Carewatch Care Services Limited

Carewatch (Central London)

Inspection report

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Website: www.carewatch.co.uk

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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

We conducted an inspection of Carewatch (Central London) on 3, 4 and 7 January 2019. The inspection was announced. We gave the provider 48 hours' notice to ensure the key people we needed to speak with were available.

Our previous comprehensive inspection was conducted on 27 and 28 September and 3 October 2017. At this inspection we found that some improvements had been made in a number of areas in relation to breaches found previously. At that time, we found the provider had not had sufficient time to implement its action plan and issues remained with providing care in accordance with people's valid consent, responding to people's complaints in a timely manner and conducting effective quality monitoring to identify and remedy issues. At this inspection we found improvements had been made in all areas inspected and the provider had implemented its action plan.

This service is a domiciliary care agency. It provides personal care for people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection they were supporting approximately 140 people. Not everyone using Carewatch (Central London) receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager at the service. 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.

The provider had a procedure in place for investigating and responding to allegations of abuse. Care workers knew how to recognise abuse and were aware of their responsibility to report allegations. The provider appropriately reported safeguarding incidents to the local authority for investigation.

The provider had appropriate systems in place to ensure there were enough, suitably qualified care staff scheduled to work with people. Recruitment processes ensured care staff were safe to work with people.

We saw there were appropriate risk assessments and care plans in place to mitigate known risks. Care workers had a good understanding of how to support people safely to manage risks associated with their care.

Medicines were managed safely. Records indicated that medicines were administered to people as required and care records contained full details of their needs.

The provider operated safer recruitment procedures to help ensure appropriate candidates were appointed

to safely care for people.

The provider met the requirements of the Mental Capacity Act 2005 and care workers had a good understanding of their responsibilities.

Care workers were given appropriate training, regular supervision and appraisals of their performance.

The provider ensured that people received appropriate nutrition where this formed part of their package of care. People's healthcare needs were understood and met by care workers.

There were effective systems in place to monitor the quality of the service and complaints were investigated and managed effectively.

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 remained Good.

Is the service effective?

Good

The service was effective.

The provider was meeting the requirements of the Mental Capacity Act 2005.

The provider ensured care workers received appropriate induction, training and regular supervisions and appraisals of their performance.

Care records contained a good level of detail about people's health and nutritional needs and care workers demonstrated a good understanding of these.

Is the service caring?

Good

The service remained Good.

Is the service responsive?

Good

The service was responsive.

The provider had an appropriate complaints policy and procedure in place and complaints were responded to appropriately in accordance with this.

People told us they were involved in the planning of their care and the provider communicated with them in a way they could understand.

The provider supported people to participate in activities as needed.

Is the service well-led?

Good

The service was well-led.

The provider had effective auditing systems in place in order to monitor the quality of care being provided and take action when

needed.

The provider sought feedback from both people using the service and care staff and took action to rectify any issues when needed.

Care workers gave good feedback about their relationship with office based staff as well as the registered manager.

The provider submitted notifications to the Care Quality Commission as needed.

Carewatch (Central London)

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.

The inspection took place on 3, 4 and 7 January 2019. We gave the provider 24 hours notice that we would be attending. The inspection was conducted by two inspectors on the first two days of the inspection. The inspection was also conducted by an expert by experience who assisted us by conducting telephone interviews with people who used the service during our inspection over the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was announced on the first day of our inspection.

Prior to the inspection we reviewed the information we held about the service, including notifications of significant events and the Provider Information Return (PIR) document that the provider is required to complete. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people using the service and four of their relatives. We spoke with four care workers during our visit and 10 care workers after our visit over the telephone. We spoke with the registered manager of the service, the deputy manager and two care coordinators. We looked at a sample of 14 people's care records, 10 staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

Our conversations with people did not identify any concerns about their safety. Staff had a good understanding of their responsibilities to protect people from the risk of abuse and they had received training in safeguarding adults as part of their initial induction as well as further training. Care workers told us "I would call the office if I thought someone was being abused. I would also put this in the log book" and another care worker said, "I would chase the manager and make sure they did a proper investigation if I thought someone was being abused." The provider had a safeguarding adults policy and procedure in place and records indicated that this was being followed thereby ensuring the appropriate management and reporting of safeguarding matters. Our conversations with people did not identify any safety concerns about the service

Procedures were also in place to mitigate the risk of financial abuse as care workers were expected to record all transactions and keep all receipts where they made purchases for people. There was a policy in place for managing people's money and care workers understood this. One care worker told us "We keep receipts and record all purchases." The registered manager explained that financial transaction forms were reviewed every month and any discrepancies were identified and followed up. We reviewed one example of financial transaction forms that had been kept and found these were appropriate.

People's support plans and risk assessments contained appropriate advice for care workers about how to mitigate the risks associated with people's care. We saw people had appropriate and individualised assessments in place relating to risks such as falling or a risk of developing a pressure ulcer and this included advice for care staff about how to manage this. For example, we saw one person's risk assessment stated that they had a risk of developing a pressure ulcer. Their risk management plan stated that care workers were required to change the person's position regularly, make sure their skin was clean and dry, apply cream after personal care and to be gentle when moving the person and ensure they prevented friction on the person's skin where possible.

We also saw specific risk assessments where people were at increased risk of urinary tract infection (UTI). For example, we saw one person's care record included specific guidance for care workers in how they should try to prevent the person from developing a UTI, primarily by ensuring good hygiene whilst providing personal care as well as encouraging the person to drink as much water as possible and ensuring a glass of water was within their reach at the end of each care visit. The person's risk assessment also included the typical signs of a UTI as well as advice about what the care worker should do if they suspected the person had developed an infection. They were expected to contact the person's GP as well as the office.

We saw evidence that people were involved in positive risk taking to improve their quality of life. We saw examples of risk assessments that had been conducted to ensure that people could participate in activities, despite the risks of them leaving their homes. For example, we saw one person enjoyed going out shopping, but was not safe to go outside on their own as they were unable to mobilise independently and were not able to cross roads safely. Care workers were therefore given specific advice within a risk assessment about how to manage the risks to enable the person to leave their home safely. Advice included ensuring the

person was safely seated within their wheelchair, that care staff supervised the person carefully and that they had appropriate equipment with them.

Thorough and questioning investigations were conducted into safeguarding matters or accidents and incidents as required. We reviewed investigations and found appropriate action had been taken as necessary to learn from incidents that occurred. For example, we saw one safeguarding investigation related partly to a person's daily, contemporaneous care notes not being filled in appropriately. Records indicated that office based staff fully investigated the matter, ensured paperwork was in place and spoke with staff to ensure this was done appropriately in the future.

The provider conducted appropriate checks of the equipment and premises within which care workers provided people with care. We saw each person had an environmental risk assessment within their file which stated whether there were any risks within the person's home that care staff needed to be aware of. This included risks involving their gas or electricity, slips, trips and falls or to the outside of their property leading to their home. Where there were any issues, there was space within the document for a risk management plan to be recorded. The records we saw did not indicate any issues, but we did see some assessments contained reminders for care staff. For example, one person's record reminded staff that the person had a ramp outside their home.

We also saw where people used equipment for their care needs, appropriate checks had been conducted. For example, some people used equipment for their moving and handling needs or to prevent the risk of a fall. This included hoists or bed rails. Where people had either of these in place, we saw a record that an Occupational Therapist had conducted an initial assessment to ensure the equipment was safe. We found these checks had all been conducted on an annual basis. Care workers confirmed they checked equipment before they used it at every visit and would report any issues to the office.

Care workers confirmed there were enough of them scheduled to provide people with care. They confirmed that where people required two care workers to provide care, this was provided. We saw from people's daily notes which were written by care workers contemporaneously, that two care workers attended to people where necessary.

We reviewed a sample of care workers rotas to assess whether they were being given enough travel time to attend to people at the time of their scheduled visit. We reviewed five care workers rotas and found all care calls had been appropriately scheduled as care workers had enough time travel to see people on time or reach them within 15 minutes of the start time. Care workers also confirmed they received enough travel time to arrive to care calls on time.

The provider used technology to support people to receive timely care and support. The provider used an electronic monitoring system for the recording of care calls and care workers were required to log in and to log out of this system when they attended to people. At this time of our inspection, records indicated that care workers were complying with the usage of this system over 95 per cent of the time. Care staff told us they found this system useful and easy to use. One care worker told us "I'm not very good at using technology, but even I think this is easy to use."

Safety was promoted in recruitment practices, because appropriate pre-employment checks were conducted. We reviewed 10 care worker's files and saw these contained application forms with a full employment history, two references from their most recent employers, a check of people's right to work in the UK and criminal record checks.

The provider had appropriate systems in place to prevent the risk of an accident or incident. Care workers confirmed they had received training in accidents and incidents and this was part of their initial induction. They demonstrated a good understanding of what they were required to do in the event of an emergency. One care worker told us "We've been trained in what to do. You assess the situation and depending on how serious it is, you might call an ambulance or you might call the person's GP and always report everything to the office and make sure the family are informed."

People's care records also included details of contingency plans in order to manage accidents and incidents appropriately. We saw each person had a Personal Emergency Evacuation Plan (PEEP) in place. A PEEP is a bespoke 'escape plan' for individuals who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of an emergency. These documents included relevant and practical information for care staff about how to manage people's individual risks in the event of an emergency. For example, we saw one person's PEEP had been produced in conjunction with a smoking risk assessment. These documents confirmed that the person smoked within their home, that they had been spoken to in relation to the risk of a fire and they had refused the offer of having some equipment within their home, which included a fire blanket and a fire extinguisher. However, the person had capacity to make this refusal and care staff were advised to be mindful of the person's smoking, to ensure their cigarette butts were within ash trays and had been put out properly. Their risk assessment also included confirmation that they had a working smoke alarm in place and the person wore a pendant to be used to request assistance in the event of an emergency. Their PEEP confirmed that in the event of an emergency, the person was supposed to move to a place of safety within their home and the care worker was supposed to contact the emergency services and leave for their own safety as soon as possible.

People received appropriate support from care workers with managing their medicines. People's care records included details of whether they required support with managing their medicines and what level of support they required. This included being reminded to take their medicines or to have these administered by the care worker. Where people required their medicines to be administered, we saw care records included medicines administration record Charts (MARs) which were filled in contemporaneously and handed into the office for review on a monthly basis. We reviewed care records from the month of November 2018 and found these had been reviewed by care worker's care coordinators. Where discrepancies were found, these were identified in monthly audits and records indicated that care staff had been spoken to in relation to these.

Care workers told us they received appropriate training in relation to medicines administration and they demonstrated a good understanding of what they were supposed to do. Care workers files also included evidence that care workers received appropriate training on an annual basis.

Care workers demonstrated a good understanding of effective infection control practices. The care workers we spoke with gave us good examples of best practice techniques they used to ensure that people were protected from infections. One care worker told us "Hand hygiene and having the right equipment like aprons and gloves is really important."

Good

Is the service effective?

Our findings

At our previous inspection we found the provider was not always working within the principles of the Mental Capacity Act 2005 (MCA). At this inspection we found the provider was working within the principles of the MCA and care records were clear.

The 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.

People's care records included consent forms that people signed to indicate they consented to their care. We saw people also signed consent forms to consent to initial assessments being conducted. Where people were not able to sign their consent forms, we saw these stated 'UTS' meaning 'unable to sign' and there were written explanations as to why this was the case. In the examples we saw, people were unable to indicate their consent because they did not have the capacity to do so. In these cases, we saw appropriate mental capacity assessments had been conducted and decisions were made in consultation with people's families to ensure care was provided in accordance with their best interests. Where people had a Lasting Power of Attorney in place, we saw their records contained evidence of this and were signed by the appropriate person.

We reviewed some of the provider's policies and procedures and saw these conformed with current up to date standards. For example, we saw the provider's Safeguarding policy and procedure contained reference to the Care Act 2014 as well as other relevant legislation. The registered manager confirmed she provided care workers with up to date guidance through training and also delivered updates through care workers mobile telephone system. We saw examples of messages that care workers had been sent about updates in relation to the supply and quality of particular medicines. Care workers also confirmed they received annual training which included up to date guidance. They also confirmed that they found the provider's telephone update system useful. One care worker told us "It's really good. You can look stuff up really easily and have everything to hand, literally."

People were supported by staff who received appropriate training to meet their needs effectively. The provider ensured that care staff received annual refresher training in various subjects. We reviewed 10 staff files and found each of these contained certificates to confirm staff had received annual training in medicines administration, safeguarding and manual handling procedures. We also reviewed the provider's training matrix spreadsheet and this indicated that all care staff had received their initial induction as well as refresher training in these subjects. Care staff also confirmed that they received up to date training on an annual basis. One care worker told us "We get a lot of training in different subjects and can always ask for more if we need it."

Care staff told us they received appropriate support to do their jobs well. Staff files indicated that care staff had received an appropriate induction which included four days of classroom training as well as a period of shadowing. The induction followed involved completion of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Upon the completion of a period of shadowing, records indicated that care workers were signed off by care coordinators to indicate that they were able to work independently with people. Care staff told us they found their induction to be thorough and useful.

Staff files also showed that care workers received regular spot checks, supervisions and appraisals of their work. Care staff received either a supervision or a spot check every three months and records included information about whether the person was performing well or whether they required further support or training. Care workers told us they found supervisions, appraisals and spot checks to be useful to their roles. One care worker told us "Spot checks are unannounced and we get these quite regularly" and another care worker said, "We definitely get a lot of support and feedback."

People received appropriate support with their nutritional needs. Records indicated that the level of support that people needed with their nutrition was assessed and guidance was in place for care staff. Most records we reviewed indicated that people needed care workers to heat their food for them. Records included details of people's likes and dislikes in relation to food as well as specific instructions where people had more advanced needs. For example, we saw one person's care record confirmed that the person was at risk of choking. Their record included a specific risk assessment which stated that care workers were required to ensure that the person had their food cut up into small pieces to reduce the risk. Care workers demonstrated a good understanding of how they were required to support people. One care worker told us "We usually heat food for people, but if someone has an allergy or other nutritional need, it is on their care record and we make sure we follow this."

People's care records also included detailed guidance about their healthcare needs. Where people had particular conditions, we saw their assessments included detailed explanations of what these were, how they affected people's care needs as well as how care staff could support people in relation to these. Guidance was included for people's physical and mental health needs. For example, we saw one person had a positive behaviour support plan in place to help manage their mental health condition. This included an explanation of how they expressed themselves as well as how care staff were required to support them in order to manage behaviours which could become challenging. This included advice such as abiding by the person's routine, telling them jokes and responding to their needs immediately, as failing to do so or ignoring them would bring them distress.

We also saw examples of detailed explanations being given in relation to people's physical health conditions. For example, one person's physical health needs were also inextricably linked to their mood and mental health. The person had a condition that affected their movement as well as their memory. Their record stated that the person found their memory difficulties frustrating and care workers were therefore advised to be patient with the person and to be clear in their explanations of the care they were providing. We spoke with care workers about people's healthcare needs. They gave us examples of the types of conditions people had and how this affected the care they were required to provide. For example, one care worker told us some of the people they cared for had dementia. They demonstrated a good understanding of what the condition was as well as the different ways it affected people they cared for. For example, they told us one person "has trouble remembering things, but we don't make a big deal out of it, because [the person] can get really upset about it."

Good

Is the service caring?

Our findings

People gave good feedback about their care workers and told us they were treated with kindness and compassion. People's comments included "They're very good with the hoist, very gentle and reassuring" and another person said "My regular carer is excellent and she's always willing to do extra. She has the endearing habit of making the bed without me asking."

Care staff had a good understanding of the people they were supporting. For example, care workers understood people's routines, where they liked to eat their meals, their meal and hot drink preferences and whether they liked to use any particular toiletries during personal care. One care worker told us "There is one [person] I see who is very immaculate in their appearance, so I try my best to make sure I help [them] to look [their] best."

Care records included individualised details about people, including their personal histories. This included people's occupations and whether they had any children. For example, we saw one person's record stated what jobs they had done as well as where they had worked and another person's care record included details about the number of children they had as well as how many of their children were still involved in their life.

Care workers supported people to maintain their privacy and dignity and gave us examples of how they did this, especially in relation to personal care. One care worker told us "Some people feel awkward and embarrassed about having to have personal care. I'm very careful. I explain everything and make sure they are okay with everything I'm doing." People confirmed their privacy and dignity was met. One person told us their care worker "helps me shower, she washes the bits I can't reach like my back and feet and she's always very respectful" and another person said, "They're all very respectful, polite and we get on well together".

Care records included a good level of detail about how care workers could support people to be more independent. Questions within people's assessment were aimed at determining exactly what people were could do for themselves and the areas in which they required support. For example, we saw people's moving and handling risk assessments included information about what movements people could do independently. These included standing up, sitting down or transferring between seats. Where people required assistance, this was stated, or where people required supervision for their own safety, this was also specified.

People's assessments also included questions about their management of other activities of daily living. For example, their assessment included details of whether they were able to maintain their own bathroom or kitchen hygiene or whether they were able to dress themselves independently. Where people required support, we saw specific written details about how care workers could provide this. For example, we saw one person's record stated that the person was not able to carry their own plates, so care workers were required to carry their food to their table, but they were able to feed themselves once their food had been served. We saw another person's record stated that they were not able to dress themselves and needed support in this area, but they could choose their own clothes and care workers were required to offer them

options to do so.

Care workers told us they supported people to maintain their independence. One care worker told us "Supporting people to be independent is the main part of the job. We want people to live in their own homes, so we encourage people to do things for themselves." Another care worker told us "I always check what people can do on each day. Sometimes people have good days and sometimes people have bad days where they need more help. It changes."

Care records included some details about people's cultural or religious needs. We saw records included details about people's religions and how these affected their lives. For example, we saw two examples of people who practised Islam and therefore only ate Halal meat and prayed within their homes at certain times. When we spoke with care workers they understood the importance of recognising people's differences and providing individualised care. One care worker told us "The most important thing is that we provide people with the care they need. I am Muslim, so I don't eat pork, but if someone wanted me to prepare a meal with pork, I would do this. As long as they get the care they need, that's the most important thing for me."

Good

Is the service responsive?

Our findings

At our previous inspection, people told us their complaints had not been responded to. At this inspection people told us they were aware of the complaints procedure and that they felt comfortable raising a complaint if needed. People confirmed their issues were resolved to their satisfaction, sometimes, without the need for them to raise a complaint. For example, one person told us "I did have a complaint some time ago. I had a chap coming and he wasn't doing what he should... They came to check up on him, like a spot check, and then stopped him coming. They sorted him out rather than me complaining."

The provider had an appropriate complaints policy and procedure in place which stipulated how complaints were supposed to be dealt with. We saw the complaints policy was also included in a 'service user guide' that was provided to people and signed by them to indicate that they had received this. Complaints were supposed to be acknowledged within two days and responded to within 28 days where possible. We reviewed the providers complaints records and saw appropriate investigations were conducted and action taken where necessary to resolve any issues. For example, we saw one record was a complaint about the timing of care calls. The record indicated that staff involved had been questioned and reminded to complete the care call on time in order to meet the person's needs.

Care records reflected different areas of people's needs, including their physical, mental health and recreational needs. Care records included some information about people's preferences about how they wanted their care to be delivered. This included how they wanted their personal care delivered or whether they had any particular requirements related to how they wanted their meals prepared. For example, we saw one person's care record stated that they liked to have their hair combed after their shower and another person's record specified that they liked to eat their meal in their sitting room. People's needs were reviewed every six months on a regular basis and the registered manager confirmed this was conducted more frequently when needed, if people's needs changed.

People's care records included information about their social interests and how care staff could support them to meet these. For example, we saw from people's care records that some people were being supported by care staff to assist people to attend activities outside their homes. For example, we saw one person was being assisted to go outside shopping and another person was being assisted to attend outside clubs that they enjoyed. Their care records included details of the activities they wanted to attend and how care workers could support them. There were also risk assessments included about how care workers could support people to attend their activities safely.

Where people were not being provided with specific support in relation to activities, we saw their records included details of what they liked to do within their home. This included watching television or reading. Care workers had a good understanding of how to support people and gave us examples of how they did so. For example, one care worker said, "Before I leave a call, I always ask people if I can get them something, like their newspaper or a book or the [television] remote."

Care records contained a good level of information for care staff about how they could support people to

meet their communication needs. Where people had difficulty communicating due to their health conditions, this was specified and there was written advice for care staff in how they could approach this. For example, we saw one person's care record stated that the person was sometimes confused as a result of their Alzheimer's and care workers were therefore required to communicate clearly with the person in order to assist them to communicate their needs appropriately. At the time of our inspection, the provider was not providing anyone with end of life care.

Good

Is the service well-led?

Our findings

At our previous inspection, we found the provider did not have suitable quality assurance systems in place. At this inspection we found the provider had effective quality assurance systems in place to monitor and improve the quality of the service. We saw monthly reviews of medicine administration record (MAR) charts and daily notes. These identified discrepancies and were annotated with hand written notes of action that had been taken in response to these. For example, we saw one record of a discrepancy on a MAR chart which included a note identifying the care workers responsible as well as an indication that the care workers had been spoken to in relation to the matter. The provider conducted further audits and monitoring of the care provided. For example, the registered manager generated a weekly report to monitor care workers usage of the electronic monitoring system and questioned care workers directly where any discrepancies were identified.

Providers are required to notify the Care Quality Commission (CQC) about significant incidents including safeguarding concerns. We found the provider was submitting notifications to the CQC as required.

The registered manager confirmed she monitored the morale of care staff and took action to provide support where needed. We saw the registered manager was available to both care staff who attended the offices as well as office based staff throughout our inspection and care workers gave good feedback about her. One care worker told us "She's really good. She listens to us" and another care worker said "All the staff in the office are really good. [The registered manager] works hard to help you and sorts out any problems." The provider issued care workers with mobile telephones and used these to deliver important messages and to contact care workers when needed.

The provider had appropriate systems in place to obtain feedback from both people using the service and care staff. The provider conducted surveys of people's care every four months and action plans were in place to make improvements where needed. For example, we saw the latest survey that had been conducted in September 2018 stated that only 67% of clients said they knew which care worker was coming at each care visit. As a means of improving this, the provider's action plan stated that rotas were due to be sent on a weekly basis and coordinators were to inform people of any changes to the rota, directly.

People's care records contained details of reviews that had been conducted both face to face and over the telephone. Reviews were conducted every six months and data indicated that the provider was up to date in conducting reviews of people's care. People confirmed that the provider was attending to them in their homes to conduct reviews. One person told us "They come here quite regularly to make sure everything is going fine."

Team meetings were held with both office based staff and care workers. Weekly meetings were held within the provider's office for office based staff and care workers attended monthly meetings within the borough in which they worked. We reviewed minutes of meetings that were held and saw a variety of subjects were discussed as relevant to people's roles. These included matters such as punctuality, sickness and holidays as well as the necessity to wear uniforms. Care workers told us they found team meetings useful to their

roles and we found care staff were paid to attend these. One care worker told us "The meetings are a good chance to catch up and reflect."

The provider had a clear governance framework that ensured responsibilities were clear. Care staff had a good understanding of their roles and responsibilities both within the organisation and in relation to people using the service. Care workers told us "We provide people with care that meets their needs and supports their independence" and another care worker said, "We have to provide people with the support they want and report any changes to the office It's really important to keep the office informed of everything that's going on."

The provider worked in partnership with other agencies. Care records included numerous examples of the provider working directly with healthcare professionals such as district nurses and occupational therapists to ensure that people were getting the support they needed.