Care at Home Services (South East) Limited

Margaret House

Inspection report

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Date of inspection visit:
29 October 2019
01 November 2019

Date of publication:
04 December 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Margaret House provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented or owned and is the occupant's own home.

There are 39 one and two-bedroom apartments at Margaret House. Not everyone who lived at Margaret House 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 33 people receiving care and support at the time of this inspection.

People's experience of using this service and what we found People told us they felt safe with staff who supported them. Risks to people had been identified and assessed and were managed safely by staff. Staff supported people to take their medicines or reminded them when they were due. People were protected from the risk of infection. Staff wore disposable aprons and gloves when providing people with personal care.

People spoke positively about the staff who supported them and had confidence in their skills and experience. Staff had regular supervisions and an annual appraisal. People enjoyed the lunchtime meals and some were supported by staff to prepare other meals in their homes. People had access to a range of healthcare professionals and support.

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

People were looked after by kind and caring staff who knew them well. In one person's review they commented, 'Excellent service, all staff lovely and caring'. People were encouraged to be involved in decisions relating to their care. People's diverse needs were catered for and they were treated with dignity and respect.

Care was personalised to meet people's needs. Care plans provided detailed information and guidance for staff on people's care and support needs, likes and dislikes, and the way they wanted to receive personal care. Information could be provided to people in an accessible format. Activities were organised according to people's preferences, interests and suggestions. Complaints were dealt with in line with the provider's policy.

People considered the service was well-organised. The care manager provided a visible presence and was available to people if they wished to discuss their care. People were encouraged in their involvement and development of the service and their feedback was encouraged. Quality assurance systems were in place to

measure and monitor the standard of the service and drive improvement. Areas of concern identified at our previous inspection had been addressed.

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

Rating at last inspection (and update)
The last rating for this service was requires improvement (published 5 November 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Margaret House

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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

A new manager had been appointed and was in the process of registering with the Care Quality Commission. Registered managers 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 a short period notice of the inspection. This was because we needed to be sure the provider or manager would be in the office to support the inspection.

Inspection activity started on 29 October and ended on 1 November 2019. We visited the office location on 29 October 2019.

What we did before inspection
We reviewed information we had received about the service since the last inspection. This included

statutory notifications sent to us by the provider about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We used 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 eight people who used the service and five relatives by telephone to find out about their experience of the care provided. We visited the office and spoke with the care manager, manager, representative of the provider and two staff. We reviewed a range of records. These included six care records, four staff files and records relating to the management of the service. We visited two people in their homes and looked at the care records and daily notes completed by care staff.

After the inspection
We continued to seek clarification from the care manager to validate evidence found. We reviewed written feedback from a healthcare professional and spoke with two of the commissioning team at the local authority. We spoke with a further staff member by telephone.

Good

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

At our last inspection the provider had not ensured effective management and review of accidents and incidents, or systems for the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had made improvements and was no longer in breach of regulation 12.

● Risks to people's safety had been identified, assessed and minimised. Clear guidance was in place for staff to support people in a safe way and to minimise limitations on their freedom.
● Accidents and incidents were now consistently recorded and reviewed to establish any patterns and to help keep people safe.
● Where people had falls, staff had worked proactively with the falls team and occupational therapist to ensure the most suitable equipment was in place. For example, staff had encouraged one person to accept the use of a stand-aid for transfers and this had reduced their falls. Another person had their medicines reviewed and had stopped one which may have been contributing to their falls.
● Body maps were used to document any injuries people sustained. These were kept in the person's home file and removed once the injury had healed. We discussed with the manager and care manager how the records could be improved by documenting any reviews of the injury and when the record was closed.
● Some people who were at risk of leaving the building unsupervised had door alarms installed. This meant staff could intervene and ensure the person's safety. A relative told us, "(Name of person) did get out of the building one night and was found in the street. As a result, a sensor has been put on their flat to alert care staff if they leave".
● Risks associated with the safety of the environment and equipment were identified and managed appropriately. Since our last inspection, staff had received fire safety training. A section on fire safety had also been added to the provider's induction training for new staff. Staff had taken action to reduce risk, for example for one person who smoked in bed, the fire service had visited and fire-resistant bedding was now in place.

Using medicines safely
● Medicines were managed safely. One person told us, "They are quite fussy about medicines, I get them at the right time".
● Each person had a medication risk assessment which detailed the support they required from staff. Where people managed their own medicines, their competency to do so safely had been assessed. This was reviewed quarterly by staff with the person as part of their review, or sooner if staff had concerns.

● Staff had completed medicines training and their competency was assessed.
● Medication Administration Records (MAR) were completed by staff, to confirm that people had received their prescribed medicines. Since our last visit, Topical Medication Administration Records (TMAR) were in place and completed.
● There were systems in place to audit the MAR and TMAR. A 'pick me up chart' was used in the staff room so staff could record any gaps they had witnessed. This enabled the person responsible to return to review and complete the record. Feedback from the care manager's monthly audit was shared with staff. We saw reminders about documenting every time 'as needed' (PRN) medicines were offered and ensuring there were no gaps in the TMAR.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of abuse. They told us they felt safe with staff. One said, "I'm very impressed with the way they help me".
● Staff had completed training in safeguarding and knew what action to take if they suspected abuse had occurred.
● Arrangements had been made to ensure staff had access to people's homes in a safe and secure way, for example, through a coded key safe.

Staffing and recruitment
● There were enough staff to meet people's needs and provide timely support.
● People told us their calls were usually on time. One person said, "Timekeeping is good and carers spend the right amount of time on the visit". Another felt staff were, "Running all the time" and pushed for time on occasions. The provider had a call monitoring system in place. This information was shared with the commissioning team to ensure people received their allocated care calls.
● Staff were happy with the staffing levels. They told us staffing had improved greatly and they no longer needed to use agency staff. One staff member said, "They've (the provider) built the staff back up". They told us their feedback was listened to, for example they were starting to see a fourth member of staff on the rota in the afternoons.
● There was a senior on duty during the day. They took the lead on organising activities and did not have regular calls allocated to them. This meant they could pick up calls if needed to relieve pressure or to cover any unexpected staff absence.

Preventing and controlling infection
● People were protected by the prevention and control of infection.
● Staff completed training in infection control. Staff were issued with personal protective equipment (PPE), such as disposable aprons and gloves, for use when providing personal care to people. People confirmed PPE was used during their calls.

Learning lessons when things go wrong
● There was a culture of lessons being learned if things went wrong.
● Following the last inspection and rating of requires improvement, staff had worked to put in place in necessary changes and to improve the service. The concerns from the last inspection had been addressed.
● Where incidents had occurred, action had been taken to minimise the risk of a repeat event. For example, electric doors within the building were checked and the settings changed following an incident of unauthorised access to the premises.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question 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 spoke positively about the care they received. One person said, "I am very, very happy here and very pleased with the service". Another told us, "It is really first class. I would recommend it to anyone". A relative had written to the provider saying what a positive impact being at Margaret House had had on their loved one.
- Pre-admission assessments were used to develop a detailed care plan for each person. Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process.
- Care plans provided an overview of the support each person required, and a detailed breakdown of the care needed on each visit. The information was personalised and clearly highlighted the tasks the person could manage independently and where they required support. Daily notes made by the carers demonstrated that care had been delivered in line with the care plan. An Occupational Therapist wrote, 'All the staff are very approachable and have a good understanding of each client's individual needs.'
- People's needs were continually assessed in line with best practice. If any changes in people's needs or abilities were noted, staff were quick to communicate this information and the care plan was updated.

Staff support: induction, training, skills and experience

- People had confidence in the staff team and commented on the fact they had regular staff team. One person said, "I get the same four or five people in rotation".
- Staff had the knowledge, skills and experience to support people effectively. Staff completed a range of training considered essential to their role, such as moving and handling, medication, infection control and dementia awareness. The staff training plan showed that staff had completed all relevant training.
- New staff attended an induction course run by the provider. They then worked alongside experienced staff until they were competent and felt confident to work independently. One newer employee said, "I thought the induction was brilliant actually. I got a folder and did loads of training".
- Staff felt supported. There was a system of staff supervision, observation and appraisal. One staff member said, "Anything we feel we need to talk about we can, but generally everything is fine. I've put forward a few trainings that I'd like to do, they try and source it".

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

- Staff supported some people in the preparation of food and meals. This was done safely and staff had completed food hygiene training.
- As part of their contract with the housing provider, people could have lunch in the restaurant at the

scheme. There was a choice of meals and alternatives were available on request. One person said, "It's lovely not to have to worry about getting food".
● Information concerning people's preferences and needs in relation to their food was clearly detailed in the care plans. In one we read, "(Name of person) rarely declines a cup of tea which she wants medium strong with milk". One person was eating a soft diet following their recent discharge from hospital. For another, staff followed guidance from the Speech and Language Therapist (SaLT) in relation to drinking, this included their position and the pace at which they could manage their drinks safely.
● Where there was a concern around a person's nutrition or hydration, staff maintained detailed records. Food and fluid charts were monitored and staff were proactive at informing their colleagues if there was a concern.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff liaised with other agencies to provide a consistent level of care and support to people.
● Care plans contained clear information on others involved in a person's care. For example, the district nurse contacts for catheter care or the service provider for specialist equipment such as pressure relieving mattresses.
● Wherever possible staff supported people to access services they required. The care manager told us, "I will help with dropping urine samples to the GP if it speeds up medical treatment they might need; it helps to keep things moving and lets everyone get their job done at the end of the day".
● Professionals spoke positively about their experiences of working with staff at Margaret House. An Occupational Therapist told us, '(Care manager) and the carers take on board recommendations and advice in a proactive and timely manner and have been very flexible in their approach to support clients to remain at Margaret House'.
● Key contact information was included in each person's care plan. This included their next of kin, emergency contact, GP and social worker. This helped staff to make timely contact with others when required.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.
● The manager and care manager had a good understanding of the Act and were working within the principles of the MCA.
● Most people had been directly involved in planning their care and support and liaised directly with staff and the office when changes were needed.
● Consent to care and treatment was routinely sought by staff. One staff member described mental capacity saying, "Everyone is presumed to have capacity unless proven otherwise, even people who lack some

capacity can still have capacity for certain decisions". Another said, "Their own rights, their choice".

● Where people lacked capacity, best interest decisions had been taken. These included for the use of door alarms to alert staff if they left their flat and a decision over who would be responsible for administering a person's medicines.

● Where people had appointed attorneys to act on their behalf, this information was recorded. A copy of the legal documents was missing in one case, but staff had asked for this information.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as 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
● People spoke positively about the staff supporting them. One said, "I think they're lovely. They are so good, friendly and helpful". Another said, "They are jolly good and they do a jolly good job".
● There was a regular team of staff who had developed good relationships with the people they supported. Speaking with staff, it was clear they knew people well and understood their needs.
● People shared examples of how staff had helped them in special ways. One person said, "I have problem with this hand, I feel the muscles getting tighter. I had a duster here to squeeze but one of them brought in a stress ball. They are very thoughtful". Staff had arranged a new bed for another person who said they felt much better and more comfortable now. A third person had been helped to sort out their belongings. Staff had supported them to purchase new furniture for storage. One staff member said, "(Name of person) has made amazing progress". A relative told us, "The set up seems really good. They (Carers) are incredibly willing to go the extra mile".
● Staff had received training in equality and diversity. Staff used their knowledge of people's needs, wishes and diversity to provide personalised care and support. Staff understood how people's beliefs may affect their care, for example that they may refuse medical intervention. When people wished to attend services or other events, care calls were adjusted to accommodate this.

Supporting people to express their views and be involved in making decisions about their care
● People had been involved in planning their care and support. Care plans clearly reflected people's wishes and preferences.
● People were invited to quarterly reviews. This provided an opportunity to discuss their care and to request changes. We saw one person had requested a review of their wheelchair and for information on their rota to be presented in a different way. When we met with them, they told us these things had been sorted out. In other reviews we read, '(Name of person) is much happier with their earlier morning call times' and '(Name of person) has been forgetting to complete personal care tasks and has requested an afternoon reminder'.

Respecting and promoting people's privacy, dignity and independence
● People were treated with dignity and respect.
● Information relating to people's care was kept confidentially in the care office.
● We observed staff supporting people to walk in communal areas and at lunchtime. They treated people with respect and kindness. In one person's review we read, "I make my own choices" and when asked if they were happy with their care and support, 'Yes over the moon, they're all nice to me'.
● In the provider's survey, more than half of the respondents had given ten out of ten in response to, 'My

care staff treat me with dignity and respect'. None of the nine people who responded had scored lower than seven out of ten for this question.

Good

Is the service responsive?

Our findings

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

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

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

- People received personalised care that met their needs.
- People were involved in planning their care and in determining their daily support wishes. One person told us, "We discussed the care plan and changed what needed to be changed". Another explained how staff adapted the support depending on their abilities that day. They said, "They're all brilliant. They come in and sort me out, whatever I want; sometimes I can sometimes I can't".
- Care plans provided staff with the guidance they required to meet people's needs and choices. For example, we read, '(Name of person) is independent with their oral care but needs assistance to use their mouthwash' and 'Give me my handbag which I keep by the bed and take out my glasses and prompt me to put them on'. In the provider's survey two thirds of people gave staff ten out of ten with regard to understanding their needs. No one rated this question with a score below seven out of ten.
- Staff were vigilant to changes in people's needs. The care manager told us, "It's a constant flow of communication, I've got my hand on the pulse". There were daily handovers. A new system had been introduced to highlight changes to staff and for them to sign to say they had read the updates.
- When people had been in hospital, there was a checklist for staff to ensure their needs were met once they returned home. This included letting relevant people know, checking the temperature in their flat, offering food and drink and reviewing any changes in needs such as in mobility or medication. The commissioning team told us how staff had been proactive in liaising with hospitals to try and get people home as soon as safe to do so, and to ensure their care was in place at the point of discharge.

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.

- Care plans contained information about people's communication needs.
- Some people received the rotas in large print, this was set up on the system to happen automatically.
- Staff were working with one person to see if accessible technology could help them with tasks such as adjusting the heating, lighting or turning the television on and off.

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

- People had been asked about their interests and hobbies as part of the admission process. There was a regular social afternoon where staff discussed with people the activities they would like to see on the

programme. On the afternoon of our visit a jazz musician was visiting for the first time and people seemed to be enjoying the performance.
● Senior staff took responsibility for providing activities. One person told us, "There are lots of activities; films, quizzes, there is something every day".
● A group of people had been to the Air show in Eastbourne. One staff member told us, "We stayed there longer than we expected, everyone had fun". A Christmas trip was being planned, with people deciding between a meal out or a trip to a garden centre. Special events had also been arranged, including a Macmillan coffee morning.
● There was a weekly raffle. People could select prizes from food to household cleaning products. The care manager told us how some people valued this as they couldn't always easily get to the shops.
● When providing respite care, staff tailored the support to the person's interests. In one review we read, 'I was informed that (name of person) used to be a good pianist, not sure if they'll remember how to play but could be something to try during respite visits'. Staff told us this person had played the piano situated in the communal lounge.

Improving care quality in response to complaints or concerns
● The provider had a complaints policy which was shared with people in their home files. In the provider's survey, all respondents said they knew how to raise a concern or complaint.
● People felt confident to raise any concerns directly with the office and had confidence they would be listened to. One person said, "I've never needed to complain but I would be happy to do so if needed". Another told us, "I'd get on the blower and complain downstairs". A third said, "On one occasion I did ask for a particular carer not to come and this was sorted out".

End of life care and support
● At the time of the inspection the service was not supporting anyone at the end of their life.
● End of life care planning did not form part of the initial assessment when a person started using the service. One person had completed a Respect form (Recommended Summary Plan for Emergency Care and Treatment) setting out their wishes for emergency care, should they lack capacity to make such choices at the time.
● Staff received training in end of life care as part of their induction. The service had links with a local hospice for person specific training and guidance if required.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had not ensured safe and best practice was followed in all areas. The provider had not established systems that identified and responded to poor record keeping. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had made improvements and was no longer in breach of regulation 17.

- A system of quality assurance checks were used to measure and monitor the smooth running of the service. For example, care and medicines records from people's homes were routinely returned to the office for review. Any omissions or learning points were shared with staff and monitored to ensure improvements were made. One staff member said, "There is a clear structure and good organisation".
- Senior staff carried out direct observation visits of staff as they supported people. This checked the staff member was wearing the correct uniform, their conduct, if they followed the care plan and how they recorded the visit.
- A new manager had been appointed and was in the process of registering with the CQC. The manager was experienced in extra care schemes. A commissioner told us, "(Manager) is very good at working with (Care manager) to bring further improvements. There is much more clarity of purpose. It is more business-like whilst maintaining a friendly, open and accountable relationship with residents".
- People and staff spoke positively about the care manager. One staff member said, (Name of care manager) is lovely, very nice and very easy to talk to. Communication is very good. If there are any problems she is straight away sorting them out".

At our last inspection the provider had failed to notify the CQC of all significant events which had occurred in line with their legal obligations in a timely fashion. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4)

The provider had made improvements and was no longer in breach of the registration regulations. Missed notifications were submitted following our last inspection and the manager understood when notifications to the CQC were required.

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

● The care manager had built a positive, person centred, open culture based on a good standard of care and strong relationships with people and their families/representatives.

● The care manager had visited other extra care housing schemes to learn more about extra care and to pick up ideas from other managers. She told us, "When I came the atmosphere was quite flat, it wasn't buzzing. I feel we are getting a nice vibe here now which I'm really pleased about and really proud of. The residents seem happier. There is more use of communal areas. We provide a safe space where they can be part of a community. That is the kind of atmosphere and community I wanted to create here. We've made big moves in the right direction". A commissioner told us, "I can visually see the difference, it feels more vibrant".

● In the provider's survey, all respondents said they would recommend Care at Home Services to a friend or family member and would select the service again if they were asked.

● Staff had developed good relationships with people and spoke positively of the agency as a place to work.

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 manager, care manager and staff had a clear understanding of their responsibilities under duty of candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

● Staff knew how to raise concerns under the provider's whistleblowing policy.

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

● People and staff were involved in developing the service.

● Most people attended the weekly social afternoon run by the senior care staff. This was an opportunity for people to speak with staff and share their views. In addition, the care manager attended resident meetings run by the housing provider. This was a way of listening to people's views and providing answers about the service. The care manager also carried out some care visits. She told us, "The clients chat very openly when you are in there delivering care so sometimes you get a different angle on things".

● People were asked for their feedback in annual surveys from the provider. The results of the 2019 survey were very positive. When asked to rate the service, all respondents said it was good to excellent, with 89% rating it as excellent or very good.

● Staff felt listened to and were kept up to date with changes at the service and in people's needs. One staff member said, "Communication is good, if something isn't going right we go straight to the office and explain the situation and it does get dealt with quite quickly".

Continuous learning and improving care

● The manager attended quarterly manager meetings run by the provider. This was an opportunity to learn about best practice and to share updates and ideas.

● The provider was working on the development of an app which would help to warn of urinary tract infections (UTIs) and falls. A representative of the provider told us, "Often a person would get agitated two days before a UTI. The sensor would pick this up, so we could pre-empt it". There were also plans afoot to introduce electronic MAR. The representative of the provider told us they hoped this would flag gaps in the MAR in real time and make it quicker to update any changes in a person's medication.

● The provider had recently trained four staff in 'mental health first aid', there was also a trained grief counsellor. These staff were available to people and staff who required support.

● The care manager was enrolled in the 'Friends Against Scams' scheme. Senior staff had undertaken training to learn about scams that target older people and the warning signs they may be being scammed.

Working in partnership with others

● The service worked in partnership with others.

● The manager and care manager worked proactively with commissioners at the local authority and with the scheme manager (responsible for the premises). One of the commissioning team told us, "We are all talking and wanting to improve the service".

● Staff were proactive in seeking out new equipment when people's need changed, or if they felt it would make things easier for them. For example, staff had arranged with a person's relative to provide a higher bed to make it easier for the person and staff to use a stand aid.

● The care manager was working closely with healthcare professionals to see if they could continue to meet a person's needs. The person was in hospital but really wanted to return home. She told us, "We are really trying to work together to get (Name of person) home".

● The manager kept up to date with best practice and guidance via the local authority, Skills for Care, the CQC and other organisations.