

Committed2Care Ltd

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Inspection report

85 Comberford Road
Tamworth
B79 8PE

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Committed2Care Ltd is a domiciliary care agency that provides personal care and support to people in their own houses and flats in the community.

People's experience of using this service:

People felt completely safe while being supported by the staff team. Risk assessment's provided guidance to staff and gave opportunity for people to remain as independent as possible. Staff could accurately describe risks people presented and how to reduce the risks.

Staff were extremely knowledgeable of how to safeguard vulnerable people from abuse. They were able to describe signs of abuse and knew what action they would take to report such concerns. Staff told us they were fully confident the registered manager and nominated individual would act on any concerns they had. Relatives echoed this telling us, they have no concerns and would feel comfortable in approaching the registered manager with anything concerning.

People were safely supported to receive their medicines as prescribed. Staff received regular training and competency checks to ensure they were competent to administer medicines. Staff felt competent to administer medicines.

Staffing levels were consistent, and people and relatives told us, they always knew who would be supporting them. Staff were recruited safely and had the appropriate pre-employment checks were in place.

People received a holistic assessment to ensure the service could meet their needs. People and their relatives told us, they had been heavily involved in the assessment and that the process involved the service getting things right the first time. Relatives praised the assessment process saying the service had identified concerns around the safety of the persons home.

Staff were given an induction and training suitable to their job role. Staff told us, and we saw they were given time to get to know people as part of their induction. People and relatives felt this was exceptional practice as staff got to know the people they were supporting on a personal level.

People were supported to have choice around their meals and food and drink preferences. The information was clearly captured in their care plan and staff could describe people's favourite food and drinks. Any concerns with people's nutritional intake were reported to appropriate health professionals.

The service had close working relationships with health and social care professionals. Professionals were complimentary about the service saying the service were quick to respond to changes in people's health and wellbeing and worked hard to build relationships with people who were unaccepting of having care and support.

The service worked in line with the Mental Capacity Act 2005 and staff had a clear understanding of how to support people with fluctuating capacity and giving support with decision making.

People and relatives told us the staff were extremely caring. One relative told us, "If they could replicate this service in every town, then there would be no concerns with the health and social care system."

Staff genuinely cared for people and knew people well. Relatives told us they felt cared for too, as staff went out of their way to ensure they were well. The service undertook additional checks which were not part of the scheduled care to ensure people were well. Families felt relaxed knowing their relative was being well cared for.

The service promoted communication for people and looked for ways for communication to be more effective. Relative told us the communication was fantastic and they were informed of every aspect of the care and support that had been given. Staff told us the communication to them was amazing and they were continually kept updated, with nightly emails about changes to people's wellbeing and any changes to people's planned care were immediately communicated.

Staff had an approach of encouragement to promote independence. People felt staff genuinely wanted to care for them and felt their encouragement provided them with the confidence they needed to do as much as they could for themselves. Relatives told us with the reliability and support of the service, they had been able to continue working and have fewer concerns as they knew their relative was receiving high quality care.

People and relatives were heavily involved in their care planning and personal preference and choice was captured throughout the care plans. Care plans were very person-centred and regularly reviewed to ensure they remained reflective of people's current needs. Staff could accurately describe people's care plans and were able to read them and digest the information prior to supporting the person.

People and relatives felt they could easily raise any concerns although they did not have any. They felt the registered manager and nominated individual were extremely approachable and hands on in their role so would not hesitate to contact them if required. One person told us, "I had a few niggles at the beginning, but they listened and took them on board. They want to improve, they are happy to listen."

The service provided support to people at the end of their life. The service was able to care plan for people taking into consideration any religious requirements and wishes and preferences. Staff had received training in end of life care and the registered manager had been trained in end of life care planning.

People and relatives told us they have faith in this service after feeling let down by other services and the registered manager and nominated individual were at the forefront of the service leading staff by example.

Staff felt well supported by the registered manager and nominated individual and people and relatives echoed this.

There were a number of audits in place to monitor and improve the quality of the service. The registered manager and nominated individual were fully aware of their responsibilities of their registration with the Care Quality Commission (CQC).

Rating at last inspection: This is the first inspection since the service was registered with CQC in August 2017.

Why we inspected: This was a schedule inspection planned to check that the service was providing quality care that was safe, effective, caring, responsive and well-led.

Follow up: There is no required follow up to this inspection. However, we will continue to monitor the service and will inspect again as part of our planned schedule.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Committed2Care Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector.

Service and service type:

Committed2Care Ltd is a domiciliary care agency that provides care and support to older people, younger adults, people whom have a learning disability or autistic spectrum disorder, physical disability, dementia, mental health and sensory impairment. At the time of inspection, the service was supporting 18 people with personal care.

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

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is a small service, and the manager is often out of the office supporting staff or providing care. We also needed to be sure that they would be in.

Inspection site visit activity started on 1 March 2019 and ended on 7 March 2019. We visited the office location on 5 March 2019 to see the manager and office staff; and to review care records and policies and procedures. We reviewed information and spoke with people, their relatives, staff members and health and social care professionals by telephone on 1 and 7 March 2019.

What we did:

Prior to the inspection, we reviewed all the information we held about the service including notifications received by CQC. A notification is information about important events which the service is required to tell us

by law.

During the inspection, we spoke to the registered manager and the nominated individual, three staff members, two people who used the service, four relatives and two health and social care professionals.

We reviewed three staff employment files, training and supervision records. Policies and procedures relating to the service. Safeguarding, accident and incident information. Three peoples care files. Quality assurance documents and feedback received by the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

People and their relatives told us they felt safe while being supported by the staff team at Committed2Care Ltd. One person told us, "Yes, I feel safe, they are a good bunch of girls." A relative told us, "Absolutely [name] is safe, they always check [name] is safe before they leave and report anything concerning to me."

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding vulnerable people and could describe actions they would take to report any safeguarding concerns they had. Staff told us they had full confidence the registered manager and nominated individual would act on any concerns raised.
- The registered manager understood their responsibilities to report any concerns in relation to safeguarding vulnerable adults from abuse. We saw any concerns had been reported to the local authority and the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- Where concerns were noted about people, staff contacted the office to seek advice and help. Staff told us if a person they were supporting required additional help, the registered manager or nominated individual would come out to people's properties to support them.
- People had their risks assessed in relation to moving and handling, risk of falls, skin integrity, nutrition and property safety. Staff could accurately describe to us the risk each person presented. Risks to people were reviewed to ensure the risk remained minimised. Relatives told us the service had identified safety concerns in the houses that they had not realised and complimented the service for doing so.
- The service used an electronic care planning system which enabled staff to have remote access to care records and information. This meant staff could continually review people's information prior to supporting them to ensure the support was given in the most appropriate way.
- Properties were assessed to ensure people and staff were safe. The assessment looked at safe entry, window and doors locked appropriately, smoke alarms worked, and heating was adequate.
- Where staff required a key safe code to access properties, this was accessible to staff on a need to know basis and stored securely. We saw where there were concerns with key safes, the concerns had been raised appropriately to prevent others having unauthorised access to the persons property.

Staffing and recruitment

- Staff were recruited safely, and processes were in place to ensure staff were suitable to support vulnerable people. References were obtained for each staff member and a disclosure and barring service (DBS) check. A DBS check helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with vulnerable people.
- People and relatives told us they always had the same staff attend to them. A relative told us, "Yes, it is always the same group of girls, we always know who is coming." Staff told us they always knew who they

would be supporting and had been introduced to each person they supported and got to know them.

- Staff were monitored for attendance of calls using the electronic care system. Staff logged in and out at properties which meant the management could see that calls were being completed as scheduled. People and staff told us they were informed about any potential call lateness immediately, but this was very rare and mostly due to the previous call being delayed. We saw staff had travel time between calls.
- Staff were supported by the registered manager to understand the effects of pressure sores on people. Staff told us the registered manager discussed with them how to care for people's skin integrity and the importance of repositioning people to reduce the risk of pressure. Staff felt this was valuable information.

Using medicines safely

- People were safely supported with the administration of medicines. Support required was captured in the care plan and staff could clearly describe what support people needed.
- Staff received training to enable them to administer medicines safely. Staff also had their competency to do so checked by the registered manager. Staff told us they could direct any questions about medicines to the registered manager or nominated individual and were well supported to effectively administer medicines.
- Medicines were clearly recorded within people's medication administration records. A log of the medication people were prescribed was kept and updated regularly. This meant the service had oversight of the medicines people took and ensured they were administered in line with the prescriber's instructions.

Preventing and controlling infection

- The registered manager and nominated individual regularly completed care visits and checked that staff had left the properties in a good, clean condition.
- We saw staff had access to personal protective equipment such as gloves and aprons. Staff frequently popped into the registered office to pick up additional supplies and told us they always had access to the equipment when they needed it.
- Staff were aware of effective hand washing techniques and any restrictions in place for supporting people with infections or personal care. Staff received training in infection prevention control.

Learning lessons when things go wrong

- There was an open culture to learning from safety concerns. Incidents and accidents were thoroughly analysed and shared for prevention and wider learning. People and relatives told us they did not have to raise any concerns with the service.

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

People's outcomes were consistently good, and people's feedback confirmed this.

People and relatives told us they felt the staff were well trained. One person told us, "The girls absolutely know what they are doing." A relative told us, "The girls are fantastic, they know what they are doing. [Name] loves them. They did a full assessment and highlighted where they can promote [name's] independence."

Staff support: induction, training, skills and experience

- Staff received a thorough induction to the service, they told us, and we saw they spent time understanding the ethos of the service, attended training, were introduced to people the service supported, shadowed more experienced staff members and read care plans.
- Each staff member we spoke to said they had been able to spend time getting to know the people they were supporting, the registered manager and nominated individual had spent time introducing the staff to people and showed the staff the way people wished to be supported.
- Comments from staff included, "At this company, I never went into anyone on my own when I first started. [Registered manager] came with me and showed me step by step what to do. I did shadowing as part of my training and they didn't let me go out on my own until I felt I was ready." and "I have never worked for another company like it. They make sure we don't go to service users blind."
- The induction was recorded and planned in line with the Care Certificate. The Care Certificate is a set of agreed standards that sets out the knowledge, skills and behaviours of specific job roles in health and social care.
- Staff received regular training appropriate to their job role. Staff were also supported to undertake additional qualifications to enhance their knowledge. The registered manager had provided additional training to staff in skin integrity, completing daily notes and charts, how to order medicines and checking equipment is fit for use.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through an MCA application called the Deprivation of Liberty Safeguards (DoLS). When people are living in their own homes, they can still be deprived of their liberty, but an application needs to be made to the Court of Protection (CoP).
- No one being supported by the service was in receipt of any authorisations from the CoP.
- People told us, and we saw that staff gained consent to enter properties and deliver care and support.

- Any concerns around capacity to consent were referred to the local authority for further input.
- Staff had received training in mental capacity and understood the requirements of the act.

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

- The service captured people's support needs for eating and drinking in care plans. Choices and preferences were recorded, and staff could describe people's preferred foods and drinks.
- People told us, staff always ensured they were offered food and drink if that was part of the care plan.

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

- People received a full assessment of their needs prior to using the service. Personal choices and preferences were recorded in the assessment and captured in people's care plans.
- We saw when the service identified a person was unwell, the appropriate medical intervention was sought, and families were kept up to date with changes to people's wellbeing.
- We saw the service worked with health and social care professionals such as occupational therapists and social workers and fed back to each professional regularly. One health and social care professional told us, "The service always feeds back on what has worked well with a particular client."
- People had hospital passports in place to go with them for any unplanned hospital visits. The passports detailed people's needs and preferences, for example, help with communication or mobility. The passports assisted hospital staff to be alerted to people's needs and were updated when anything changed.

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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

People told us the service was extremely caring. Comments from people and relatives include, "They are absolutely wonderful."; "They are head and shoulders above the rest."; "They aren't just a business, they care about people." and "I cannot rate Committed2Care any higher, from the management and the care staff, they are all committed what they do and go above and beyond their call of duty. The name of the company represents what they are about, pure commitment and dedication."

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

- Staff were exceptionally caring. They described to us how to support people in a caring, compassionate and person-centred way. One staff member told us they had never experienced being able to get to know people before providing personal care and support in their previous roles. They told us it was important to understand the person's background and how they wanted to be cared for. All staff we spoke with could accurately describe how to care for each person they supported. A person using the service told us, "I have used other services, but this is amazing, the staff are so courteous, they actually care." The person told us, as a young person, it wasn't easy to accept care but with the experience of the registered manager and being fully involved in the care planning, they got it right.
- We saw the service has supported one person to be able to communicate more effectively. The person was unable to verbally communicate. The registered manager printed off and laminated the alphabet and the person began to communicate by spelling out from the sheet what they wished to say. This had enabled the person to communicate at a greater level and had greatly impacted upon their well-being.
- People and relatives told us staff treated them with the upmost dignity and respect. A relative told us, they had been unable to contact their parent and asked the service to pop round and check on them. The person was found on the floor and the staff made them comfortable and warm while waiting for medical assistance. This wasn't part of the planned care and support but something the relative felt the service went over and above to do. We saw this wasn't a standalone event and comments from relatives told us the service regularly popped in on people to check safety or made phone calls to check on people's well-being.
- People received care and support which reflected protected characteristics. People were encouraged to choose their preferred gender of carer. One person told us, "The staff are the right consistency and the right mixture. What I like about them is there is no, 'we will do it this way' or 'that way', they completely involve me in the care, the way I want it to be. I don't feel like a number, my opinion matters." Where people identified as lesbian, gay, bisexual or transgender (LGBT), the registered manager told us they would be led by the person on how they wanted their care and support to be. The registered manager told us they were able to link into other services such as the LGBT foundation to gain advice and support people.
- Every person and relative we spoke with highly complimented the service and told us they had never used a service that was so passionate about the care they gave. It was clear from speaking with staff and reading

the daily notes that people were supported holistically and, in a person, centred way. Notes confirmed that people had chosen to eat a particular meal or were supported as per their care plan, they also commented where people had held conversations or reminisced about the past. One staff member told us, "I have never worked anywhere before that I could read all the care plans before I began to support someone." They felt it made a difference getting to know people on a personal level before starting to deliver personal care to them.

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

- One person told us they had been involved in planning with the staff team to manage a medical condition. They told us, the registered manager involved them with the training of staff and they were able to sign off staff as being confident to assist in managing the condition. The person told us they felt involved and in control at all times and said it was their decision to involve the staff in this complex part of their care. The person also told us, they felt staff always delivered the care with dignity and privacy.

- People and relatives were introduced to staff members prior to personal care being completed. Weekly planners were sent to people with the photo of the staff member on who would be completing the visit. People and relatives told us, and information confirmed that people received care and support from regular staff. Relatives told us that it made them feel comfortable knowing a regular staff member would be visiting their relative and one relative told us, "The nice touch is, if there is a change in carer, we are informed about it. This service has stopped me from retiring to look after [relative], they have given them [relative] independence and they have given me, my independence back. I have no worries, genuinely no concerns."

- People and relatives felt wholly involved in their care and told us they could express any views, the good and anything they would like to do differently. One person told us, "I am 100% involved, I have worked alongside the carers to tell them how I want my care to be, the staff were very respectful." Staff told us they were led by the person and that no day was the same. If the person wanted a lie in, they would do other jobs or sit and chat to them. If the person needed their care times to be changed to fit around an appointment, people told us the service was flexible and worked around the appointment. This meant people did not have to worry about fitting in with the service as the service fitted in around people's personal choices and preferences. A relative told us, "I have the best care for [name]. I put my opinions forward and they always listen. I haven't been well recently, and the staff have checked on me, checked if I needed anything, there is never a problem."

- From the initial first assessment, people's involvement in their care and support was captured in care plans. People told us, staff encouraged them to make decisions and didn't take away their choice. This was also repeated when speaking to relatives. Care plans described what people could do for themselves and how staff should prompt them to retain the independence. Staff told us they were always led by the person and the care plan. They always gained consent from the people they supported and explained what they were doing, particularly when giving support with personal care.

Respecting and promoting people's privacy, dignity and independence

- People told us, and we saw staff treated them with dignity and respect and promoted independence. Staff told us, they encourage people to have a "can do" attitude and give them time to do tasks for themselves rather than doing it for them. For many people, this had enabled them to be as independent as possible despite living with conditions that affected everyday living. Staff could describe to us in detail how they supported people with personal care and ensured the curtains were closed and people remained covered up to support their dignity. A professional told us, "The care staff I have met have a professional appearance and have good manual handling skills and promote dignity and independence. The carers appear kind and take an interest in their client's wellbeing. They will feed back at visits on what they feel works well with that particular client."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery. The service was tailored to meet the needs of people and ensured flexibility and person-centred care.

People and relative told us, they were fully included in their care planning. One person told us, "I am 100% involved in planning care, it's really important to me. We got the carers in and we spoke about how I wanted the care to be, they are willing to work with you and provide that independence. They have got it just right." A relative told us, "It's a really personal service but with a professional line. They demonstrate how they will care for [name], we are included in all the planning."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received person-centred care which fully revolved around their needs. People and their relatives were involved in assessing, planning and reviewing the care to make it truly person-centred.
- Relatives told us that staff knew people well. One relative said they can rely on the staff to follow the care plan and they (the staff) knew their relative well. We saw care plans captured people's personal preferences and fully described people's routines.
- Staff told us, and we saw, care plans included information on accessing properties, how personal care should be conducted, including how to promote independence as well as preferences such as how many sugars people like in their tea or coffee.
- Staff were able to accurately describe how to support people. They told us, and we saw they were informed when care plans had been updated and were able to promptly access the update on the electronic care planning system. We saw a daily email was sent out in confidence to all staff each evening to update on any changes to the planned care of people. This assisted staff to keep up to date with any changes.
- Care files contained information on people's life history, this was used to enable conversations to begin and was useful for supporting people whom had dementia.
- The service worked in line with the Accessible Information Standard (AIS). The AIS is a framework put in place making it a legal requirement for services to ensure people with a disability or sensory loss can access and understand the information, they are given. We saw information could be presented in larger format and they service had links with an organisation who could supply information in braille.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. Every person and relative we spoke with, told us they were aware of the complaints policy but had never needed to make a complaint. The registered manager and nominated individual had an open-door policy and as they provided hands on care, they knew people and their families extremely well which allowed any concerns to be quickly dealt with.
- People and their relatives told us they knew any concerns raised, would be taken seriously. One person told us, "I know concerns would be taken seriously, there has been niggles and I told [registered manager] straight away and they have a way of telling the staff and dealing with it. A relative told us, "I can't complain about anything, but I know I could easily pick up the phone to speak to them and be listened to."

End of life care and support

- The service was not providing any end of life care and support at the time of our inspection; however, the service had previously supported people who were at the end of their life.
- Staff had received training from the local hospice in supporting people at the end of their life. The registered manager had been training in end of life care planning.
- We saw evidence of end of life care planning which capture people's choices and preferences and who should be involved once people reached the end of their life.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

People, relatives and staff told us they found the registered manager and the nominated individual to be approachable, have oversight and genuinely care about the people they supported and the staff team. Feedback included, "This company is an example of how things should be done." and "[Registered manager] and [nominated individual] are amazing, they know everything. We can go to them for anything."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives told us they were very involved in the planning of their care and support. We spoke with one person who had no longer wanted to have care at home due to being unhappy with previous support. We saw the service had worked with them to build confidence and rapport and they told us, "I love this company, they are the best I have been with." A professional we spoke with told us, "One person found it difficult to accept care in the beginning. However, due to their [committed2care] professional and personalised approach, they gained the person's trust and worked with them to meet their needs."

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

- Both the registered manager and nominated individual were clear about their roles. They both provided hands on care and people and their relatives told us both were visible throughout the service.
- Staff felt well supported and comments included, "I have never worked anywhere like it, I have done shadowing as part of my induction and [registered manager] showed me everything, even down to how many sugars each person had in their drink. They show you how to care the person the way the person wants." and "This company is a breath of fresh air, they [registered manager and nominated individual] are so supportive, they can't do any more for you."
- Both the registered manager and nominated individual were aware of their responsibilities to report particular events to the Care Quality Commission as a statutory notification. We saw all statutory notifications had been submitted as required.

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

- Excellent communication flowed throughout the service. Relatives and the registered manager and nominated individual regularly communicated with via email, what'sapp messaging and text message as well as phone calls. Staff were updated nightly with an email and we observed phone calls regularly made to the registered office with updates on people's well-being.
- We received consistently positive feedback about registered manager and nominated individual and how

they had improved the lives of people using the service. This was echoed by the staff team who told us they felt valued.

Continuous learning and improving care

- The registered manager and nominated individual completed regular spot checks to ensure staff were competent in their role. This included checking how staff completed personal care and was it in line with people's wishes, if staff could shave people safely, use equipment safely and had the correct car insurance to enable them to use their vehicle for work. Spot checks were completed at three monthly intervals in addition to supervision and appraisal.
- Feedback from people using the service and their relatives was regularly sought. We saw 7 responses had been received so far for 2019 and all were very positive. One relative wrote, "What lovely ladies you have assigned to [name]. They have a lovely relationship, I am happy everything is working and its reassuring to know [name] is taken good care of."
- Audits to monitor and improve the service were in place. This meant the registered manager and nominated individual could see how systems were working and where improvements could be made.

Working in partnership with others

- The service worked alongside other professionals to ensure the care and support they provided was proactive. We saw evidence of working with physiotherapist and occupational therapist to ensure people received the correct level of support with their mobility and any equipment being used. The service also worked with social workers to assess and review peoples care where goals were set and agreed.
- The service was on the local authority framework to enable to them to be a provider of care under the local authority.