such as first aid, safeguarding of vulnerable adults, and moving and handling. Staff were complementary of the induction programme. One member of staff told us, "When we support a new person [registered manager] introduces us and shows us how to do their care. The [registered manager] never leaves us alone until we feel comfortable." Records showed spot checks were undertaken regularly by the registered manager. A spot check is an unannounced visit to observe a staff members practice and ensure staff are competent in undertaking their role.

Staff required specialist training to meet people's individual healthcare needs. The registered manager and staff told us catheter and stoma training had been provided by a healthcare professional and following this care staff shadowed the registered manager until competent. However, there was no record of this training taking place. The manager sought to receive confirmation from the healthcare professional and arranged further training for the care staff.

Without exception staff felt supported by the registered manager. Care staff were in daily contact with the registered manager and confirmed they had access to supervision when they needed it. One staff member told us, "you can call [registered manager] any time." Another staff member told us, "I feel supported all the way, I have a briefing at the end of every day with [registered manager]."

Where needed people were supported to eat and drink enough to maintain a balanced diet and stay healthy. We saw people's dietary needs were assessed and recorded within their care plans. The staff we spoke with were knowledgeable of people's food and drink likes and dislikes, and the level of support needed to eat and drink. One staff member told us, "We help prepare meals for people or assist them."

People were supported to live healthier lives and maintain good health by attending regular health checks and medical appointments. One person told us, "[Name of care staff] always comes with me to my hospital appointments. I have the same person." We saw that the registered manager had liaised with health professionals to follow up health appointments for people and to ensure people's care plans remained up to date. One relative told us, "They [the registered manager] have referred to [health professional] as [relative] keeps falling when trying to stand up from the chair."

Records showed the registered manager had liaised with social workers and other professionals when people were joining or leaving the service. This ensured people received consistent, timely and person-centred care. For example, following a change in need one person no longer required care from Assure Care Limited. The registered manager shared information with professionals to ensure the persons needs would

continue to be met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the provider was working within the principles of the MCA, and found they were. People's mental capacity had been assessed and people were empowered to be as independent as possible. The staff and management team understood their responsibility around MCA and had received training as part of their induction. People told us staff always asked for consent before supporting with care and offered choices and respected people's decisions. One person told us, "They [care staff] do what I ask and always ask if there is anything else they can do for me. If they have time to do anything else and help me they will." A member of staff told us, "Sometimes a person tells us they don't want to do something, we respect their choice."

## Is the service caring?

### Our findings

People were very happy with the care and support they received. People told us staff treated them with warmth and kindness and interacted with people in a polite and respectful manner. People looked forward to seeing the staff. One person told us, "I do get lonely sometimes and look forward to seeing them [care staff], they are like my friends. I don't know what I would do without them." Another person told us, "Sometimes we [myself and care staff] have a bit of a chat depending on how I am feeling." A relative told us, "It's the little things that make a difference [relatives] bed was made this morning, that was a first. I've not had that with other care providers."

The staff and management team all spoke positively of the people using the service and were knowledgeable about people's needs and preferences. The registered manager had spent time getting to know how people wanted their support provided by staff and ensured every member of staff shadowed them. This helped staff to provide person centred care that fully supported and respected people's individuality. People felt valued by the registered manager. One person told us, "[registered manager] comes at the weekend, I see them most weeks. Another person told us, "Even when [registered manager] has got enough staff, they always make a point of coming to see me once a week."

The care staff and registered manager were inspired to offer care that was kind and compassionate and were committed to supporting people to enhance their lives and maintain their independence. One person told us, "When [registered manager] came out in the beginning and asked what I wanted, I said to be independent. [registered manager] said they understood I wanted to do things myself and to let them know if I need help." A relative told us, "[registered manager] encourages my relative to do things themselves and makes sure they tell [relative] when they have done something really well." A member of staff told us, "I let people do what they can do and when they need support, I will support. I don't want to take away people's independence."

People told us the staff were very caring and helpful. Staff we spoke with enjoyed their job and were proud of their work. One person told us, "I make the staff feel valued, most of them say they love coming here." One staff member told us "I enjoy everything." Another member of staff told us, "I have nice relationships with the people I care for."

Some people receiving care experienced times of distress where their behaviour was difficult for staff to manage. We received feedback that care staff were patient and calm and responded in a compassionate way. One member of staff told us, "[Name] can be offensive to people but you let it go over your head, [Name] can't help it. I keep in mind how I would feel if I was in the same situation. It is very important you tell [Name] what you are doing all the time as [Name] needs reassurance." Staff gave examples of speaking to people about their histories to promote their emotional wellbeing. For example, one person when distressed responded positively to care staff talking to them about their past career and religious beliefs.

The registered manager was committed to ensuring they had the right staff with the right approach and understanding to meet people's individual needs. People had a core group of staff that supported them on a

day to day basis. This enabled people and staff to develop caring relationships together. One person told us, "I have a good team, they [care staff] are nicer and more efficient than carers I have had before from a different company. The manger vets the staff really well, some of them have never done caring before." A relative told us, "It is nice when you get to know carers and trust them." The registered manager was in weekly contact with people receiving their care which enabled them to seek feedback on care provided to make improvements to further enhance the care provided.

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance. Information about people was shared on a need to know basis. People's files were kept within a secure locked cabinet. Staff had access to their rota via an electronic record keeping system that required a unique passcode to gain access. The management team were aware of their responsibility in complying with the Data Protection Act. One staff member told us, "Confidentiality is important, we make sure boundaries are in place." People confirmed care was carried out in a dignified and person-centred way. One staff member told us, "We treat people with dignity and respect, as if caring for your own relative and how you would want to be treated."

The management team and staff understood when people may need additional support from an advocate. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive and when they are unable to speak up for themselves the advocate will represent them to ensure any decisions are made in their best interests. At the time of the inspection no people required the use of an advocate as all people were supported by their family members.

## Is the service responsive?

### Our findings

People's assessments and care plans considered people's values, beliefs, hobbies and interests along with their goals for the future. People, and where appropriate their relatives were involved in developing their care plans. There was a person-centred approach to the service offered and how the service was run.

The registered manager had taken time to get to know people and involved them in planning their care. Staff received a comprehensive induction that which helped them to get to know what was important to people. One relative told us, "[Registered manager] asked lots of questions at the start. [Name] always sleeps with glasses on, and likes pillows positioned in a particular way, this was included in the care plan." A staff member told us, "When we meet a new person, we read the care plans in advance so we know how to support them. The care plan is in the home if we need information." Another staff member told us, "You get to know people's preferences, and ask them what they want. I know there is a care plan but sometimes there are other things that are important to them, and everyone has their own ways how they like things to be done."

Staff were allocated to teams taking into consideration people's preferences. The registered manager told us people needing the support of one staff member had no more than three care staff to ensure consistency of care and to enable staff to develop relationships with people. One person told us, "I have a small team of staff. I get on very well with them." Another person told us, "During the week I have [Name of care staff] who has been with me a long time, then at the weekend I have other people."

People told us if they wanted to change their call time they would contact the registered manager, and this was accommodated. The service user guide was provided to people receiving care from Assure Care Limited. It included important information such as how to complain, people's rights and how care would be delivered. It advised 'you are free to ask for a change in carer at any time if you so desire it'. One person told us, "The paperwork in my file says about care being a friendship, they [care staff] are like my friends."

People's care plans were reviewed regularly or as their needs changed. Staff were updated of any changes to risk assessments or care plans via a live messaging system accessed on an electronic device. Daily records were maintained to demonstrate the care provided to people. People told us they received their care as planned. One person told us, "I have a shower, breakfast and then they [care staff] ask if there is anything I need doing, they put my washing in the dryer for me."

Staff understood the need to meet people's social and cultural diversities, values and beliefs. Care plans recorded people's personal history, interests and religious beliefs. One staff member told us, "[Name] often prays when we hoist them, this helps [Name] to feel safe and I respect that." The registered manager had identified one person was no longer able to attend church. They spoke with relatives of the person and arranged for the person to attend the church where they lived.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information

Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager had taken time to get to know people to enable them to understand their communication and developed care plans with this in mind. One person's first language was Swahili. To overcome the language barrier the registered manager identified care staff that spoke Swahili to support this person.

The service had in place clear systems and processes for referring to external services and had made referrals as required to ensure people's health and wellbeing was well managed. For example, the registered manager referred to the district nursing service for support with Medication Administration Records (MAR) and to notify them if people's health needs had changed.

The provider had procedures in place to respond to people's concerns. People were encouraged to raise any concerns or complaints they may have about the provider. People told us they felt confident any concerns would be dealt with. One person told us, "If I had concerns I would ring [registered manager] and they would sort them out, but I have no issues." Another person told us, "I am more than happy with the care, if I had any problems I would be onto you [CQC]." We found any issues raised with the manager were promptly addressed and no formal complaints had been received.

Staff were aware of the complaints procedure and told us they would bring any concerns to the direct attention of the registered manager. Records showed staff had raised concerns with the registered manager and this had been appropriately addressed.

People had not had the opportunity to discuss what it meant to be at the end of their life or make their preferences known. At the time of the inspection there was no one receiving end of life care and no advanced care plans in place. Advance care planning is the term used to describe the conversation between people, their families and carers and those looking after them about their future wishes and priorities for care. The management team told us that should people reached the end of their life, they would work with health professionals and provide continuity of care if the staff team had the skills and competence to meet people's needs.

## Is the service well-led?

### Our findings

There was a registered manager who had managed the service since they registered with the Care Quality Commission on 1 July 2016. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 registered manager understood and carried out their role of reporting incidents to CQC.

The registered manager knew they needed to notify CQC of any significant events and incidents in the service. Records showed they had made the notifications required. The registered manager was aware of the legal requirement to display the registration certificate and rating from this inspection. It is a legal requirement that a provider's latest CQC inspection rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. As this is the providers first comprehensive inspection, they had not previously been rated, therefore a rating was not displayed.

Staff told us the registered manager was easily contactable and always provided the support they required. They told us any problems or issues that had been identified, were reported to the registered manager who did not hesitate to act swiftly. The registered manager was open and receptive to minor shortfalls we highlighted during the inspection and set about to action these on the day of the inspection.

The registered manager had a good oversight of the quality of the service as they were involved in all aspects of the service and regularly delivering care. They recognised that robust quality assurance systems and processes needed to be developed as the business grew. This included auditing areas such as accidents and incidents, care records, training, supervision and recruitment files.

The registered manager, care co-ordinator and care staff had clear lines of communication. A secure messaging system was utilised to enable staff to keep in communication with each other while working remotely and to be alerted to updates regarding any changes in people's needs. The registered manager provided 24-hour on call support, so people and family members could alert them to any change in need outside of normal working hours.

The registered manager had a clear vision to deliver high-quality care and support. They strived towards promoting a positive culture that is person-centred, open, inclusive and empowering, whilst achieving good outcomes for people. The registered manager often went the extra mile to ensure people felt valued and had good quality care. For example, the registered manager had prepared personalised Christmas hampers for people and planned to deliver them personally. One staff member told us they had attended a visit for a person that was unwell and needed additional support with personal care. Without hesitation the registered manager co-ordinated additional support and extended the visit time to make sure care was not rushed and the persons needs were fully met before the care staff left.



People, relatives and staff knew the registered manager by name. People had formed a good relationship with the registered manager and without exception we received positive feedback from people, relatives and staff. The feedback we received gave a strong message that everyone was willing to go above and beyond expectations to ensure people had enriched and fulfilled lives. One person told us, "When I came to Assure Care Limited, I told the manager they had a hard act to follow. Not only has [Registered manager] gone and done it, but they have bettered it."

Staff we spoke with felt valued and cared for. Staff told us, "The registered manager is very approachable and accommodating, as soon as I started I felt welcome and that I could ask anything. They are good to work for;" "As far as bosses go [registered manager] is lovely and a good communicator. If there is a problem it will be dealt with," and "The registered manager is very patient and understanding personally, also very hands on."

Staff members cultural and religious beliefs were respected and embraced. Rota's were managed around staff members individual needs and commitments. For example, one member of staff did not work Saturdays due to the religious beliefs and other members of staff did not work during Ede. One member of staff told us, "The boss lets me work around school pick-ups." Another member of staff told us, "[Registered manager] takes everyone's personal situation into consideration."

New staff members were issued with an induction pack that included a first aid booklet, an alarm for lone working and an employee handbook. The employee handbook was a quick reference guide for staff with important information such as accidents and emergencies, religious beliefs and abuse and whistleblowing. Staff told us they found the handbook very useful to refer to if they had any queries. One staff member told us, "I keep the Staff handbook with me, then if I am not sure of something I can look in it."

Team meetings occurred on an ad hoc basis. One member of staff told us, "In team meetings we talk about people's needs, whether people need extra support and anything we don't understand." Another staff member told us, "We have staff meetings now and again, it would be good to get together more often." The registered manager had identified the need to have more regular staff meetings and was in the process of identifying office space for the staff team to meet.

The provider used customer surveys to seek feedback on its service. Feedback received from the surveys was positive. For example, "Your service has been brilliant." and "Thank you to [Name of staff] for the care and dedication they gave my [relative], who can be quite awkward to deal with. [Name of staff] is a credit a big asset to your company." The registered manager also spoke with people weekly to determine if there were any issues that needed addressing. One person told us they told the registered manager their bed hadn't been made properly one morning. The registered manager made sure this was done at the next visit.

The registered manager was in regular contact with the local authority and clinical commissioning group regarding the care provided to people to ensure it was meeting people's needs and often advocated on behalf of people. They were also in regular contact with other health and social care professionals to ensure people's needs were being met.