Jeffries Care Limited

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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

About the service: Jeffries Care Ltd is a domiciliary care agency. The agency is a limited company and a franchise of Home Instead Senior Care. The agency provides care, support and personal care to people living in their own homes. At the time of this inspection care was being provided for 15 people.

Not everyone using Jeffries Care Limited received 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. Where they do we also take account of any wider social care provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

People told us they felt safe when staff were in their homes. Risks to people were identified, assessed and reviewed with people, their relatives and health and social care professionals.

People received support from the same staff which meant care was provided consistently and people knew who would be supporting them. There were enough staff to meet people's needs and no care calls had been missed since the service opened. A person told us, 'I do like that they are punctual, usually on the dot.'

Staff were recruited safely. They had a good understanding of safeguarding procedures and the processes to follow if they had any concerns. They were confident about reporting issues and were aware of the whistleblowing policy.

People were supported to make choices and to remain as independent as possible. People, relatives and professionals told us that staff had a good understanding of people's needs. Staff were regularly spot checked to make sure they continued to provide good care, and evidence was seen of training and supervision. Staff knew people well and spoke with knowledge, understanding and empathy about people.

People had access to health and social care professionals and where necessary, staff supported people to make and attend appointments. People were supported to make food and drinks and to take their medicines if required.

Everyone we spoke to told us that staff were caring and respectful. A relative told us, 'They are very good, very considerate. They will do anything for him.'

Staff knew how best to communicate with people and how to support people to make choices and decisions. A complaints policy was in place that was produced in large print and different formats. People and relatives told us they knew how to complain and were confident that their concerns would be addressed.

People, relatives and professionals told us that the service was run very well. A professional told us, "They meet all of the criteria. They are well organised and always respond. The management are ambitious but will only expand to take on more people when systems and staff are safely in place". The agency had been trading for a year and the provider was keen to develop and grow and had built connections with stakeholders including the local authority, other providers and community groups.

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Rating at last inspection: Jeffries Care Ltd have not been inspected by CQC before.

Why we inspected: This was a planned, comprehensive inspection. The inspection took place in line with CQC scheduling guidelines for adult social care services.

Follow up: We will review the service in line with our methodology for 'good' services.

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

Is the service safe?□

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Jeffries Care Limited

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 two inspectors.

Service and service type:
Jeffries Care Limited is a Domiciliary Care Agency. The agency provides care and support for people in their own homes. The Care Quality Commission (CQC) regulates the care provided and this was looked at during the inspection.

The service has a manager registered with CQC. 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 two days' notice of the inspection visit because we needed to be sure the managers would be at the office and to make arrangements to speak with people, relatives and staff.
Inspection site visit activity took place on 30 April 2019. Service users and relatives were contacted on 3 May 2019. We visited the office location on 30 April 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:
The provider submitted a Provider Information Return (PIR) on 20 February 2019. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspection.

Before the inspection we reviewed the information we held about the service. This included statutory

notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used this information to decide which areas to focus on during the inspection.

During the inspection we spoke to eight members of staff, including the provider and the registered manager. We spoke to four people, five relatives and three professionals who had links with the service. We looked at five people's care plans, audits and quality assurance reports, records of compliments, comments and complaints and Medicine Administration Records (MAR).

Good

Is the service safe?

Our findings

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

● Systems were in place to protect people from abuse. Staff had received training and had a good knowledge of safeguarding. They knew what needed to be reported and who to report things to. One member of staff said, 'I would report it if I suspected it. If mangers were involved I would go to the police or the local authority.' All staff were able to describe different types of abuse.
• Safeguarding training was a face to face module carried out during staff induction. Regular refreshers for staff were held and documented.
• Everyone we spoke with said they felt safe when staff were in their homes. They told us they 'trusted' the staff and had been given information by the agency about how to raise any concerns. One person told us they wanted to change who supported them and this was actioned straight away by the provider.
• Staff were aware that the service had a whistleblowing policy and the process to follow if needed. This is where concerns can be raised by staff about people or processes with systems in place to protect the person raising the issue.
• A safeguarding matter had been raised by the registered manager. The registered manager explained how she dealt with the matter, correctly reporting it and then involving a social worker.

Assessing risk, safety monitoring and management

● People told us they felt safe. One person said, 'I'm very slow but they never rush me.' Another said, 'Time is left to me. If I'm not ready, I'll call them back when I am.'
• At the pre-assessment meeting, the home environment was looked at and any risks noted for example, any trip hazards.
• Within each care plan we saw extensive risk assessment's that were cross referenced with other sections of the care plan. For example, a person had Parkinson's disease. This was listed as a risk factor when the person was getting dressed. Clear guidance was given to staff around supporting the person when getting dressed to avoid the risk of falling. The assessment also told staff what to do if things did go wrong, advising them to support the person and call paramedics if necessary. When we spoke to staff about this person they were able to describe this risk and how they managed it each day.

• A relative told us, 'They are really on the ball with (my relative). He has the same two carers and they know him very well.' Another said, 'They (the carers), are very careful and considerate when they help them to stand, wash or use the bathroom.'

Staffing and recruitment

● Enough staff were employed to meet people's needs. In nearly all cases people said they received care from the same carers each week. People told us they knew who was coming to support them. Staff rotas were seen and confirmed this.
• Both people and staff completed a 'this is me' profile. These profiles listed interests and were used to match people with staff who were similar. A staff member who supported four regular people said, 'They compare our interests and the system really works. I was matched to people with similar interests to me, so we have things in common.'
• A relative told us, 'They are never late.' A person told us, 'Time is left to me. It's never rushed and if I don't want to do this or that, I'll wait and call them in when I'm ready.' No care calls had been late or missed.
• A member of staff told us, 'I often run over my time, but this is factored in. It's important as it's their routine, more time can be added if needed.'
• Staff were using an app to record their visits as well as writing in daily notes which were kept at people's homes. We were told by the registered manager that relatives would soon be able to access the app free of charge to check on the care being provided to their family member each day, if the person agreed.
The provider employed a member of staff who focused on recruitment. The recruitment process was seen to be robust and fair. The provider told us, 'We look for values and the right heart and soul, not just qualifications.'
• Staff were recruited safely. Personnel files were up to date and contained all the required information. This included the Disclosure and Barring Service (DBS), which checks for any previous convictions, cautions or warnings. Written references and a full employment history were obtained and checked by the registered manager before anyone worked with people.

Using medicines safely

● People were supported to take their prescribed medicines safety, though not everyone needed support with this. Staff told us that they had received training in medicines but that most of the time only prompts were required.
• No time specific medication was being provided but staff told us that medication was given during their visits which covered the same time slot each day. PRN, 'as required' medication, was given by carers although they told us they would always check first with the registered manager and would always record what had been given on the Medication Administration Record (MAR).
• PRN medicines are only provided when needed such as for occasional pain relief. The MAR chart recorded the details of what medicines were provided, when and by who.
• A relative told us that their spouse, the person being cared for, managed their own medication. However, their medicine dispenser would flash if they had forgotten to take it. They said, 'The carer always notices when this happens and will let us know.'
• MAR charts were examined and in one case a missing signature from a staff member was noted and had been highlighted. The registered manager told us that this had been picked up as part of the regular audit and that the staff member had been spoken to immediately. She also said that if this was repeated that further training would be provided for that staff member.
• Body charts were seen for people who had creams applied so it was clear were the cream was to be applied. One person told us "(Care staff) has helped me with putting cream on my leg, it is now nearly back to normal."

Preventing and controlling infection

● All people and relatives that we spoke with told us that staff always wore gloves when caring for people.

Staff told us that they were given plenty of gloves and aprons and more were always available from the office if needed.
• Staff had completed food hygiene training, so they knew how to prepare and cook food safely.
• A member of staff explained that she looked for signs of infection when people might be unwell. The staff member was knowledgeable about the signs when a person might have an inspection and explained what action they would take.

Learning lessons when things go wrong

● The registered manager told us that after any incident a full de-brief was held with staff to pick up on any lessons learned.
• There was an incidents and accident log which recorded and tracked all incidents.' Evidence seen in this document showed the resolution of the events which included one to one meetings with staff, provision of further training and discussion at meetings.

Good

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People's needs were assessed and regularly reviewed to ensure their current care and support needs were being met. The registered manager telephoned each person after they received their first care call to get feedback and to make sure the call went well. A six-week review was then carried out after a new person started using the service followed by three monthly reviews thereafter. A person told us about the reviews and said that the registered manager often telephoned them to check how things were going.
• Before agreeing to take a new person on the registered manager met them and their relatives and carried out an assessment. A 'This is me' document was used for both people and staff. The registered manager used these documents to match people with staff that had similar interests. A carer told us, 'I have four clients. They compared out interests, the system really works.' We saw these assessments in people's care plans; they were thorough and detailed and led to the development of a care plan.
• The registered manager told us that they worked in two's when carrying out the initial assessment and that they would turn people down if they do not have capacity at that time to work with them. The registered manager worked with other franchised branches and signposted referrals to other branches if they could not take people on at that time.

Staff support: induction, training, skills and experience

• The provider employed a member of staff who focused on recruitment. The recruitment process was seen to be robust and fair. The provider told us, 'We look for values and the right heart and soul, not just qualifications.'
● Staff received three days of induction training followed by opportunities to shadow more experienced staff. A member of staff told us, 'We went through everything, it was an opportunity to bounce ideas around.'

• Staff had completed raining in areas such as safeguarding, mental capacity and moving and handling people. A rota was seen showing when each member of staff had completed training and when they were due a refresher.
• Evidence was seen in staff personnel files of regular supervision meetings and spot checks of staff practice. Only one appraisal had been completed however the service has only been running for a year and there was a plan to start appraisals.
• The registered manager was a trainer and provided much of the training herself. The training provided was accredited by the City and Guilds Group, a national organisation provided support to trainers and with

training. They also worked with Aspire to Standards, an agency that provides more in-depth training. The provider had plans to provide more in-depth training gin dementia awareness and providing end of life care,

• People and relatives told us they felt confident that the carers knew what they were doing. A person told us, 'They never rush, they know what they are doing.' Staff spoke with knowledge and understanding of people's needs. Staff told us about people's individual needs and this reflected what was recorded in people's care plans.

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

● People's needs relating to eating and drinking were met. Most people lived with family or had live in carers so did not require help preparing food and drinks. However, the visiting care staff always checked to make sure people had food and had enough drinks available. A person told us, 'I make a plan for my food and give it to them. They prepare what I want if needed.'
• A relative told us, 'They prepare breakfast and make microwave meals at lunch time if needed.' Another relative said, 'They always write in the book if they give food, so we know what they have had.'
• Although no one had any specific dietary needs, all staff had received training in food hygiene and nutrition. The registered manager told us that if a person's needs changed they would liaise with their GP and make any referrals if needed. People's needs relating to eating and drinking were recorded in their care plan and kept under review.

Staff working with other agencies to provide consistent, effective, timely care; Adapting service, design, decoration to meet people's needs; Supporting people to live healthier lives, access healthcare services and support.

● People had regular support from health and social care professionals to improve their physical and emotional wellbeing. Staff liaised with GP's and district nurses to help ensure people had the support they needed,
• A person told us, 'They will always offer to take me to my appointments and sometimes they do.' A relative told us, 'The carer was concerned after a fall and arranged to take (relative), to hospital.' Another relative told us, 'They take her, and they arrange all of the appointments.'
• We spoke to professionals about the service. One told us, 'They are well organised and always respond. They address issues promptly.' Another professional told us they were impressed when a person's needs changed, and more support was needed. They said, 'They stepped in and were very willing to help.'

• People's health needs were recorded in their care plan. Staff were aware of people's health needs when we spoke with them and knew how people preferred to be supported.
• The agency office was close to where people and staff lived. Staff told us that managers were always available to give advice and support. People told us that communication with the staff at the office was good, the provider was looking at how to improve communication in the future with the use of technology,

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

● People were regularly consulted about their care and support needs. This was done through regular reviews with the registered manager and day to day by carers.

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 interest and as least restrictive as possible.

• People told us that they felt in control and that they were consulted about decisions. A relative told us, 'They will ask him if he would like a shower each day and will only prompt if needed.' Another relative said, 'Mother is very independent, she would not let anyone chose for her.' A person told us, 'They know my routine, they never do anything that I do not want or like.'
• Although people had capacity some were living with early onset dementia and required some help in making day to day decisions. All staff had received mental capacity act training and displayed a good understanding of how to support people. One member of staff told us, 'rather than take a choice away I will limit the number of choices I give.' Another member of staff told us, 'I will always ask what help they need. I will leave them to get on with things but will be nearby if needed.'
• The registered manager told us, 'We check capacity on every visit. We recently held a best interest meeting with a family to discuss medicines.'
• Evidence was seen in people's care plans of signed consent from people about carer's involvement in their daily routines. Copies of Powers of Attorney were seen in some files if people had others legally acting on their behalf. These are legal documents which enable nominated relatives of friends to make decisions on behalf of the person.

Good

Is the service caring?

Our findings

Our findings
Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good - People were supported and treated with dignity and respect; and involved as partners in their care.

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

● People told us that staff were caring. One person told us, 'They are very caring. They all want to come and see me to check how things are going.' Another person said, 'When I get to the bottom of the stairs in my chair lift I am very slow to get up. They make sure I'm comfortable and never rush me.' A relative told us, 'When she gets confused they gently change the subject. She can become fretful, but they are always able to calm her down.'
• People had the same regular carers who get to know them well. A relative told us, '(Carer) was in this morning. She makes us laugh. We never had that with the previous company.' Another said, 'Mum is better on the days they are here. One hour has a lasting effect.'
• A professional told us, 'They are all very caring and respectful to people. They quickly resolve any disagreements.'
• A member of staff told us, 'You warm to people, it's been great.' Another member of staff said, 'You get to know people well. I can tell by looking at them when I first arrive what mood they are in.'
• All staff had received equality and diversity training. Although no specific needs currently existed, each care plan documented the equality characteristics for example, faith, sexuality and gender, that were considered.

• Staff knew people well. Staff spoke with empathy and understanding of people's needs.
The daily notes always included conversations that had taken place between the carer and the person. A relative told us, 'They are really on the ball with him. He only has two carers and they know him so well.'

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

● People were given daily choices. These included, for example, what to wear, what they wanted to eat and drink and whether to bathe or shower.
• Reviews of people's care were carried out regularly. After the initial check of the support by the registered manager there are official reviews at six weeks and then every six months. People were supported to be involved in these reviews.
• The review process was ongoing, and people felt empowered to ask for changes if needed. An example, a person new to the service required more time each day with personal care. The timings of the visits were immediately adjusted and increased by fifteen minutes to accommodate this.
• Evidence was seen of people and relatives being involved in their care planning and reviews. A relative told us, 'I was involved at the outset and as time has gone on I've made comments. They always listen.' Another relative said, 'They came to the house. We both contributed to the (assessment) process.'

• Information was provided to people in suitable formats for example, in large print or in alternative languages.

Respecting and promoting people's privacy, dignity and independence

• A member of staff told us, '(Person), always likes to try and wash themselves but they like to know I'm close by. I will only help if asked or if needed and I will always put a towel over their legs, especially if there are other people around.' Another member of staff told us, 'I'll always put a towel over (the person).'
• A person told us, 'I go into the bathroom and leave the door slightly open. I'll call if I need help. They say, "we're just outside," it's very comforting.'
• People were always asked to consent to care. A member of staff said, 'I always explain what I'm doing. I ask if they want to do it themselves or offer to help if they want it.'
• Staff were aware of confidentiality issues and would only share information with managers and relatives when appropriate. Care plans were kept in people's homes, but the service copies were kept locked in the office.
• The registered manager told us that if a client hordes items they refer to these things as memories.
● A relative told us, 'They take (my relative) out to the shops. They would be housebound otherwise.' They also said, 'They often change their mind. They never push them, they just go with the flow.'
• People were encouraged to be independent. A relative told us, 'They look to him (person), for guidance. He will say what he wants.' Another relative said that they were not present when the carers called but that they always wrote in the daily notes what had been offered and either accepted or declined. This included clothing choice for example.

Good

Is the service responsive?

Our findings

Our findings

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

Good - People's needs were met through good organisation and delivery.

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

● People received person centred care, tailored to meet their needs, preferences and personal routines. People were matched with carers who had similar interests and outlooks. The registered manager told us that some carers had been moved based on people's feedback in keeping with the wishes of the person receiving care.
• A member of staff told us, 'I like history and the Royal Family and so does one of my clients, so we have things in common.'
• A person told us, 'They came and discussed it (care plan), with me and my daughter. I told them what I wanted.' Another said, 'The brochure was well set out.
• From August 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.
• Each person had a care plan detailing their needs and preferences. A member of staff told us, 'I always read the care plan. If there are any changes I'll update the notes.' Care plans were produced in large print if required and on yellow paper for those people living with dyslexia. The Statement of Purpose was also available in large print.
• When people spent time in hospital and then returned home, or following any illness, the registered manager conducted a review of the care provided.
• Staff had a good understanding of people's communication needs. People were able to communicate and express their needs verbally. People's communication needs were recorded in their care plans.
• A person had difficulty hearing. Relatives helped with communication during each visit, but staff told us that they had developed a basic sign language to help. They used a YouTube program to help with this. Staff also told us that they used note books and text messages to help communicate with the person.
• A relative told us, '(Person) is deaf. Staff know how to raise their voices and speak clearly in a pleasant way.' Another relative told us, 'They know how to handle my dad, they are understanding of dementia.'
• The registered manager told us that they had links with the local Baptist Church and that the Baptist minister was arranging some sign language training which would involve staff and relatives to help support communication.

Improving care quality in response to complaints or concerns

● A complaints policy was in place and was accessible to everyone. People were given a copy of the complaints procedure when they started to use the service. People and relatives told us they knew how to complain if they needed to. A relative told us, 'I've not complained but have raised issues. They have all been dealt with straight away.'
• People planner software was being used to track complaints. Staff were aware of what to do if a complaint was made. A member of staff told us, '(A person) complained to me. I called the office and then spent time reassuring them.'
• The registered manager kept a record of complaints that were investigated and resolved. Medication errors had been recorded as complaints. The registered manager told us that most of these were simple recording errors where staff had forgotten entries on the medicine administration record (MAR). A new system was now in place and staff had been trained. Fake MAR charts with deliberate errors were used for training. Following this training the number of errors had reduced significantly.

End of life care and support

● At the time of the inspection no one was receiving end of life care. Staff had previously supported people who were at the end of their loves, People's wishes, and any arrangements were recorded in care plans so that staff were aware.
• The registered manager told us that she supported her staff at times when they have been looking after people at the end of their life. A member of staff told us, 'I looked after someone who became very ill. I called the office and was supported.' Another member of staff told us that when a person became very ill they helped calm family members and call an ambulance. They remained with the person holding their hand until the paramedics arrived. They offered to take the relatives to the hospital and bring them back later.
• Staff have completed end of life care training and were able to give us examples of how they had supported people to remain at home, if this was their wish.

Good

Is the service well-led?

Our findings

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

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

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 told us they thought the agency was well led. A person told us, 'I'm very satisfied with what they have done. I need extra help sometimes and it's never been a problem.'
• Staff told us they had 'fantastic support' from the managers. One staff member told us "The managers have supported my career, they give me regular feedback and praise."
• The provider and registered manager were available to people and staff during office hours. They operated an out of office hours on call service to give advice and support. People told us that their calls for support were answered promptly.
• Staff and the management team spoke passionately about wanting to provide a high-quality service and had ideas about improving the service further. It was clear from our conversations that the staff team were dedicated and put people first. For example, one staff member had researched a person's interests in their own time, so they could talk to the person about it.
The provider talked about being very proud of the staff and staff told us it was a 'fantastic' place to work and that they felt part of an 'awesome team.'
• The provider was aware of their responsibilities to be open when things went wrong (duty of candour) and had worked with people, their relatives and others to make sure people had the right support.

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

●The registered manager had several years' experience in providing care to people. The registered manager was supported daily by the provider, care coordinator and a training coordinator.
• The management team worked closely together to ensure that staff had the training and support they needed, and that people had reliable care and support. The management team tracked calls to people to make sure staff arrived on time and stayed for the allocated time. There had been no missed calls. If a staff member was running late the managers telephoned people to let them know and to apologise. Late calls were rare.
The registered manager carried out 'spot checks' to observe staff in practice and to gain people's feedback.
• Everyone we spoke with was positive and complimentary about the management team. A person told us, 'We rang several care providers. These came out on top for communication, efficiency etc.' A member of

staff said, 'There is always someone there, e-mail, text. I feel so supported, even out of hours.'
• The registered manager was aware of their responsibility to report certain incidents and had reported incidents to the Care Quality Commission appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

● People told us they were asked for their views and opinions about the service and confirmed this was acted on. One person said they had given feedback about a staff member which led to a change which they were happy about.
• Review meetings were held with people after their first visit from staff and then on a regular basis to gain ingoing feedback.
• Surveys and questionnaires were due to be used to gain feedback from people and stakeholders including staff, relatives and social workers.
• Staff told us about the staff meetings and one to one meetings they attended at which they could share ideas. Staff had made suggestions to improve the service including extending or reducing call times depending on people's needs and suggesting specific training which had then been provided. The management team had a regular morning meeting to discuss any events of the previous day and plans for the day ahead,
• The provider used a system to track complaints, concerns and feedback. They used this to check any patterns or trend, so they could adjust to improve the service. The provider had acted on feedback from relatives and was introducing a computerised care planning system as a result as well as an activity log app.

Working in partnership with others

● The provider was keen to develop and build links locally. They had joined the local Dementia Action Alliance and the Alzheimer's Society as well as local forums to share ideas and network with other providers.

• The provider has worked with as local Baptist church and had started a Memory Café, a once a month opportunity for people living with dementia and relatives to meet. Although none of the people were currently using the café, the provider had clear aspirations to get more people involved.
• The provider was building on links with the local authority as well as GP's and district nurses to make sure people had the support they needed.