

Your Care and Support Limited

Your Care and Support Suffolk

Inspection report

The Gatehouse, The Old Rectory
Church Lane, Claydon
Ipswich
Suffolk
IP6 0EQ

Tel: 07854906053

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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

Your Care and Support Suffolk is a domiciliary care agency. It provides personal care to people who live in their own houses or flats and live-in care to people in their own homes. It provides a service to adults. Not everyone using Your Care and Support Suffolk receives 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 into account any wider social care provided. This service was registered on 22 December 2017. This was their first inspection.

At the time of this announced comprehensive inspection of 19 and 25 September 2018, there were 89 people who used the service and received 'personal care'. The provider was given 48 hours' notice because we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to seek agreements with people so that we could visit them in their homes to find out about their experience of using the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives had developed good relationships with the care workers and management team. People received care that was personalised and responsive to their needs. They were able to express their views and care staff listened to what they said and ensured their decisions were acted on.

People's care records were accurate and reflected the support provided. Care workers consistently protected people's privacy and dignity.

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

Systems were in place to minimise the risks to people, including from abuse, and in relation to mobility, nutrition and with accessing the community. Care workers understood their roles and responsibilities in keeping people safe.

Recruitment checks were carried out with sufficient numbers of care workers employed. They had the knowledge and skills, through regular supervision and training, to meet people's needs.

Where people required assistance with their medicines, safe systems were followed. Care workers were provided with training in infection control and food hygiene and understood their responsibilities relating to these areas. Systems were in place to reduce the risks of cross infection.

The service worked in partnership with other agencies. Where care workers had identified concerns in

people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment. Where required, people were safely supported with their dietary needs.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and acted on. The service had a quality assurance system and shortfalls were identified and addressed. As a result, the quality of the service continued to progress.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Systems were in place to help protect people from the risk of abuse and harm.

Risks were identified and reviewed in a timely manner.

There were sufficient numbers of care workers who had been recruited safely to meet people's needs.

People received their medicines in a safe and timely manner.

Care workers had received training in infection control and food hygiene and understood their responsibilities relating to these areas.

Is the service effective?

Good ●

The service was effective.

Care workers received supervision and training to support them to perform their role.

The service worked with other professionals to provide people with a consistent service.

Where required people were safely supported with their dietary needs.

People were supported to maintain good health and had access to appropriate services.

People were asked for their consent before any care, treatment and/or support was provided.

Is the service caring?

Good ●

The service was caring.

Care workers were kind and considerate, respected people's preferences and treated them with dignity and respect.

People and their relatives, where appropriate, were involved in making decisions about their care and these decisions were respected.

People's independence was promoted and respected.

Is the service responsive?

Good ●

The service was responsive.

People contributed to the planning of their care and support. This was regularly reviewed and amended to meet changing needs.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and provider were approachable and had a visible presence in the service.

Care workers were encouraged to professionally develop and understood their roles and responsibilities.

Effective systems were in place to monitor and improve the quality and safety of the service provided.

The service worked in partnership with other agencies.

Your Care and Support Suffolk

Detailed findings

Background to this inspection

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

This announced comprehensive inspection took place on 19 and 25 September 2018 and was carried out by one inspector.

The provider was given 48 hours' notice because we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to make arrangements with people so that we could visit them in their homes to find out their experience of the service.

As part of our inspection planning, we requested that the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider. We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the Local Authority and members of the public. Providers are required to notify the Care Quality Commission (CQC) about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

Inspection activity started on 19 September 2018 and ended 5 October 2018 when we gave feedback. The inspector visited the office location on 19 September and 25 September 2018. We spoke with the provider's nominated individual, the registered manager, the head of training and three care workers. We reviewed the care records of eight people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the

quality of the service.

On 25 September 2018 with their permission, we visited three people in their homes and spoke to two care workers. On 3 and 4 October 2018 we carried out telephone interviews and spoke to six people who used the service and two relatives. We also received feedback from two community professionals.

Is the service safe?

Our findings

People told us that they felt safe using the service and at ease with their care workers. One person said, "I have a main carer and regular carers that cover from time to time. All are known to me. We get on really well. They look after me properly. I feel safe, trust them to look after me properly."

Another person said, "I feel safe as the carers are very gentle and careful with me, very alert to my safety and comfort especially when transferring me. I have total confidence in them; they do it properly." A third person shared their positive experience, "Been having care for a year now. It was difficult at first. I was reluctant to admit I needed their help. First few months hard to accept the personal care. Then I realised I had to trust them and it worked. I feel very safe and at ease with them."

People told us that the care workers wore their uniforms and identification badges so they were assured that the people arriving to their home were representatives of the service. People said that the care workers made sure that they secured their homes when they left, which made them feel safe and protected. One person said, "They always lock up my door properly when they leave. Make sure my windows are shut. They turn up looking smart and presentable, uniforms on, name badge and have their gloves and aprons at the ready."

Systems were in place designed to minimise the risks to people in relation to avoidable harm and abuse. Care workers were provided with training in safeguarding people from the risk of abuse and they understood their roles and responsibilities regarding safeguarding, including how to report concerns. Where concerns had been received the service had raised safeguarding referrals appropriately. Safeguarding issues had been used to improve the service, for example, additional training to support care workers when learning needs had been identified in safe management of medicines or following the provider's disciplinary procedures.

Care workers were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, nutrition, accessing the community and risks that may arise in the environment of people's homes.

People who were vulnerable because of specific medical conditions such as diabetes, types of cancer, mental ill health, Parkinson's, or were living with dementia, had clear plans in place guiding care workers as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. Care workers told us and records confirmed that the risk assessments were accurate and reflected people's needs.

There were sufficient numbers of care workers to meet the needs of people. People and relatives told us that the care workers visited within the timescales agreed at the start of the care provision and at ongoing reviews. One person said, "I have not had any late or missed calls." Another person told us, "I have regular carers who come, always on time. I receive my 30-minute visits every-day without fail." People and their relatives explained that on the rare occasion their regular carer was not at work they were contacted by the office staff and another care worker attended the call. One person explained, "Once the carer was 15

minutes late. The office rang us and apologised explaining that the carer had been held up. This put us at ease. They told us another carer was on their way and it was the manager that came and did my care."

The registered manager advised that visits where personal care was provided were for a minimum of 30 minutes and every effort was made to ensure people had regular care workers. This was confirmed by care workers who told us there was consistency in their visits so that they got to know people well. Care workers said there was sufficient numbers of staff to meet people's needs and that there was adequate travelling time allocated between care calls which resulted in people receiving calls at their agreed times. Records showed that where instances of missed and late visits had occurred in the last 12 months appropriate action had been taken to address this. This included active recruitment. The registered manager explained how they did not take on care packages unless they were assured they had the sufficient number of care workers to provide the care required. The registered manager also told us that they and the senior management team regularly delivered care to people which helped them to maintain relationships with people and to check care workers were competent.

Records showed that the service's recruitment and selection procedures were safe. Systems were in place to check that care workers were of good character and were suitable to care for the people who used the service. Gaps in an applicant's employment history had been explored during the interview process. The senior management team told us about the short-listing process used to identify applicants they wished to interview. They also explained the purpose of the interview questions to determine the knowledge, skills and potential of the applicant to work with the people using the service. We saw that appropriate checks had been carried out, which included Disclosure and Barring Service Checks (DBS). A DBS check verifies whether applicants have any criminal records and whether they are barred from working in care. Care workers employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people. Records we looked at confirmed this.

There were suitable arrangements for the management of medicines. People and their relatives told us that where necessary care workers assisted them with their prescribed medicines. One person said, "The carers check my medicines and make sure I have taken my tablets properly and remind me to re-order my tablets." Another person told us, "The carers help me with my tablets, get me a drink so I can swallow them down." Care workers we spoke with told us they felt competent to support people with their medicines. One care worker said, "I feel confident with administering medicines, they are mostly straightforward, it's all written on a medicine record. If they are not recorded on that I don't give them and would let the office know." Care workers confirmed they had received training in administering medicines and their competency was checked by the management team. We looked at the systems used to manage medicines which confirmed regular competency checks of care workers were conducted and we saw Medicine Administration Records (MAR) were completed correctly. People's MAR charts were regularly audited to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and further support for care workers where required. This meant people were receiving their medicines as prescribed and in a safe way; by care workers who were competent in the procedures.

Care workers received training in infection control and food hygiene and understood their responsibilities relating to these areas. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment, such as disposable gloves and aprons. Care workers confirmed that these were readily available to them in the office and they could collect them when needed.

We looked at how accidents and incidents were managed. Although no recent concerns had been reported; the registered manager said if any occurred they would review the actions they had taken to improve the quality and safety of the service provided to reduce the likelihood of them happening again. Care workers

and office staff demonstrated an understanding of accident and incident reporting procedures. We saw examples of investigations completed by the management team, after an incident had occurred, and the written responses provided. The management team shared investigation findings with the staff team and implemented changes to practice where possible to prevent risk of reoccurrence.

Is the service effective?

Our findings

People told us an assessment of their needs was completed before they received support from the service. They confirmed they were involved in developing their care plan and said a copy of it was available in their home. Care records we looked at showed an assessment of many areas including personal care, medical history, dietary needs and physical, mental and social needs had been considered when developing people's care plans. Where required the service worked with other professionals involved in people's care to ensure that their individual needs were consistently met. Feedback from professionals involved with the service confirmed that appropriate referrals were made and guidance was acted on.

People and relatives confirmed that the care workers had the skills and knowledge to provide them with the care and support they needed. One person commented, "I think the carers are very capable, know what they are doing." Another person said, "The carers don't need telling twice, they know what to do and do everything they should."

Care workers told us they were provided with the training that they needed to meet people's needs. This included an induction before they started working in the service which consisted of the provider's mandatory training such as moving and handling, medicines and safeguarding. Additional training to meet people's specific needs was also provided this included: Parkinson's, stroke awareness, fluid and nutrition, diabetes and epilepsy. Refresher training was provided to maintain best practice. One care worker said, "Training is very thorough and important. We have refresher training and talk about things in team meetings. If you need more training you only have to ask." Another care worker said, "The training is very relevant, in this job you're always learning."

Care workers told us and records showed that new employees completed training and shadowed shifts where they worked with more experienced colleagues as part of their induction. The management team explained how care workers were encouraged to professionally develop and were supported with their career progression. This included being put forward to obtain their care certificate if they were new to the health and social care industry or completing nationally recognised accreditation courses and or qualifications if they were interested. The care certificate is an agreed set of standards recognising the knowledge, skills and behaviours expected of specific roles within health and social care. These measures showed that training systems reflected best practice and supported staff with their continued learning and development.

Care workers told us that they were provided with one to one supervision meetings and a yearly appraisal. This is an opportunity to discuss the way that they were working and to receive feedback on their work practice. One care worker described their supervision arrangements saying, "I have had supervision but if I have any questions I just ask or call the office." Another care worker told us, "I have regular supervision with the management team. They [provider's nominated individual and registered manager] are both really nice; supportive, hands on and involved in the service. You can call them if you have a question, or a problem, they are very approachable and get back to you." Several care workers shared examples with us of how the management team had been supportive and understanding helping them both professionally and

personally.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person said, "I struggle with my mobility, have difficulty carrying things. I tell the carers what I fancy and they get my meals ready for me. A relative told us, "They make sure [family member] has enough drinks, meals and snacks." Where care workers identified concerns, for example, with people maintaining a safe and healthy weight or if people were at risk of choking, they contacted relevant health professionals for treatment and guidance. Where guidance had been provided relating to people's dietary needs, care workers followed the instructions given and recorded this in people's care records to reflect how risks were being mitigated.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received the help they needed to see their doctor and other healthcare professionals such as community nurses and occupational therapists. Care records reflected where care workers had noted concerns or changes in people's health, and the actions taken, in accordance with people's consent. This included prompt referrals and requests for advice and guidance, which was acted on to maintain people's health and wellbeing.

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. We checked if the service was working within the MCA principles.

Care workers and the management team demonstrated a good understanding of the MCA and what this meant in the ways they cared for people. Conversations and records seen confirmed that care workers had received training in the MCA. Guidance on best interest decisions in line with the MCA was available in the office as well as in the employee handbooks.

People told us they were asked for their consent before care workers delivered care to them, for example, with personal care or assisting them with their medicines. One person said, " My carers always check with me first. Ask if I am ready to get up and have a wash, what I want to wear, would I like a drink am I hungry and if so what do I want to eat" Another person commented, "They [care workers] say what time do you want to go to bed?" Where possible, people had signed their care records to show that they had consented to their planned care and terms and conditions of using the service. The management team explained how as part of continual improvement of the service they were enhancing people's care records to reflect a more person centred/holistic approach. This included providing further information on how people made decisions about their care and how best to support them if they needed any assistance, such as if they had fluctuating capacity or the type of decisions they needed assistance with.

Is the service caring?

Our findings

People had developed positive and caring relationships with the care workers who supported them. This was reflected in the complimentary feedback we received. People told us that their care workers treated them with respect and kindness. One person said, "We share a laugh and joke, laughter is the best medicine. I have a very good relationship with my carers and get on well with [coordinator]. I am more than satisfied with my carers. I sympathise with them; it's not glamorous, is it? It is a difficult job." Another person commented, "My carers are brilliant, my short-term memory is not great. I like it best when I have my regular carers they know what to do. A while back I did have a mixture of people, all very good, no complaints but too many different people and I got out of sync. I spoke to [registered manager] and they made sure there was a small team in place and this is much better." A third person shared with us their positive experience, "My carers treat me with dignity, feel perfectly at ease. I put my body in the hands of someone else. I fully cooperate. I am not ashamed of the help they give me. They look after me well."

Feedback from relatives about the approach of the care workers was equally favourable. One relative commented, "The carers are kind and reliable." Another relative said, "I cannot fault them, the carers are polite, considerate and very respectful. I would recommend the agency." A third relative commented, "The carers are good. You have your favourites the ones you just click with or that [family member] responds best too but that's not taking anything away from them all. They all work hard, smile on their face and do a wonderful job. I have no complaints. Very happy with the arrangements; working well."

Care workers knew about people's individual needs and preferences and spoke about people in a caring and affectionate way. The office staff, care workers and senior management team spoke about people with consideration. They understood why it was important to respect people's dignity, privacy and choices. We heard this when office staff spoke with people by telephone on the days of our inspection and through interactions seen between people and the care workers and registered manager during our visits to people's homes.

People's care records identified their specific needs and how they were met. The records also provided guidance to care workers on people's choices regarding how their care was delivered. People and relatives shared with us how they had been included in developing their ongoing care arrangements through regular reviews and this was reflected in their records.

People and relatives told us that the support provided by the care workers helped people to be as independent as possible. One person described how they were encouraged to be mobile but reassured by the presence of the care workers, "Some days I am more mobile and can get about with ease. Other days I need my frame and it's a struggle. My carers are supportive and gee me along; stop me getting frustrated with myself." People's records provided guidance to care workers on the areas of care that people could attend to independently and how this should be promoted and respected.

People's right to privacy and dignity was consistently respected and promoted. People and relatives shared with us how the care workers closed curtains and doors and used towels to cover people's modesty when

supporting them with personal care. One person said, "All my carers treat me with dignity and respect. They make me feel safe; don't do me any harm. They treat me like a human being; can't ask for more than that." Another person commented, "The carers respect my privacy and dignity at all times; very considerate of my feelings."

Is the service responsive?

Our findings

People were provided with care and support which was responsive to their needs. One person told us, "They [care workers] are brilliant. Never had a missed or late visit and they come several times a day, every week. They are very thorough. Keep me nice and clean, get me dressed quickly so I am up and ready for the day ahead. They do everything I ask and don't mind if I change things around on the day. Sometimes I don't feel up to a shower so I might have a wash in bed. Other times I really want my hair cleaned and the full works. They adapt to whatever I need and its lovely." Another person shared with us that they were satisfied with the care, it met their needs and it changed when it needed to, "I have more visits if I am not well or when I come out of hospital. I always speak to [team leader] they will sort everything out; know what help I need. Have done this in the past for me and it worked; stops me worrying."

People and their relatives where agreed were involved in the assessment of their needs, before they began receiving care and support from the service. This was followed by regular care plan reviews in people's homes to check the agreed care arrangements were appropriate. One person told us, "The manager has been here to see me and check I am happy with the care. I am an information addict; the more the carers know about me the better my care experience is. I don't have to keep explaining, it is all written down in my plan." A relative told us about the care plan in place that documented all their family member's agreed care arrangements saying, "There is a folder with information in it for how [family member] likes things done, so the carers know exactly what to do. I know they read it as they must sign it. Every so often it gets reviewed and any changes are discussed."

As part of continual improvement plans, the senior management team were developing their care plan formats to make them more individualised and person centred. This included further details on people's life history, experiences, hobbies and interests. This provided care workers with information about the individual and subjects they could talk about when providing care. This was a work in progress. The senior management team explained how care records would further reflect people's diverse needs, specific routines and preferences so care workers were aware of how to support them in line with their wishes. For example, explaining the order a person preferred to be mobilised including details and where relevant images of the individual mobility equipment such as slings required to transfer them safely. Enhanced documentation to reflect this approach including people's daily records was being devised with training in record keeping planned to support care workers to achieve this.

People's care records were comprehensive, regularly reviewed and care workers confirmed, reflected people's needs. They covered all aspects of an individual's health, personal care needs, risks to their health and safety, and personal preferences. There were clear instructions for care workers for when a person needed assistance and when to encourage their independence. There were also prompts throughout for the care workers to promote and respect people's dignity. The care plans included pre -assessments of care for people which had been completed before they used the service and reflected their diverse needs, such as specific conditions, communication and mobility needs.

There had been several compliments received about the service within the last 12 months. Themes included

'caring staff approach' and 'families feeling supported' by the service.

People and relatives told us that they knew how to make a complaint and that information about how they could raise complaints had been provided. One person described how if they were not satisfied with the care they would not be afraid to let the management know, they said, "[Registered manager] asked if I was happy with the care arrangements and my carers. I told them if I didn't like someone I would tell them or call the office and tell them to not send the carer again." Another person said, "In the first instance if I think something could be done a different way I would mention it quietly to the carer. However, if I really wasn't happy then I would call the office or speak to the manager." A relative described how their concern had been acted on and they were satisfied with how the matter had been dealt with. They said, "I requested a change in carer. [Team leader] was great when I explained, sorted it out straight away, that carer doesn't come anymore." Another person said, "Two times a carer did not turn up. I reported it and I received a verbal apology from the office and then a letter of apology explaining the mistake in coordination. I appreciated their frankness and honesty."

No one at the time of our inspection was receiving palliative care. However, care records showed us that the service had sought the wishes and preferences of people including if they wanted to be resuscitated and these were kept under review. Care workers were able to tell us how they would ensure that a person had a comfortable and pain free death. The senior management team advised us they were planning further training and support to staff on advance care planning (ACP), working closely with the local hospice team and palliative care teams. ACP is used to describe the decisions between people, their families and those looking after them about their future wishes and priorities for care.

Is the service well-led?

Our findings

Feedback from people, relatives, care workers and professional stakeholders were positive about the leadership arrangements in the service. This consisted of the registered manager and the provider's nominated individual who were both hands on in the service and acted when errors or improvements were identified. They were able to demonstrate how lessons were learnt and how they helped to ensure that the service continually improved. The senior management team had established an open and inclusive culture. The senior management team and care workers were clear on their roles and responsibilities and how they contributed towards the provider's vision and values.

People and relatives told us the senior management team were available and approachable. One person said, "I would speak to [management team] if I had an issue that I didn't want to discuss with my carers."

Care workers said they felt the service was well-led. One care worker said, "They [Senior management team] know exactly what is going on. They will come out and deliver care or do spot checks. They are both approachable and will listen to what you have to say. They ring you back when they say they will. I feel incredibly supported and would recommend working here." Another care worker said about the registered manager, "They are the most amazing person, goes above and beyond what they have to do. If I am floundering they will give me the reassurance I need and encouragement. They are very supportive and understanding." A third care worker commented, "There have been some changes and disruption in the last year but that was different management. [Registered manager] has got a handle on things. They are a positive influence in the service and things have settled down. Communication is much better. [Registered manager] is cool, calm and collected in a crisis and that's what you need sometimes in this job."

Care workers told us they felt comfortable voicing their opinions with one another and the senior management team to ensure best practice was followed. They described how their feedback was encouraged and acted on and they were provided with the opportunity to comment on the service, including in staff meetings. A care worker shared with us, "We have regular meetings. Talk about what we are doing, what works and what needs to change." The minutes of these meetings showed that suggestions from care workers, for example, how they supported people, were valued and listened to. The minutes showed that care workers were reminded of their roles and responsibilities and kept updated with any changes in the care industry.

The registered manager acknowledged that there had been several personnel changes which had impacted the service but the staffing situation had settled. Records showed that they were actively recruiting to support the growth of the business. To improve communication the senior management team had implemented regular telephone welfare checks to check that people and where appropriate relatives involved in people's care were satisfied with the care arrangements. This was in addition to the face to face care reviews held throughout the year or which reassessed risk and people's needs if they had changed. This enabled the office staff to identify and address any issues and to capture positive feedback about the care workers. Information was documented on people's records in the office and was accessible to the senior management team. Records reflected that people's views and experiences were valued and acted on to

develop the service.

People and their relatives were given the opportunity to voice their views of the service and to make suggestions on how the service could improve. There was an annual quality survey. Responses to this were positive. Where improvements had been suggested, we saw that there was a plan in place to address any concerns.

The senior management team assessed the quality and safety of the service through a regular programme of audits. This included health and safety checks, safe management of medicines and auditing people's care records. We saw that these were capable of identifying shortfalls which needed to be addressed to ensure the service continued to advance. Reviews of care were undertaken and included feedback from people who used the service or their representatives where appropriate, staff and relevant professionals. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders.

Information relating to the running of the service was shared with the provider through regular reporting by the senior management team. This covered everything from referrals, safeguarding, falls, care reviews and staff training and ongoing development. This information provided effective governance, accountability and oversight of what was happening within the service and contributed towards plans for the continual improvement of the service. Where outcomes and actions were identified, this fed into a development plan for the service providing the senior management team with the governance and oversight to take appropriate action. This included ongoing training and recruitment, workforce development and enhancing communication systems.

Where relevant the management team submitted appropriate notifications to inform us of any issues. The service worked in partnerships with various organisations, including the local authority, hospital, community nurses and, GP surgeries to ensure they were following correct practice and providing a high-quality service.