

Guardian Homecare UK Ltd

# Guardian Homecare- Bedford

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

Guardian Homecare – Bedford is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults of all ages who have a variety of care and support needs including: dementia, physical disabilities, sensory impairments and mental health needs. At the time of this inspection there were 139 people using the service.

Not everyone using Guardian Homecare – Bedford receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

This was the first inspection of Guardian Homecare – Bedford since it registered with CQC in March 2017. This means the service has not previously been rated. During this inspection, which took place on 06 and 07 March 2018, we rated the service as Good.

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.

During the inspection we did identify some areas that needed improvements. However, we also saw evidence that the provider was aware of these and was already taking steps to address them. This included the timing of care calls to people. Overall, people told us that the service was reliable, but sometimes care staff did not arrive when they needed them to. The registered manager showed us that weekly analysis of call timings was underway, in order to provide an improved service to people.

The provider carried out checks on new staff to make sure they were suitable and safe to work at the service. However, we found some gaps with the recruitment checks carried out. These gaps were investigated and filled by the registered manager shortly after the inspection.

In addition, we found concerns with how staff recorded whether people had received topical medicines such as barrier creams. This is because staff had not always used the correct code (key) to record the reason for administering the cream. The management team showed us that training booklets had been prepared for staff to complete, to support them in their understanding of expected record keeping standards.

People were protected from abuse and avoidable harm. Staff had been trained to recognise signs of potential abuse and knew how to keep people safe. Processes were also in place to ensure risks to people were managed safely and that they were protected by the prevention and control of infection.

There was evidence that the service responded in an open and transparent way when things went wrong, so that lessons could be learnt and improvements made.

People received care and support that promoted a good quality of life and was delivered in line with current legislation and standards. Staff received training to ensure they had the right skills, knowledge and experience to meet people's needs.

People were supported to have enough food and drink to maintain a balanced diet. Risks to people with complex eating and drinking needs were being managed appropriately.

Staff worked with other external teams and services to ensure people received effective care, support and treatment. People had access to healthcare services, and received appropriate support with their on-going healthcare needs.

The service acted in line with legislation and guidance regarding seeking people's consent.

People received personalised care from staff who were helpful, kind and compassionate.

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 the service support this practice.

People's privacy, dignity, and independence was respected and promoted.

Arrangements were in place for people to raise any concerns or complaints they might have about the service. These were responded to in a positive way, in order to improve the quality of service provided.

Systems were in place for people to be involved in making decisions about their end of life care needs, so if the need arose staff would be prepared and able to carry out those wishes.

There was strong leadership at the service which resulted in people receiving high quality and person centred care. The registered manager ensured that staff understood their legal responsibilities and accountability. This approach had created a positive culture that was open, inclusive and empowering for the people using the service.

Systems were in place to monitor the quality of the service provided and to drive continuous improvement. The registered manager and provider worked in partnership with key organisations and agencies for the benefit of people using the service.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Improvements were needed to ensure people consistently received their care and support when they needed it.

Changes were also required to ensure recruitment practices included all legally required checks.

Medicine records did not always demonstrate the proper and safe use of medicines.

People were protected from abuse, and risks were assessed and managed appropriately.

People were also protected by the prevention and control of infection.

When things went wrong, lessons were learnt in order to improve the service.

### Is the service effective?

**Good** ●

The service was effective.

Appropriate referrals were made to external services to ensure people's care and support was delivered in line with current standards and evidence –based guidance.

Staff had the right skills, knowledge and experience to carry out their roles.

People were supported to eat and drink enough.

Staff supported people to access a variety of healthcare services to promote their day to day health and wellbeing.

People's consent was sought in line with legislation and guidance.

### Is the service caring?

**Good** ●

The service was caring.

People were treated with kindness and compassion.

Staff supported people to express their views and be involved in making decisions about their care and support as much as possible.

People's privacy and dignity was respected and promoted.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised care that was responsive to their needs.

Systems were in place to ensure people's concerns and complaints were listened and responded to.

If needed, arrangements could be made to ensure people at the end of their life were supported to have a comfortable, dignified and pain free death.

### **Is the service well-led?**

**Good** ●

The service was well led.

The service was person centred, open and inclusive.

A registered manager was in post who understood her legal responsibilities.

Arrangements were in place to engage with people and involve them in developing the service.

Systems were in place to monitor the quality of service provision, in order to drive continuous improvement.

The service worked in partnership with other agencies for the benefit of the people using it.

# Guardian Homecare- Bedford

## **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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection was announced and was carried out on 6 and 7 March 2018 by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We gave the service 48 hours' notice of the inspection, because they provide a domiciliary care service and we needed to be sure that the registered manager and other members of staff would be available.

Before the inspection we checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also asked for feedback from the local authority who have a quality monitoring and commissioning role with the service. No concerns were raised.

During the inspection we used different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not able to speak with us. The inspector visited the office location to speak with the registered manager and office staff; and to review care records and policies and procedures. The Expert by experience made telephone calls to a random selection of people using the service to gain their feedback about the service they received.

In total, we spoke with 14 people using the service, three relatives or close friends, the regional manager, the registered manager, a service coordinator, a field supervisor and one member of care staff. We also sent some questionnaires to another selection of people using this service. Eight people or their relatives responded.

We then looked at various records, including care records for four people, as well as other records relating to the running of the service. These included staff records, medicine records, audits and meeting minutes so that we could corroborate our findings and ensure the care and support being provided to people was appropriate for them.

# Is the service safe?

## Our findings

Overall, people told us they were safe and had their needs met because there were sufficient numbers of staff. Most people we spoke with, or received feedback from, told us that the service was reliable and they received care and support from familiar, consistent care staff. They also told us that care staff completed all of the tasks that they needed them to do at each visit. One person said, "Yes, they call once a day... it's very good, very reliable."

However, people also told us that care staff did not always arrive at agreed times, and that they were not always kept informed about this. One person said, "They are reliable but the times are not good...they don't call me to let me know." Another person described the impact on other people they shared a house with when care staff arrived too early. They said, "They get the house up when they call really early... and they just knock." Another person added, "Some (staff) are not aware and wake me and I don't even expect them... I lose sleep and need to catch up."

The registered manager told us that staff were allowed a 15 minute leeway for care calls, so if they arrived 15 minutes earlier or later than planned this was acceptable. The service used a real time live communication system, which enabled the management team to monitor when care calls were carried out and how long staff stayed for. We checked the timings of calls for a sample of people and found that calls were not always taking place as planned. For example 29 out of 47 calls for one person were outside of the 15 minute leeway and over half of these were early – up to 1 hour and 13 minutes early in one case. If calls are carried out too early or too late there is a risk that people may not have their assessed needs met in a safe or person centred way.

The registered manager explained that the service had recently taken on a large number of care packages from another provider, at very short notice. They told us that work was underway to agree call times with the new people, because it had become apparent that some of the information handed to them by the previous provider did not match people's actual requirements. Other records showed that the provider was monitoring care call times and had identified this as an area for improvement. We could see from a memo sent to the staff team that some action had already been taken to improve call times. Following the inspection the registered manager provided further evidence that care calls were being analysed on a weekly basis. This showed that the provider was already aware that improvements were needed to ensure people received their care and support when they needed it, and that they were taking steps to make the required improvements.

The management team outlined the processes in place to ensure that safe recruitment practices were being followed to confirm new staff were suitable to work with people using the home. We were told that new staff did not take up employment until appropriate checks were in place such as: proof of identity, references and a satisfactory Disclosure and Barring Home (DBS) certificate. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. We looked at a sample of staff files and found that the majority of required checks were in place, but some were missing. This included details of three staff member's full employment history and / or an explanation for any gaps in that history.

We saw that the provider had recently identified this as an issue within their own auditing processes, and the registered manager was able to provide evidence that the missing information had been obtained shortly after the inspection. In addition, they advised that they would sign off recruitment checks for all new staff in future, to ensure all the required checks were carried out.

Systems were in place to ensure the proper and safe use of medicines. Staff confirmed they had received training to be able to administer medicines and people who received support with taking medicines told us this was done according to procedure, on time, without mistakes and that medicines administration records (MAR) were maintained. Records we looked at supported this feedback, and care records outlined how each person preferred to take their medicines.

However, we found MARs that did not always clearly demonstrate if people had received topical medicines such as PRN (as required) barrier creams. This is because staff had not always used the correct code (key) to record the reason for administering the cream. For example, one person's MAR showed that staff had used different codes such as 'A' for absent and 'O' for other. However, the person's daily records showed that the person had not been absent from the service. And where 'O' had been used, this had not been defined. This meant we could not be clear whether the cream had been used or not. There was no evidence that the person's skin integrity had been affected which indicated that this was a recording issue.

The registered manager explained that this version of the MAR had recently been introduced and that staff were still using codes from a previous version. We saw that a notice had already been distributed to staff reminding them of the importance of following the organisation's record keeping standards, including completing medicines records correctly. In addition, the management team showed us that comprehensive 'themed supervision' booklets had been prepared for staff to complete, to support them in their understanding of expected record keeping standards.

Without exception everyone we spoke with or who responded to our questionnaire told us they felt safe and protected from harm. One person said, "Yes, I'm safe and at ease with them (care staff)." Staff told us they had been trained to recognise signs of potential abuse, and understood their responsibilities in regard to keeping people safe. They were very clear that they would report any concerns to a senior member of staff. 'Flashcards' had been produced for staff to enable them to recognise the various forms of abuse such as neglect and financial abuse and to know what to do if that occurred. Records we looked at confirmed that staff had received training in safeguarding and that the service followed locally agreed safeguarding protocols.

People confirmed that risks were managed so they were safe but without restricting their freedom, choice and control. One person said, "I've had no falls or slips with them." Other people consistently said the staff took the time to provide their care properly and safely. Staff described the processes used to manage risks to individuals such as not eating or drinking enough, falls, pressure damage to the skin and behaviours that might challenge. They told us that identified risks were recorded in people's care plans with guidance on how to manage these. Records we looked at supported this. We noted there were specific areas too for staff to report on people's skin integrity and nutritional intake on a daily basis.

People told us they were protected by the prevention and control of infection. They recalled staff maintaining good hygiene through the use of personal protective equipment (PPE), washing hands and tidying up after meal preparation. One person said, "They wear gloves and an apron and they wash hands." Staff confirmed that the office maintained a supply of PPE such as gloves and aprons, and that they were able to collect supplies of these as needed.

We found lots of evidence of lessons being learnt and improvements being made when things went wrong. We spoke with the management team about a number of incidents that had brought about changes at the service. An example was the development of a factsheet and a themed supervision booklet for staff about choking risks. They explained that this training had been arranged to raise awareness amongst the staff team following a choking incident, outside of this service. This had been done to minimise the risk of a similar event happening to anyone using this service.

We saw that themed supervision booklets had been developed to cover a number of other areas too in order to minimise potential risks to people's safety and wellbeing. These included skin integrity, safeguarding and record keeping, with additional competency and spot checks to test staff knowledge and ability to put this learning into practice.

Other changes that had taken place in response to safety incidents, concerns and near misses included the introduction of a new medicine administration record, in response to a medicine error and a new call monitoring system, in response to a missed care call. A number of swift actions were taken too in response to findings from this inspection, which demonstrated that action was taken as a result of reviews in order to improve safety across the service.

Accidents and incidents were also monitored to identify possible themes in order to take action to minimise these in future. Clear records were being maintained which provided a good audit trail of actions taken when further investigations were needed. We also found evidence that the service operated in an open and transparent way, in terms of sharing this information with people, their families and relevant external agencies such as the local authority.

# Is the service effective?

## Our findings

People experienced a good quality of life because the care and support they received was based on current legislation, standards and evidence based guidance in order to meet their individual assessed needs.

The management team explained that the provider's governance team supported them to keep up to date with changes in legislation and good practice. We saw that systems were in place to ensure care and support was regularly checked by the governance team and the management team. This was so that this knowledge was passed on to care staff to enable consistency of practice.

People told us that staff had the right skills and knowledge to deliver effective care and support. They were able to describe effective practice in terms of how they were assisted and told us how this enhanced their health and well-being. They told us that care staff were competent and provided care and support in accordance with agreed procedures. One person said, "Staff are well trained. No accidents, no mistakes. I feel very safe with them."

Staff told us they received the right training to carry out their roles and responsibilities. Training records were being maintained to enable the registered manager to review completed staff training and to see when updates or refresher training was due. These confirmed that staff had received recent training that was relevant to their roles. This was covering areas such as induction training linked to the Care Certificate - a nationally recognised induction programme, safeguarding, infection control, moving and handling, nutrition, dignity and respect, dementia, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The management team explained that all training was face to face or class room based. New staff completed 17 work books during their three month induction training. On completion, staff received a certificate and badge from the provider, to recognise the care, skills and dedication they had given during that period. In addition, the registered manager told us that themed supervisions were carried out with staff every three months, with two of the 17 work books revisited each year as part of their mandatory training.

Staff told us and records supported that staff meetings were held to enable the registered manager to meet with them as a group, and to discuss good practice and potential areas for staff development. Comprehensive records of these meetings were maintained and showed that a number of key areas had been discussed with staff such as safeguarding, safe medicine practice, care call timings, mental capacity and record keeping. Other records confirmed that staff received individual supervision; providing them with additional support in carrying out their roles and responsibilities.

Where the service was responsible, people told us they were supported to eat and drink enough to maintain a balanced diet. They told us that this was done well by staff, with food prepared to their liking. One person added, "My meals are presented nicely."

Records showed that staff had been provided with training and guidance on how to support people with

complex eating and drinking needs, such as the risk of choking or not eating and drinking enough. Where required, care records demonstrated that staff would maintain a record of what people ate and drank, in order to identify and manage any potential risks to their health and wellbeing.

Staff told us that the service had developed positive working relationships with external services and organisations in order to deliver effective care, support and treatment to people. This included healthcare professionals, who they called upon when they required more specialist support, such as GPs, the district nursing team, reablement team and nutritional experts.

People confirmed they or their relative were supported to have access to healthcare services and receive ongoing healthcare support. They consistently recalled how staff would protect their health and well-being whilst providing care. They told us they did this by alerting them of medical or other health issues and arranging for them to see a doctor or other service, if needed. One relative said, "Yes, they (care staff) alert her if they need the doctor... And they tell me."

Records showed that the outcome of feedback from these professionals was documented and acted on. We also read some recent feedback from the local authority who commended the service for being proactive regarding concerns with one person's mobility by making a prompt referral to OT (occupational therapy) services.

We saw 'flashcards' that had been produced for staff to carry with them which provided useful information about a number of different areas regarding potential health care needs for people. These included skin integrity, medicines, common medical conditions, falls, moving and handling, weight loss, and monitoring weight and nutritional risks.

Consent to care and treatment was sought in line with legislation and guidance. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The management team had a good understanding of their responsibilities regarding the requirements of the MCA and told us that if someone using the service lacked capacity, then a best interest decision would be made to seek appropriate care for that person. They confirmed that no one currently using the service was being deprived of their liberty, and as such it had not been necessary for any applications to be made to the Court of Protection. The Court of Protection makes decisions on financial or welfare matters for people who are not able to make decisions at the time they need to be made.

People we spoke with confirmed they were asked for their consent before support and care was provided. Records we looked at supported this and showed that people were asked to consent to their care and support in advance, including details of how they might provide this if they were not able to provide this verbally.

## Is the service caring?

### Our findings

Without exception, people told us they were treated with kindness, respect and compassion. Staff were often recalled as doing little extras or as being thoughtful about things that made a big difference to the experience of people using the service. One person told us, "One (member of the care staff team) is like my son and he does that bit extra." Another person said, "They will do extras like making me a cup of tea." Another person added, "Yes, they take the time to do it properly. They never rush me. They stay for half an hour and they listen out and look out for me." Similarly, all of the people who returned our questionnaires confirmed that their care staff were caring and kind.

We saw written feedback from relatives of people using the service who echoed these comments. One relative had written: 'I cannot thank the carers who have gone above and beyond with love and kindness. [Name of one staff member] has shown total commitment to mum coming in on days off, helping out where she is called on. She is a true angel and we are so lucky she continues to be part of mum's life on pretty much a daily basis'.

We noted that staff spoke about the people they supported with great respect and fondness. One member of staff told us they treated people as if they were their own family member. It was clear from speaking with staff that they understood people's care needs and they demonstrated a consistent approach in how to meet these. We noted that the information they shared with us corresponded with the information we read in people's care records.

Staff supported people with accessible ways to communicate where needed as a result of illness or impairment. Initial assessment records showed that people were asked about their preferred method of communication when they first started using the service. One person had chosen to use email as their preferred method and there was evidence of this being followed by staff from the service.

The management team told us they held a number of fund raising events during the year in order to provide social events for people using the service twice a year, such as a Christmas meal and afternoon tea in the summer. Records and photographs we saw supported this and demonstrated a person centred and caring approach.

Everyone told us they were supported to express their views and to be actively involved in making decisions about their care and daily routines. It was clear from speaking with people and from records that where appropriate, people received additional independent support and advice from their families or friends, if they needed to make more significant decisions about their care and support. Routine reviews were taking place to ensure the care and support being provided to people was still appropriate for them.

People confirmed their privacy, dignity and independence was always respected and promoted. They consistently referred to the way that staff respected their homes and family life. One person said, "They (care staff) are considerate and I'm not at all tense when they are here." A relative added, "They are very considerate in the house. They respect us both."

One person talked to us about how the service helped them to maintain their independence. They said, "It all helps me be independent and getting things done to help me stay at home. And that's why I need regulars above all and they can keep an eye on me." People often recalled having regular staff which they overwhelmingly preferred because they supported them in maintaining their dignity.

Throughout the inspection staff shared information about people with sensitivity and discretion, ensuring that their right to confidentiality was upheld. Staff meeting minutes showed that staff had been reminded of their duty to protect people and their personal information.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. They referred to conversations with staff or reviews that had taken place, to enable them to contribute to the planning of their care and support. One person told us, "They came out and set it up, it was all agreed with me...they still come out and do a review and they listen and make changes, it's worthwhile." Another person said, "I get two calls a week to have a shower and help me cope. They have been out to see me and gone through it all. I'm very happy with them."

We also read some recent feedback from the local authority who commended the service for providing a high quality service. They made reference to the person being extremely happy with the care they received and to one staff member in particular for providing a high standard of person centred care.

A detailed assessment form had been developed to support staff in capturing people's holistic needs and agree how they wanted their care and support provided. This information was then used to develop care plans that reflected each person's physical, mental, emotional and social needs. We noted that both the assessment document and the care plan were carbonated, meaning that staff could leave an exact copy of what had been agreed with each person, without any delay.

Care plans we looked at were personalised and set out how each person should receive their care and support, in order to meet their individual assessed needs and personal preferences. Additional records and monitoring charts were being maintained to demonstrate the care provided to people on a daily basis.

People's needs were routinely reviewed with them. This was to ensure the care and support being provided was still appropriate and that their needs had not changed. One person told us, "They do reviews and I had two of them (care staff) here last week."

Everyone we spoke with or who returned our questionnaires confirmed they knew how to raise concerns or make a complaint. One person talked to us about a concern they had raised and explained how this had been resolved to their satisfaction. They said, "They were upset not to have known that I was very unhappy up to then, but now they've started sending the staff I want and it's now much better."

We saw that information had been developed to explain to people how to raise concerns or make a complaint, if they needed to do so. The registered manager showed us that they maintained a record of any complaints and concerns received. We noted from this that feedback was taken seriously and dealt with in a timely manner. The records we saw provided a clear audit trail of any actions taken in response and corresponded with other records such as incident records.

The management team explained that quality checks were carried out with people using the service every three months to check on areas such as the timing of care calls and whether tasks carried out by staff were to their satisfaction. Records showed that these checks had been happening on a regular basis. This showed that systems were in place to learn from people's experiences; in order to improve the service.

Arrangements were in place to support people at the end of their life to have a comfortable, dignified and pain free death. We spoke with a relative of someone who had been supported by staff at the end of their life. They told us, "They (care staff) were very helpful during that time. They were so kind...they made it all so much more comfortable." They explained that staff had provided good support to them as well as their relative. They added, "One of them has dropped in to see me once since. The two who ran it were so kind and if I ever then needed more help they just did it. I really could not fault them, we have been very lucky."

The registered manager showed us a new comprehensive end of life care plan which had been introduced by the provider, for when people needed this more specific level of care. They told us that no one using the service was in current need of this support, but it was ready to be used. This would enable people and their families, where appropriate, to make important decisions about their end of life care in advance, and enable staff to follow their wishes and preferences.

# Is the service well-led?

## Our findings

Findings from this inspection have shown that Guardian Homecare – Bedford has provided a person centred, open and inclusive service, in order to achieve good outcomes for people. The majority of people we spoke with or who responded to our questionnaire rated the service highly and told us they would recommend the service to a friend or family member. We found evidence that the provider was already taking action in respect of the small number of people who were not as satisfied, to address their concerns and to make improvements.

The provider demonstrated an open and transparent approach and encouraged people to engage with the service and to be involved. For example, we saw a letter that had been sent to people following a negative media article about another service run by the same provider. People had been invited to meet with the management team and discuss any concerns they might have with the service they received. This approach was also used when the service first opened, offering people the opportunity to visit the office and meet some of the staff team.

Comprehensive information had been developed for existing and prospective users of the service, setting out what they could expect from the service along with some additional information to support people in keeping safe, maintaining their well-being and on what to do if they had any problems or concerns with their allocated care workers. A separate newsletter also ensured people were kept informed about forthcoming events and reminded them about how they could provide feedback about the service they received.

Staff confirmed that information was shared with them through information posted to them or face to face discussions at meetings. Again, records supported that this was happening and demonstrated honesty and transparency, in terms of learning from mistakes when they had occurred.

We saw that the service's values were: We care, we listen, we strive and we build. These had been discussed with staff, and people's feedback confirmed that these values had been displayed by staff in the way they provided care and support.

People knew who the registered manager was, as well as other key staff based in the office. They gave a generally favourable impression of the manner and professionalism of the office staff and managers. Most added that they could get in touch with the office and that staff were easy to get on with. We noted that the service had recently taken on a significant number of care packages from another provider at very short notice. The management team were aware that there were still some issues to iron out with a small number of people, but they were committed to doing so and ensuring good outcomes for everyone using the service.

Staff we spoke with echoed the positive comments made by people. They were motivated and clear about their roles and responsibilities. They told us they felt happy about the way the service was managed and the support they received. One member of staff commented on how organised the service was and told us, "[It was] how things should be." Another staff member commented on how supportive both the registered and

regional managers were. Another told us the registered manager was very helpful and would answer anything they needed to know. We noted communications from the registered manager to staff were clear and had been written in a positive, caring and supportive tone.

The management team told us they acknowledged staff achievements in terms of providing a quality service to people. They spoke about the provider's 'Care Heroes' awards which recognised staff excellence in terms of how they delivered care and support. Records showed that two staff had recently been nominated for the award by people using the service and peers, for going above and beyond their required duties and for 'carer of the year'.

We found the management team to be very organised, open and knowledgeable. They responded positively to our findings and were clear about their responsibilities in terms of quality performance, risks and regulatory requirements. This was evident when they were able to provide evidence for all the areas we identified for improvement; to show that they were already aware of these and had a clear plan in place to address them.

We also found that clear systems were in place to ensure legally notifiable incidents were reported to us, the Care Quality Commission (CQC) in a timely way, and records showed that this was happening as required.

Arrangements were in place so the registered manager and staff team could continuously learn, improve, innovate and ensure sustainability. The management team talked to us about the quality monitoring systems in place to check the service was providing safe, good quality care. We saw evidence of regular audits taking place at both service and provider level covering areas such as: best practice, medication, safeguarding, falls, choking, complaints, care records, staff records and record keeping. Where areas for improvement had been identified, these had been included on an action plan which the registered manager confirmed was reviewed to check progress and compliance. The provider level audits we saw highlighted that the service had made significant progress in recent months, in terms of compliance with the organisation's expected standards.

In addition, the management team showed us some serious case reviews that had been shared by the organisation's quality governance group. The reviews had been carried out when incidents had occurred (not necessarily at this service) such as falls, pressure damage, choking and staff safety. The reviews we saw provided clear learning points for staff, to minimise the risk of a similar incident happening at any of the provider's services. This showed that systems were in place to monitor the quality of service provision in order to drive continuous improvement.

The registered manager told us, and records confirmed, that the service worked in partnership with other key agencies and organisations such as funding authorities and external health care professionals to support care provision, service development and joined-up care in an open and positive way. The management team commented on how the local authority had been very supportive, particularly when the service had taken on a number of new people and staff at short notice.

Where required, staff also shared information with relevant people and agencies for the benefit of the people using the service.