APT Care Limited

APT Care Limited

Inspection report

24 Titan Court
Laporte Way
Luton
LU4 8EF

Tel: 01582451745
Website: www.aptcare.co.uk

Date of inspection visit:
06 January 2020
07 January 2020
15 January 2020
17 January 2020

Date of publication:
18 February 2020

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?	Requires Improvement

Summary of findings

Overall summary

About the service
APT Care Ltd is a domiciliary care agency providing personal care and support to a total of 78 people at the time of inspection. The service supports people who require short term hospital discharge care packages of between 10-42 days as well as people receiving longer term care packages.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People told us they received good care that was personalised to their needs and provided by staff who knew them well. They told us they felt safe because they were supported with a regular team of staff who they trusted. Staff understood how to keep people safe and were trained in all aspects of care to meet people's needs. Staff were confident to report any concerns.

People received their medicines correctly and on time and had support with meals and drinks where they required this. People's care records were up to date and detailed their needs, preferences, interests, personal history and the people who were important to them.

People told us they were supported to access various health and social care professionals when they needed it. They also told us the staff were flexible to meet their needs for hospital visits. Most people told us the care visits were on time and there had not been any missed care visits.

Staff supported people to assess their needs and then regularly reviewed their care needs and sought their feedback through other methods such as surveys and telephone calls. People knew how to complain and were confident to do so should they have any concerns.

People told us they thought the service was now well managed as communication was good and the staff knew what they were doing. People thought the care had improved compared to previous months.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update:
The last rating for this service was inadequate (published 08 August 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do

and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 08 August 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

APT 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
One inspector, one assistant inspector and one Expert by Experience carried out this inspection.
An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. An operations manager and a deputy manager were managing the service.

Notice of inspection
This inspection was unannounced. Inspection activity started on 06 January 2020 when the Expert by Experience began making telephone calls to people. Inspection activity ended on 17 January 2020 when we made visits to people in their own homes. We visited the office location on 15 and 17 January 2020.

What we did before inspection
We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with 15 people who used the service and six relatives about their experience of the care provided. We spoke with 12 members of staff including the operations manager, deputy manager, senior care workers, care workers and administration staff.

We reviewed a range of records. This included nine people's care records, two people's records who received end of life care and nine people's medicine records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from three professionals who regularly visit the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the management of medicines and the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The service now had systems in place for safeguarding people. Staff had completed new training in safeguarding and understood how to protect people from harm. Staff were confident about reporting any concerns both internally and to external agencies if required. All staff now had telephone numbers and information about safeguarding on the reverse of their ID cards for easy access. This also acted as a reminder of the different types of abuse and how to respond.
- People had new risk assessments and care plans which identified all areas of known risks and were reviewed and updated regularly. Information in the risk assessments and care plans was clear and no longer contradictory. Staff were aware of the risks people had and how to manage them in ways that also met people's individual preferences. The new plans were more succinct and gave staff enough information to enable them to safely deliver care.
- Medicines were now much more robustly managed. All staff had received new training in medicines and in scribing medicine administration records (MAR). All staff had also had their competency in practice and theory reassessed and additional 1:1 support had been given to staff where it was required.
- MAR charts and other medicine related records and audits had been completely renewed and the system was now much clearer and had the correct information recorded. One staff told us, "The MAR charts are much better now when we go to a new client." We spoke with the operations and deputy managers about adding further information for 'as and when required medicines' (PRN) and medicine which had very specific instructions. The deputy manager showed us this had been implemented during day two of our site visit.
- During our audit of medicine records there were no gaps in records of administration and any changes had been appropriately coded and further information written on the reverse of the chart. Staff told us they now understood the medicine systems much better and were more confident in their roles in this area.
- Community pharmacy professionals had been reviewing the systems and training for staff and reported they were satisfied that medicines were now safely managed at the service following their last audit and review in January 2020. One professional told us, "[There are] improved medication processes in place and staff are trained to transcribe."

● People told us they were very happy with the care given, that they felt safe and received their medicines accurately and on time. Some of the comments from people in this area included, "On the whole they treat me nicely. I do feel safe but sometimes when I go too much this side or that side when turning I have to say stop." We observed staff agreeing this with the person, listening and stopping when needed. Other people said, "I am quite happy. They treat you very nicely." And, "I feel safe because I've got regular carers that I've got to know."

Staffing and recruitment

● People told us they had enough staff to meet their needs and everyone confirmed they had not had any missed care visits. Most of the people we spoke with told us the times of care visits had improved and they received their care on time or within a reasonable delay of five minutes. One person said, "[Timekeeping] is very good. It's the same person usually." Another person told us, "The timekeeping is good. I've had no problems."

● Relatives told us they were happy with the care given and the times of care visits. One relative said, "[My family member] gets four visits a day and its working well. We have had no problems at all and [my family member] likes them. It is the same two staff for the visits pretty much. The timekeeping's good and everything is working how we would like it to, so we want to keep them. I would happily recommend them."

● Pre-employment checks such as disclosure and barring checks, references and checks on staff employment history were carried out before staff started work to ensure they were suitable for the role. The operations manager showed us how the recruitment system had been improved to ensure all required information was captured at interview stage to ensure staff were suitable for the role.

Preventing and controlling infection

● Staff had completed training around how to reduce the risk of infection and understood this guidance. Staff had access to disposable gloves and aprons they used to reduce the risk of infection. Staff told us how they also looked for out of date food and ensured there was no cross contamination when preparing meals by washing their hands regularly, using the right equipment and cleaning surfaces.

Learning lessons when things go wrong

● The provider shared information openly about improvements that had taken place and what they had learnt from incidents and accidents which occurred. Staff told us they were involved in these discussions during team meetings and supervisions and as a result were much more confident about identifying and reporting concerns.

● The operations manager showed us examples of monthly memos that go out to staff with their payslips to give an overview of the main lessons learnt that month from audits and incidents. They also shared outcomes with health professionals while supporting the bounds of confidentiality.

Good

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure systems were in place or robust enough to show people's needs and choices were assessed and being delivered in line with guidance. This placed people at risk of harm. This was a breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

● The provider now has a complete process in place for fully assessing people's needs prior to them starting to receive care. The assessment covered all aspects of people's medicines and their mental, physical, medical and social needs as well as a personal history and information about their likes and dislikes, interests and hobbies.
● Care plans were then created using this information. The new care plan format was much more concise but with relevant information very clearly documented. This included information for staff about the persons medical conditions. We spoke with the operations manager about enhancing this further and including, for example, how a person managed their diabetes in overview. However, detailed information about how the conditions impacted people's lives and should be managed was found in the support section of the care plan.
● People told us staff respected their choices and knew how they liked things to be done. One person said, "The care worked really well for them and enabled them to live at home."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Most people told us they accessed health and social care professionals themselves or with the support of their family. However, some people told us staff had supported them to access occupational therapists, liaise with general practitioners (GP)'s and to speak with social workers and nurses when required. People also told us how the agency worked with them to be flexible on timings of care visits to accommodate being ready for hospital appointments.
● The operations manager told us how they worked closely with the hospital discharge team and social workers to improve the service for people being discharged from hospital for short term care. Staff were now more confident to challenge the hospital team if a discharge was considered unsafe for example, if the

person's required documents, transport and medicines were not yet ready.
● Professionals agreed that communication, systems and practices had improved. One professional told us, "Care was delivered respectfully and kindly and I have always found the office staff helpful when I phone."

Supporting people to eat and drink enough to maintain a balanced diet
● Not all people receiving care required staff to support with meals and drinks as they either did this for themselves or with the support of their family. People who were supported with meals told us they were happy with them and that staff always left them with plenty of drinks within reach. One person said, "[Staff] are able to help me with what I need."

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People were supported to give their consent and to make choices by staff who understood the principles of the MCA. Staff had recently had refresher training in this area and the principles of the MCA added to the back of their ID cards for easy access to act as a reminder. One person told us, "[Staff member] always asks me [before providing care] and checks things out."
● Where people were being deprived of their liberty, MCA's had been completed and professionals we spoke with confirmed the service was working with them to assess people's mental capacity and apply to the court of protection for approval where needed. One professional said, "MCAs are being completed for individuals with fluctuating capacity and person-centred risk assessments are in place."

Staff support: induction, training, skills and experience
● Staff had received refresher training over the last six months in all areas needed to meet the needs of people they supported. There had also been a lot of changes in practices and systems for staff to learn. This had been a positive experience that had changed the culture of the service as staff were so much clearer about their roles and confident in how to do their jobs. One staff member told us, "We are enjoying the new training. [The operations manager] gave us 1:1 support as well so we picked up a lot." Another staff member said, "We have learnt quite a bit with all the changes and are happy about them."
● People told us they were happy with the skills of staff and that staff treated them well and knew how to support them.
● The operations manager ensured that all staff completed the care certificate within three months of employment. The care certificate is a set of standards that ensure a consistency of knowledge and skills for all staff working in care. They had also made improvements to the systems for induction and supervision which were now more structured and formal. They included time for staff training, 1:1 support and

shadowing of more experienced staff. Staff competencies in theory and practice were also checked to ensure staff were carrying out their roles safely and correctly.

Good

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- At the last inspection care records did not show people's involvement in reviews of their care. and information had not always been updated. At this inspection we found that people and relatives were involved in reviews of their care and information was updated in care plans and risk assessments in a timely manner.
- People confirmed that staff always gave choice and asked their preferences before providing any care. When speaking about choices, one person told us, "Things work well in this respect." Another person said, "[Staff] always ask me first."
- People signed care plans to confirm they were in agreement with the care and had detailed information about people's preferences. Daily notes showed staff were recording choices given, although this was still a little inconsistent and was an area of skill for staff members that the operations manager was developing.

Respecting and promoting people's privacy, dignity and independence

- People had mixed views about how staff supported them to maintain their independence at the last inspection. At this inspection, people and relatives were happy with the care provided and how staff supported them to do things for themselves where possible. One person said that the staff helped them to live independently. Another person told us, "I do as much as I can for myself and [staff] work with that."
- Staff told us how they supported people to maintain their dignity and privacy by ensuring they spoke to people with respect and ensured people's care and information was kept private. They closed curtains and doors and covered people up with towels as much as possible when supporting people with personal care.

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

- People told us they were treated very well by staff and usually had the same regular staff supporting them. They said staff were kind and caring. One person told us, "I've got to know [staff] and they can give me the help I need." Another person said, "[Staff] are all caring and kind. I feel respected."
- People also told us staff knew and understood what their needs were and the way they liked things to be done. A person said, "You get what you want without having to ask. They will pick washing up off the floor and fold it up without being asked. I'd happily recommend them as I've had them before and I've never had any problems." Another person told us, "I am extremely happy. Staff are helpful, kind and good people."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure systems were in place or robust enough to show people were given choice and control to meet their needs and preferences. This placed people at risk of harm. This was a breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

● People now had personalised care plans and risk assessments that gave detailed guidance for staff on how to deliver care in line with people's preferences. Care records were up to date and reviewed regularly. The operations manager had recently improved the format of the care plans and each person's plan would be updated for this format as their care plan was reviewed. However, the current plans did still provide sufficient information for staff.
● Consent to care and people's choices had been included within their plans. People told us how they had staff they liked and got along well with. One person told us, "'I'm quite happy with the care they are providing at the moment and I have no issues with it." Another person said they had a regular pool of carers that had gotten to know them pretty well.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● Most people were able to communicate verbally in English. Where people did not speak English, the service had provided staff who could communicate in the persons own language. One relative told us, "My family member only speaks [a particular language] due to their stroke. Staff we have can understand as they speak the same language." This meant the person felt included in general conversation and could easily communicate their choices.
● The operations manager was aware of the AIS and explained how information could be provided in ways that met the need of each individual, such as large print or pictorial formats if required. People's care plans had guidance for staff if there was an additional communication need, such as, 'speak slowly and give extra

time'.
● At previous inspections people had concerns about staff speaking to each other in languages the person could not understand. People were also concerned about staff using their mobile phones while providing care and again speaking in other languages on the phone. Some people also had difficult ensuring they could clearly communicate their needs with staff due to language barriers.
● At this inspection, while one person spoke of staff members speaking in a language they did not understand in the past, currently, they were happy about the level of communication. One person told us, "The staff communicate effectively." Another person said, "Communication is good because it's generally the same people." A third person confirmed, "[Staff and I] are always able to understand each other."

End of life care and support
● The operations manager had worked with health professionals to devise information required for end of life care planning. Previously there had been concerns about the service not receiving the correct information from healthcare professionals before starting to provide care. At this inspection, this had improved and the service now worked well with health professionals to ensure they had a full assessment of people's needs and care plans were in place prior to starting to deliver the care.
● People's wishes for end of life was now discussed during the initial assessment and this was recorded in their care plan. Where people had requested not to be resuscitated they had a 'do not resuscitate' (DNAR) record and this was written in red in the care plan to make sure staff were aware.
● The operations manager and other senior staff also worked with health professionals to arrange for any pain-relieving medicines and specialised equipment to be in place. They also worked flexibly with people and their relatives to adapt to changing needs. One relative told us how the staff also supported them as well as their family member. This meant people would be able to experience a pain free and dignified death supported by their relatives.

Improving care quality in response to complaints or concerns
● Mostly people and their relatives did not have any complaints about the service but said they knew how to complain and were confident about calling the office. One person told us, "I've got no complaints at all. They do what you need them to do." Some relatives had complaints about care call times or communication but acknowledged this had improved. Relatives told us when they called the office staff they were clearer about who to speak to and complaints were resolved better.
● The operations manager and senior staff monitored all complaints and put actions in place to resolve them. They looked for patterns and trends and where this was found provided staff with 1:1 supervision and support to address the concerns. They discussed lessons learnt from complaints with the staff team to improve practices and reduce the likelihood of reoccurrence. Staff were able to recognise a complain and were confident to support people to report them.

Requires Improvement

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service had not had a manager registered with the commission since February 2019. This was a condition of the providers registration to ensure good management, governance and oversight of the service. However, the service was being managed well by the operations manager who has applied to the CQC to become a registered manager but this process has not yet been completed. The service had also employed a new manager who was due to start on 27 January 2020 and had begun the application process to become the registered manager.
- Some relatives raised concerns about late care visits or changed times that did not suit them. The operations manager was aware of the need to ensure rotas were managed in a way that did not negatively impact people and was proactively working on a solution. The operations manager was working with the local council teams to review pathways for people who had been discharged from hospital to ensure they did not negatively impact the care visit times of people already receiving care.
- The provider and operations manager had been open with the CQC about improvements and developments at the service. The CQC recognised that a lot of improvements had been made but these were still in their infancy in terms of being able to evidence they were fully embedded into staff practices. The provider still needed to show they were able to sustain these standards of care and record keeping.

At our last inspection the provider had failed to ensure systems and processes enabled the provider to have a good oversight of the business. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- All care records and care practices were now regularly reviewed and up to date. The operations manager had introduced new effective and simplified quality assurance systems. These included audits, performance management and development for staff, spot checks of staff practice and structured reviews of all systems, processes and documents. This meant sufficient checks were now taking place to ensure the safe delivery of care by competent staff.
- Quality assurance audits and systems were recorded electronically so they could be accessed from any location by the senior management team. The outcomes of the audits are reviewed for patterns and trends

and actions identified in a plan. One current action is to ensure that all care plans are updated to the latest format at their next review to ensure consistency.

● The operations manager had a good knowledge of the requirements of the role and a clear vision for the future of the service. They had implemented a lot of changes and made significant improvements to the service. They kept up to date by attending networking meetings and utilising information from other services such as national guidelines.

● The vision had been shared with the staff team who were now much clearer about the requirements and responsibilities of their own roles. One staff member told us, "[The operations manager] is very good, very approachable." A professional we spoke with said, "There are clearly defined roles and responsibilities for all office staff members and staff are aware of the expectation. There is now a full complement of office staff with a clear structure in place and a hierarchy of support and improved oversight of the service. Each staff has the relevant skill set to conduct their role and have been competency assessed and received training."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● People told us they thought the service was well managed, staff were meeting their needs and they were happy with the communication they had had. They told us the care they received was personalised to their preferences and staff were nice. One person said, "I'm happy to have any of [the staff] in my house. I am satisfied with the service I get."

● The operations manager and deputy manager had a good understanding of what it meant to provide person centred care. They were keen to provide this and worked with the staff team to enhance their understanding of personalised and flexible care.

● Staff felt very supported by the operations manager. The culture amongst both the office and care staff had greatly improved, they were empowered to fulfil their roles and question practices and processes. A staff member told us, "[The operations manager] is amazing. I don't know how they do it. They are so good. I can call them whenever and they always help me or call me back immediately."

● The provider complied with their duty of candour as they were now reporting serious events to the commission as required. They also raised safeguarding alerts with the local authority, people and relatives where applicable. They did not currently have a working website but did display the rating and inspection report of the most recent inspection in the office for staff and visitors to access.

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

● The operations manager was sending out surveys at the time of the inspection site visit as part of their service improvement plan, which they hoped to have responses for by the end of February 2020. They told us they would then analyse the results, create an outcomes report showing the findings and actions taken as a result. They told us this report will then be shared with people, their relatives and staff.

● The provider sent out newsletters to people regularly to update them on changes and news about the company. People were also supported to have reviews of their care and give feedback during spot checks of staff practice. Office staff regularly telephoned people and their relatives for their feedback. This gave people the opportunity to contribute towards the development of the service and offer their views. One person told us they thought it was a well-managed service based on their experience. Another person said, "It's quite a good service."

● Staff told us they had regular supervision sessions and team meetings they could contribute to. Staff told us they now felt happy to pop into the office for a chat or to raise any concerns. Professionals we spoke with also told us there was now a positive and open culture at the service. They went on to say that staff were now more confident to voice any concerns.

Continuous learning and improving care

● There was a definite culture of learning in the service. This was encouraged by the operations and deputy managers who are both qualified to train staff in some areas of health and social care. This meant they recognised which training style suited staff members and could adapt the approach of learning to suit their needs. For example, 1:1 coaching or mentoring in addition to formal classroom-based training. One staff member said, "I am enjoying the training and feel very supported. [The operations manager] is very good and I am happy to approach them if I need to."

● New guidance, information and lessons learnt were identified and shared with the whole team monthly so that they could learn from them with a view to improving their practice. One area that continued to be developed was ensuring care visit times were stable and correct.

● The operations manager had now met all actions from their service improvement plan. They had further developed this to an improvement and sustainability plan so they could focus on imbedding the systems and practices now in place. The operations manager had an in-depth induction plan in place for the new manager to ensure their post did not disrupt or negatively impact the improvements made and current practices.

Working in partnership with others

● The operations manager had worked well with various local health and social care professionals to make the improvements at the service. They had a close working relationship with local council quality and contracts teams, local hospital discharge teams, clinical commissioning groups and pharmacies.