

Personalized Care Limited

# Personalized Care

## Inspection report

15 New Buildings  
Hinckley  
Leicestershire  
LE10 1HN

Tel: 01455363700  
Website: [www.personalized-care.co.uk](http://www.personalized-care.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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Personalized Care is a domiciliary care service providing personal care to people with learning disabilities or autistic spectrum disorder living in their own homes.

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. There were seven people receiving personal care at the time of our inspection.

### People's experience of using this service and what we found

Person centred care was embedded in practice. The aims and objectives of the service were shared by managers and staff. The culture was open and inclusive, and care and support was focused on people who used the service. This meant that outcomes for people were good. People lived fulfilled lives and had their independence and autonomy promoted.

Relatives and staff we spoke with all told us people received exceptionally responsive care.

The service was extremely well led. The provider and manager were involved in every aspect of care provision and were supportive and accessible to people, relatives and staff.

People, relatives and staff were fully engaged in service development and asked for their ideas and feedback and these were acted on. There were effective quality assurance systems designed to continually improve the service.

Care and support was planned and delivered around the person so their individual needs and preferences were met. People were active and could follow their interests and hobbies. People were encouraged to have aspirations and were supported to set new goals and encouraged to continually learn and develop new skills.

Staff had the training and skills required to meet people's needs. Staff were employed for person specific roles and matched with people's interests and personalities where possible. Managers and staff placed great importance on effective communication. They carried out comprehensive and detailed assessments of people's needs until they understood people's communication needs.

People were safe because staff knew people well and understood their behaviours as attempts to communicate unmet needs. Staff were trained to anticipate distressed or risky behaviour and knew how to prevent this through activity and distraction techniques. Risk was identified and managed. There were enough staff to meet people's needs and keep them safe. Staff managed people's medicines in a safe way and supported people to access the healthcare and support services they required.

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

Managers and staff were highly motivated and compassionate. They were proud to work at the service and proud of the difference they had made to people's quality of life and of the achievements of the people they supported.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection – Good (Published 3 March 2017 )

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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Personalized Care

## 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

The inspection was carried out by one inspector.

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people's relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, care manager, senior care workers and care

workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at two 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.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us the service was safe. Staff understood their responsibilities to protect people from abuse and avoidable harm.
- Staff knew how to recognise the signs of abuse and what action to take should they suspect it. They used every opportunity to find out if the people they supported felt safe or had any concerns.

Assessing risk, safety monitoring and management

- Risk was assessed, and detailed risk management plans were in place for staff to follow. For example the support required when people were out in the community, with eating and drinking and environmental risks. These were assessed and frequently reviewed.
- The service supported people who may display behaviour that was risky to themselves or to others.
- Staff understood people's behaviours and knew how to manage these in the least restrictive way while respecting people's freedom and autonomy.
- Staff had received training and worked hard to understand the person's communication needs and used innovative approaches to empower the person and reduce any risky behaviour. They worked hard to understand the person's communication needs and used innovative approaches to empower the person and reduce any risky behaviour.
- A relative told us how since using the service their relative's risky behaviours had reduced dramatically and they were very few episodes of distress or aggression because of the way staff supported them.
- Daily and weekly checks were carried out in the environment to make sure the premises and equipment were safe and in good working order.

Staffing and recruitment

- Staffing was sufficient to meet people's needs and keep them safe.
- The service provided care and support over a 24 hour period in people's own homes.
- Staffing was organised through teams of staff allocated to each person. This meant people received care and support from a consistent staff group who knew them well.
- There were robust contingency plans in place to cover short notice staff absences with staff already known to the person. This was particularly important to people who used this service.
- Staffing numbers were carefully planned according to people's dependency and safety needs. Some people required two or more staff to support them. We were told there had not been any occasions when required staffing numbers had not been met.
- Staff were recruited in a safe way and checks were carried out to make sure, as far as possible that only staff with the right skills, experience and characteristics were employed.

### Using medicines safely

- People's medicines were managed in a safe way.
- Staff had received training which was refreshed annually and staff competency to manage medicines in a safe way was assessed.
- Records for medicine administration were accurate and up to date. They included details of why the medicine had been administered and the potential side effects.
- Audits and checks were carried out to make sure people received the right medicine at the right time and safe procedures were followed. The registered manager told us how their procedures had identified a pharmacy error and had prevented a person being given the wrong tablet.
- Staff knew what action to take in the event of a medicine error and this included seeking immediate medical advice.
- There were detailed protocols in place when people's medicines were prescribed on an as required basis. Protocols were developed with healthcare providers and staff followed these.
- The use of psychotropic medication (these medicines affect how the brain works) had significantly reduced for one person whose medicine records and care plan we looked at.

### Preventing and controlling infection

- Staff had received training and knew how to reduce the risk of infection.
- Personal protective equipment such as gloves and aprons were supplied.
- Staff were able to describe the correct action to take in the event of an infectious illness.
- The provider had contingency plans in place to manage the emerging corona virus risk. Staff were asked to increase handwashing and supplied with additional alcohol based hand gels.

### Learning lessons when things go wrong

- Lessons were learned following an unsubstantiated complaint. Changes were made to recording and documentation to ensure that records of care and support provided were accurate and up to date.

# 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 good. At this inspection this key question has remained the same. 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

- People had their needs assessed. The initial assessment process before people began using the service was detailed and comprehensive. Assessments took place over several days or weeks where possible.
- Managers and staff spent time working with the person getting to know them and finding out their care and support needs.
- Once using the service, people had their needs assessed at least monthly or sooner if there were any changes.
- Managers and staff kept up to date with current standards, guidance and the law through ongoing training and through working with healthcare professionals such as community nurses, psychiatrists and occupational therapists.
- They proactively sought out new learning and kept up to date with changes in the sector through membership of key organisations and sector experts.
- Assessments included physical, emotional, psychological and social needs.

Staff support: induction, training, skills and experience

- Relatives told us staff were well trained and knew how to meet people's needs and keep them safe.
- Staff told us they received the training and support they required. There was an ongoing staff training programme which managers kept under review to ensure staff had the skills required to meet people's needs.
- Induction training was offered to all new staff and this included working with experienced staff to learn about people's needs.
- Managers considered staff individual learning styles and provided additional support where this was required.
- Staff told us about the training they had received, they found it extremely useful and were able to describe how they used it to improve outcomes for people. For example, a staff member told us how they had learned to use fewer words so as not to overwhelm a person when offering choices. They told us this had enabled them to communicate more effectively.
- Staff received 'supervision' from their managers so their performance could be reviewed and learning and development needs discussed. Observations were also carried out to check staff were working in the right way.

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

- People had their eating and drinking needs assessed. Healthcare professionals were consulted, and staff followed their advice and guidance. For example, speech and language therapists advised staff about a

person's swallowing difficulties and how best to manage these.

- Staff made sure people were safe when eating and drinking when risk was identified.
- People were offered a choice of meals and drinks.
- Staff knew about people's dietary needs, likes and dislikes. Some people were able to be involved in shopping and meal preparation.
- Staff promoted healthy and nutritious meals and drinks and monitored people's weight if this was required.

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

- People had access to all the healthcare services they required.
- Relatives told us staff took action if people were unwell and contacted appropriate healthcare professionals.
- Each person had a 'health action plan', this recorded people's physical and healthcare requirements and how they had been met. People were supported to access medical and nursing services, opticians and dentists regularly or as soon as this was required.
- Physical activities were part of each person's care plan. The registered manager told us how much importance the service put on this and gave us examples of how it had improved outcomes for people. Some people were supported to go on long walks every day.
- Staff told us how they promoted healthy eating. For example, healthy snack boxes were made available to one person.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of 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.

- Staff had received training and understood their legal responsibilities to apply any authorisations in the least restrictive way.
- People had their capacity to make decisions assessed and best interest decisions were made when this was required.
- Mental capacity assessments were decision specific and staff understood how people could often make decisions about their day to day lives even when they may lack capacity and require support to make bigger decisions.
- All staff had received training about physical intervention strategies. This training focused on using physical intervention as a last resort. Staff knew how to anticipate and manage behaviours so that physical

intervention would not be required. Staff gave us examples of how they applied this training and the benefit it had on people.

# 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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives told us staff had developed extremely positive and respectful relationships with their relatives and had a positive influence on their wellbeing. A relative told us the staff team were like an extended family to them.
- Staff were kind and compassionate. They spoke about the people they supported with genuine fondness and were motivated to get the best outcomes for people
- Staff gave examples of how people knew they were cared about. Many could not communicate verbally. Staff knew people well and observed people's body language and behaviour to assess their emotional wellbeing.
- Staff were proud to work at the service and said they would recommend the service to people they cared about.
- Staff recognised the importance of maintaining links with people's family and friends. They supported and encouraged people to buy presents and cards for their families for important dates such as Mother's Day and birthdays.

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

- Staff used innovative ways to involve people in making decisions and express their views.
- There were always enough staff to meet people's needs and keep them safe. Staff had time to spend with people. Staff were matched with people they had shared interests with where possible. The introduction of new staff was done carefully and gradually so to meet the needs of the person.
- People were shown choices such as clothes they may like to wear or objects of reference to represent an activity.
- Staff told us how they had gained a person's trust through listening to them and allowing them to express their views. This resulted in an increase in the range of social activities the person engaged with because they knew if they became uncomfortable and wanted to leave, staff would listen to them and support them without delay.

Respecting and promoting people's privacy, dignity and independence

- Staff had received training about promoting people's privacy and dignity and independence.
- Two of the senior staff had completed training to become 'dignity champions' and had cascaded this to other staff. This meant staff explored what dignity means to different people and knew how to promote and protect it.

- Staff gave us examples of how they protected people's privacy when supporting people with personal care.
- Staff knew data protection rules and only ever sharing information with authorised people on a need to know basis.

# 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 good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received personalised care that was overwhelmingly responsive to their needs.
- People's needs assessments were comprehensive. Before people began using the service, a transition period was used for people and staff to get to know each other and for staff to understand the person's needs and preferences.
- Relatives told us staff had an excellent understanding of people's needs. A relative said about the service, "It's brilliant, the service has dramatically improved my relative's life. They listen to them and are flexible and we all work together. They support them in the way they like and they have fun."
- Another relative said, "I am really pleased with the service, [person] is so much better since they began using Personalized Care." They told us how they had confidence in the staff and trusted them.
- People had exceptionally personalised care plans which recorded how they wanted their care and support provided, and their likes, dislikes, family histories, and interests. Information was recorded in easy-read text and picture form.
- People and their relatives were involved in developing and reviewing people's care and support. Each staff group had a private on-line forum to communicate with each other and the person's relative. A relative told us staff communicated well and through this on-line forum, kept them updated about any changes and even added photographs of activities and events. A relative said, "I can send a message and staff reply instantly."
- Detailed daily routines and positive behaviour plans were used. When people became distressed, staff considered the trigger and the unmet need. Staff had been trained to consider all behaviour as a form of communication and expression of an unmet need. This meant unmet needs were promptly identified and addressed, minimising distress.
- People had rapid support plans in place so that staff knew what to do if a person became distressed and displayed any risky behaviour. These were based on a method known as functional analysis which all staff had been trained to use. This supported staff to anticipate these behaviours and to take action before they occurred and prevent them happening where possible.
- Potential triggers in the environment were also considered with regards to people's sensory needs. Staff changed the cleaning products for those with aromas known to meet sensory needs and used aromas around the home such as jasmine and sandalwood known to meet the person's needs and reduce anxiety. Staff told us this had a positive effect on people and reduced distressed or risky behaviour.
- A relative said, "I am very impressed, my relative's behaviours have reduced they are hardly ever having medicine now (medicine to manage distress), They are safe now and much happier."
- Before they began using Personalized Care, the person had no routine and was often distressed and

upset. Since using this service, the person had established a routine, was having very few episodes of distress and was calmer and less anxious and was able to be more involved in making decisions and choosing activities they enjoyed.

- Another relative told us how their relative had been through an emotional crisis and staff had supported them through it. They told us, "Staff dealt with it wonderfully, they listen and work with them to find out how best to support them. The care and support is very person centred."
- A healthcare professional told us two people's holistic needs had been difficult to meet with previous care providers but since using the service both had settled and were accessing the community with staff support.

#### 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.

- Staff and managers were aware of the accessible information standard. This ensured people with a disability or sensory loss were given information in a way they could understand.
- Relatives commented on how well staff communicated with their family members. A relative said, "The staff understand my relative well. They use pictures to support them to make choices. They are much happier."
- Staff developed methods of communication using objects of reference and picture boards so the person could understand what was happening 'now' and what was happening 'next'. It was important for the person to understand what was happening and not to be overwhelmed with too much information all at once.
- The person responded well to these methods of communication and was able to use the 'now and then' picture board to let staff know what they wanted to do, such as go out for a walk.
- Staff were trained to use 'Makaton' a method of communicating using sign language and speech.
- A staff member said about the service, "The company is amazing, communication is amazing, there are just no barriers, we try different things." They gave us examples of using fewer words to assist people to communicate and using pictures and objects to support communication and promote choice and independence.
- Another staff member told us how they used 'social story telling' to support a person with their communication. This involved using simple stories to prepare them for an event or activity. For example, this was used with good affect for supporting a person to attend a dentist appointment and to go bowling and to reduce any worries they may have.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Managers and staff understood the importance of occupation, activities and maintaining relationships and these were integral to people's care and support plans.
  - For one person, long daily walks and sport were used to help burn off energy. This resulted in reduced anxiety and an improved sleep pattern. Walks were also used when staff anticipated distressed or risky behaviour. Staff told us and records showed this resulted in positive outcomes for the person and avoided distress.
  - A relative told us staff had asked them about the person's hobbies and interests before they began using the service. They also provided a box of sensory objects [person] to help them relax.
  - Another relative told us how staff took their relative out into the community to take part in activities. In particular they enjoyed swimming which they were supported to do frequently.
  - Each person's person centred care plan included people's aims and aspirations. For example one person

wanted to go trampolining and swimming. Staff empowered and supported them to work towards this.

- Another person had been supported to overcome an anxiety of large gatherings and had attended a party. Staff said about the event, "[person] was beaming from ear to ear they really enjoyed it."
- Some people attended day services for additional occupation and activities.
- Staff supported one person to meet with their relatives in a neutral location because this reduced anxiety. Staff were available if they were needed, but kept an unobtrusive distance. This provided reassurance to the person and enabled them to spend quality time with their relatives.
- Staff used every opportunity to support people to develop their skills and abilities. For example, they gave us examples of how people were taking part in food and meal preparation. While they couldn't complete the whole task independently, they had acquired skills such as choosing and selecting the required equipment and were involved in the process.
- Staff knew about the things people liked to do and supported people daily to take part in their chosen hobbies and interests. A staff member told us how [person] enjoyed any exhilarating activities and had taken them ice skating which they had enjoyed.

Improving care quality in response to complaints or concerns

- The provider had systems and processes in place to manage complaints. The registered manager used the information gathered to improve the service, discussing themes at team meetings and learning from mistakes.
- Information about complaints was provided in an 'easy read' format to support people to make a complaint should they need to.
- People's relatives told us they could speak to staff and managers about any concern. They were confident they would be listened to and action would be taken.

End of life care and support

- If required, the service was able to provide high-quality end of life care in conjunction with healthcare professionals and others involved in a person's care and support.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Outcomes for people were excellent. People became more independent and fulfilled. There was a significant reduction in people's distressed or risky behaviour.
- The provider's core values were, choice, compassion, inclusion, independence, fulfilment, rights, equality and respect. The provider's values were embedded in all their policies and procedures and were demonstrated by managers and staff throughout their practice.
- Relatives and staff felt supported and praised the service provided. A relative said, "[Person] is so happy, I trust the staff completely, they have a really good ethos."
- All the staff we spoke said they were proud to work at the service and would have no hesitation recommending the service to anyone. A staff member said, "I haven't looked back since I joined the company, I had become disillusioned with care, the support I received was phenomenal."
- Another staff member told us how well the staff worked as a team. They said, "Everyone who works here is devoted."
- A healthcare professional said, "When myself and Outreach staff complete observations and monitoring meetings, Personalized Care staff and managers are always approachable, knowledgeable, transparent, pro-active and engaging." As a company they are well led, the managers lead by example. They ensure their staff are provided with the correct training and will match their staff to the individual's person specification."
- Both provider's had extensive experience working with adults with learning disabilities and complex needs. Both took on a very hands on role and were involved in the care and support of people using the service. They were available to support staff at all times of the day and night.

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

- The registered manager and staff were open and honest with people. A relative said, "The managers are approachable and always respond quickly to any queries."
- Staff followed the provider's policies and procedures when incidents and accidents occurred. Relatives were informed of any issues that related to their family members' safety and well-being.
- All staff had received 'duty of candour' training. They understood the importance of admitting mistakes if things went wrong and keeping people informed and updated.

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

regulatory requirements

- Each person's care and support was checked and audited weekly. This included person centred care plans and risk assessments. Spot checks were carried out to make sure staff were working in the right way.
- Checks and audits included observations of people who had difficulty giving verbal feedback. Managers observed people's general demeanour and appearance and spoke to staff supporting them and checked that care and support and activities were working well or required changes.
- Records of daily events, wellbeing and any distressed behaviour were looked at in detail and changes were made accordingly. For example, staff identified a person became distressed around family visits. Staff identified the trigger point, shared this with family members and changes were made which led to a reduction in this distress.
- Staff gave us examples of how the smallest changes could result in some people becoming distressed. For example, certain household objects could trigger a person to become anxious. It was important to another person to have their meal ready at a precise time each day.
- Staff and managers considered every detail of each person's care and support carefully and made changes in response to people's individual needs. This resulted in improved outcomes for people and effective risk management.

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

- People's equality characteristics were considered and respected. All staff received training about equality and diversity. The provider's had a zero tolerance of discrimination policy and valued diversity.
- Staff gave us examples of how people's equality and diversity needs were respected.
- People, relatives and staff were engaged and involved in service.
- People's were engaged through staff observation and were asked for their feedback in accessible ways to suit their individual communication needs.
- For example, a member of staff told us how they used pictures of a happy and a sad face to get feedback from one person. They made sure they used different hands to hold the sad and happy face. This way they could check out the person understood this method of communication.
- Quality assurance, satisfaction questionnaires' were sent out every three months to people' staff, relatives and professionals.
- They also sought feedback from staff about positive or negative outcomes for people.
- Staff told us they were engaged and were listened to. They made suggestions and these were always considered and implemented.
- For example, staff told us they had suggested a different type of swimming costume to improve comfort for one person and had asked for a soup maker to encourage healthy eating. These were implemented and had resulted in improved outcomes for the person.
- A staff incentive scheme was used to promote good practice and innovation. Each month, a member of staff was awarded for good practice with a prize.

Continuous learning and improving care

- The service continually improved through training, guidance from health care professionals and other authorities and through staff development and promotion.
- Since our last inspection, a compliance manager had been appointed to strengthen quality assurance and monitoring processes. An additional supporting senior role had been developed for each staff team to support the team leader.
- Improvements had also been made to staff training, procedures for staff performance observations and

quality monitoring.

#### Working in partnership with others

- Managers and staff worked in partnership with key organisations such as commissioners and healthcare professionals to support care provision and service development.
- Managers received regular updates from sector specific organisations such as, Homecare UK, Skills for care, the National Autistic society and Home Care Insight. This information was used to update policies and procedures and to update staff.