J.C.Michael Groups Ltd

J.C.Michael Groups Ltd Wandsworth

Inspection report

182 The Broadway
London
SW19 1RY

Tel: 02085408441
Website: www.jcmichaelgroups.com

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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

About the service
J. C. Michael Groups Ltd Wandsworth is a domiciliary care agency that provides personal care and support to people living in their own homes. At the time of our inspection, 46 people aged 40 and over were using the service. Approximately half the people currently using the service were living with dementia. Some people also had physical disabilities, complex health care needs or a learning disability. Two people using the service received 24-hour care from live-in staff.

All 46 people currently using the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service
People told us they remained happy with the home care service they received from J. C. Michael Groups Ltd Wandsworth. A quote we received from a relative summed up how most people felt about the service - "Our regular carer is like one of the family…They are kind and generous, and my [family member] looks forward to their visits."

Since our last inspection, the provider had improved the way they monitor the quality and safety of the service people received by ensuring their existing governance systems were more effectively operated. For example, the new registered manager demonstrated a good understanding of the importance of quality monitoring and continuous learning and improvement and the new regional operations manager now routinely visited the services offices to audit records. The new registered and regional operations manager also both recognised the importance of analysing and learning lessons when things went wrong to continuously improve the quality and safety of the home care service they provided.

People, their relatives and staff all spoke positively about the way the relatively new management team ran the agency. They promoted an open and inclusive culture which sought the views of people using the service, their relatives and staff. They also worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care and support.

In addition, people were now supported by staff who knew how to prevent and manage risks they might face and to keep them safe from avoidable harm. This positive point notwithstanding the registered manager agreed staff who supported people with behaviours considered challenging would benefit from additional training in how to positively support these individuals to prevent or appropriately manage such incidents.

We have made a recommendation about staff training on the subject of preventing or positively managing behaviours considered challenging.

Staff continued to undergo all the relevant pre-employment checks to ensure their suitability and fitness for the role. People received continuity of personal care and support from staff who usually arrived on time for their scheduled visits and were familiar with their needs and wishes. People received their medicines as they were prescribed. The service's arrangements for controlling infection remained effective.

People continued to receive personal care from staff who had completed training that was relevant to their roles and responsibilities. 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. Where staff were responsible for this, people were supported to maintain a nutritionally well-balanced diet. People continued to be supported to stay healthy and well.

Staff continued to treat people with dignity and respect. People were treated equally and had their human rights and diversity respected, including their spiritual and cultural needs and wishes. People were encouraged and supported to develop their independent living skills. Assessments of people's support needs were carried out before they started using the service.

Care plans remained personalised, which ensured people received personal care that was tailored to meet their individual needs and wishes. People were encouraged to make decisions about the care and support they received and had their choices respected. Managers and staff understood the Accessible Information Standard and ensured people were given information in a way they could understand. People were satisfied with the way the provider dealt with their concerns and complaints. When people were nearing the end of their life, they had received compassionate and supportive care from this agency.

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

Rating at the last inspection
The last rating for this service was requires improvement (published 23 October 2018) and there was a breach of the regulations. 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for J. C. Michael Groups Ltd Wandsworth on our website at www.cqc.org.uk.

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.

J.C.Michael Groups Ltd Wandsworth

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

Service and service type
This service is a domiciliary care agency that provides personal care to people living in their own homes.

The service had a manager registered with the CQC. 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 5 days' notice of the inspection visit because we needed to be sure the managers would all be available for us to speak with during our inspection. This inspection was carried out over one day on 15 October 2019.

What we did before the inspection
We reviewed all the key information providers are required to send us about their service, including statutory notifications. We also received email feedback about this service from two community health and social care professionals who worked closely with them, including a continuing care manager representing South West London Clinical Commissioning Groups and a local authority's procurement manager. We used all this

information to help us plan our inspection.

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

During the inspection
We visited the provider's Wandsworth branch offices located in Wimbledon and spoke in-person to the registered manager, the regional operations manager for South London, the deputy manager and a senior care coordinator. We also looked at a range of records that included five people's electronic care plans, as well as three staff files in relation to their recruitment, training and supervision. A variety of other records relating to the management of the service, including policies and procedures were also read.

After the inspection
We received telephone and email feedback about this home care agency from five people using the service, 11 relatives and six care staff we contacted after 15 October 2019.

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 now improved to good. This meant people were now safe and protected from avoidable harm.

At our last inspection we found the provider had failed to robustly assess and manage risks relating to the health and safety and welfare of people using the service. We discussed this issue with the provider at the time of our last inspection who agreed to improve the way the service identified and managed risk.

At this inspection we found enough improvement had been made to ensure people were supported by staff who knew how to prevent and manage risks they might face.

● People's care plans now contained detailed risk assessments and management plans which explained clearly the control measures staff needed to follow to keep people safe. This included for example, risk assessments and plans associated with people's mobility, their home environment, eating and drinking, skin integrity, dementia, behaviours that may be considered challenging and percutaneous endoscopic gastrostomy (PEG) feeding. PEG feeding is an endoscopic medical procedure in which a tube is passed into a person's stomach.

● Several staff confirmed risk management plans were now in place and much easier to follow, which ensured they had all the guidance they required to reduce identified risks. A member of staff told us it was clear in a care plan for one person they regularly supported what positive behavioural support techniques they needed to use to help them prevent or appropriately manage risks associated with incidents of behaviour that challenged the service.

● Maintenance records showed where care staff used specialist equipment to support people in their own homes, such as mobile hoists; the provider ensured these were regularly serviced in accordance with the manufacturer's guidelines.

Systems and processes to safeguard people from the risk of abuse

● The provider had clear safeguarding and staff whistle-blowing policies and procedures in place, which staff could access easily. Staff had received up to date safeguarding adults training and knew how to recognise and report abuse. One member of staff told us, "I would call the office and tell the managers if I thought any of my clients were being abused."

● The provider had notified the relevant authorities without delay when it was suspected people using the service may have been abused or neglected. At the time of our inspection, no safeguarding incidents were under investigation.

Staffing and recruitment

● The provider used an electronic monitoring system which logged the exact time staff started and finished their scheduled visits and automatically flagged up when staff were late, left early or missed a call. Staff told us their visits were coordinated well by the office-based staff. One member of staff said, "My visits are very well-organised by the staff in the office who always make sure I've got enough time to get to my next job on

time."
● People told us staff usually arrived on time for their visits, and if staff were running late, someone from the office always rang to let them know staff were on their way. One person said, "There are no missed visits", while another person's relative remarked, "They [staff] are only late if transport is delayed and they always ring me to let me know if that's the case."
● Staff continued to undergo robust pre-employment checks to ensure their suitability for the role. Records confirmed staff files contained a proof of identity and right to work in the UK, full employment history and health check, satisfactory character and/or references from previous employer/s and a current Disclosure and Barring Services [DBS] check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

Using medicines safely
● Medicines systems were well-organised and people continued to receive their prescribed medicines when they should.
● People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.
● Staff had received training about managing medicines safely and their competency to continue doing so safely was routinely assessed by managers and senior staff.
● Managers and senior staff routinely checked staffs' medicines handling practices during their unannounced spot check visits to people's homes. We found no recording errors or omissions on electronic medicines records we looked at.

Learning lessons when things go wrong
● The provider learnt lessons when things went wrong.
● The provider had systems in place to record and investigate any accidents and incidents as they occurred. This included a process where any learning from these would be identified and used to improve the safety and quality of support provided to people.

Preventing and controlling infection
● People were protected by the prevention and control of infection.
● Staff were trained in infection control and basic food hygiene. They told us they were provided with personal protective equipment (PPE) such as gloves and aprons to use when supporting people with their personal care needs.
● Practice around infection control and use of PPE was checked by managers when they carried out spot checks of care staff. People said staff always wore the appropriate protective gloves and aprons when they were providing personal care to people. A relative told us, "They [staff] wear gloves and aprons and wash their hands to ensure infection control."

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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received care and support from staff who had on-going training that was relevant to their roles and responsibilities. For example, staff who supported people who used percutaneous endoscopic gastrostomy (PEG) feeding tubes had received training in how to use this equipment safely.
- It was also mandatory for all new staff to complete a comprehensive induction programme that was mapped to the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well. Managers told us the provider had a well-equipped training room located at their office headquarters in central London where staff could receive practical instruction on the safe use of various mobility equipment and PEG feeding.
- Staff demonstrated good awareness of their working roles and responsibilities and confirmed their training was continuously refreshed. One member of staff told us, "I enjoy the training. I've been working in care for many years and I think the training we get from J. C. Michael is great."
- However, although it was clear from comments we received from staff who supported people whose behaviour challenged that they knew how to prevent and appropriately manage such incidents and risk, they had not received any formal positive behavioural support training.

We discussed this issue with the registered manager who agreed staff would benefit from receiving this type of additional training. We recommend the provider finds out more about positive behavioural support training for all staff, based on current best practice, in relation to the specialist needs of people whose behaviours might be perceived as challenging.

- Staff continued to have opportunities to reflect on their working practices through regular individual supervision, group team and work performance appraisal meetings with managers and senior staff.

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.
● People told us staff always asked for their consent before providing any personal care. For example, one person said, "They [staff] always ask for my consent before starting tasks."
● People's care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.
● There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests.
● Managers and staff were aware of their duties and responsibilities in relation to the MCA. For example, staff understood if someone they supported lacked capacity.

Supporting people to eat and drink enough to maintain a balanced diet
● Where staff were responsible for this, people were supported to eat and drink enough to meet their dietary needs and wishes. Staff monitored the food and drink intake of people who had been assessed as being at risk of malnutrition or dehydration to ensure these individuals continued to eat and drink adequate amounts.
● People who received assistance to eat and drink told us they were satisfied with the choice and quality of the meals and drinks staff offered them.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People's care plans set out how staff should support them to ensure their identified health care needs were met. One person said, "I can only speak highly of the staff; they come in and do all the health checks I need for my skin, oral hygiene and catheter care." A community health care professional also told us, "They [the provider] are one of our main core providers who specialise in complex health care; we have had no concerns or issues with them."
● Appropriate referrals were made to the relevant health care professionals to ensure people received the support they required. The registered manager gave us an example of appropriate action taken by staff to make a referral to a GP and an occupational therapist after they had noticed a person's mobility needs and risk of harm due to falls had significantly increased in recent months.

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 continued to be treated equally and had their human rights and diversity respected. People told us staff were "caring" and treated them and their family members with respect. A relative told us, "My [family member] is extremely lucky to have two amazing and proficient carers." Community health and social care professionals were equally complimentary about this home care agency. One community professional remarked, "I would recommend them. They provide a high quality service and our current patients and their families have only had positive things to say about the J.C. Michael Group."
- People also told us they received continuity of care and support from the same small group of staff who were familiar with their needs, daily routines and preferences. A relative remarked, "Care is consistent…My [family member] does not like change, so they make sure a small group of only two to three carers support her."
- Staff received equality and diversity training to help them protect people from discriminatory behaviours and practices and staff were respectful of people's cultural and spiritual needs. People's care plans contained detailed information about their spiritual and cultural needs and wishes. A relative told us, "Our family share the same cultural heritage as most of our regular carers, which is great because you can be sure they'll know how to make the Caribbean style food my [family member] loves."
- Managers gave us other examples of how they had taken account and respected people's expressed wish to be supported by staff who practiced the same faith as they did so they would be familiar with the customs and rituals of their religion, and including those of their preferred place of worship.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity.
- Staff spoke about people they supported in a respectful and positive way. Several staff told us they always ensured bathroom, toilet and bedroom doors were kept closed when they were meeting people's personal care needs. One member of staff said, "I often give my clients some space and private time while they're having a bath by shutting the door and just keeping an ear out to make sure they're ok."
- People told us staff supported them to be as independent as they could and wanted to be. A relative said, "They [staff] try and encourage my [family member] to be more independent. For example, they help her to hold her beaker on good days, which I think is really important for my [family member] to try and do."
- People's care plans set out their level of need and the specific support they should receive with tasks they could not undertake without staff assistance. A manager gave us an example of how staff helped one person to maintain and develop their independent living skills by actively encouraging and supporting them to prepare their own drinks and meals with help from staff, which formed an integral part of this individual's

reablement programme.

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

● People were encouraged to make decisions about the care and support they received and have their decisions respected. People told us staff listened to them and acted on what they had to say. One member of staff said, "I always talk to my clients and find out what time they would like to get up, what they want to wear and the food they would like to eat at mealtimes."

● The provider used people's needs assessments, care planning reviews and quality monitoring spot checks to ensure people had a voice and were able to routinely make informed decisions about the package of care and support they received.

● Care plans documented people's views about the outcomes they wanted to achieve.

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 meet people's needs, preferences, interests and give them choice and control

- People had their own person-centred care plan that contained detailed information about their unique strengths, likes and dislikes, staff visiting times and duration of their calls, and how they preferred staff to provide their personal care.
- People using the service, and where appropriate their relatives, were encouraged to be involved in the care planning process. This helped to ensure people's choices were used to inform the care and support they received.
- Several staff explained how they helped people make informed choices about the personal care they received. For example, one member of staff told us they always encouraged a person they supported to choose what they wore each day by showing them a selection of clothing from their wardrobe to help them choose between each morning. Another member of staff said they encouraged a person they supported to enter their kitchen and physically select the food and drink they wanted them to prepare for them.
- People's care and support needs were regularly reviewed with them by the provider. If people's needs and wishes changed their care plan was updated accordingly to reflect this. One person said, "The manager comes into see me every so often and we discuss any changes that are necessary to my care plan then."

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.

- The provider was aware of their responsibility to meet the Accessible Information Standard. The registered manager told us they could provide people with information about the service, including the service users guide and complaints procedure in a variety of formats, such as large print, audio and different language versions.
- People told us staff understood their preferred method of communication. A manager gave us an example of how they had matched a person with a new member of staff who spoke this individual's first language.
- People's communication needs and preferred method of communication had been clearly identified and recorded in their care plan. This ensured staff had access to all the relevant information they needed to effectively communicate with people they supported.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint if they were unhappy with the standard of home care and support they received, and felt the process was easy to follow.
- People told us they were satisfied with the way the office-based managers had dealt with any formal

complaints or informal concerns they had made about the service. A community professional said, "My clients tell us their issues are quickly dealt with at the branch when they arise."

● People were given a copy of the providers' complaints procedure when they first started using the service. This set out clearly how people could make a complaint and how the provider was expected to deal with any concerns they received.

● A process was also in place for managers to log and investigate any formal complaints made, which included recording any actions taken to resolve any issues raised. In addition, it was now the responsibility for an office-based manager to analyse quarterly the nature and outcome of complaints the service had received in order to identify emerging trends, and where appropriate, take appropriate action to improve.

End of life care and support

● The provider had an end of life policy and procedures in place. Care plans included a section where people could record their end of life care and support needs and wishes, if they wished too.

● People told us staff meet their end of life care needs and wishes. A relative said, "My [family member] is about to receive end of life care and I am confident staff from J. C. Michael will action everything required by the palliative care nurses."

● The registered manager told us the service would liaise with various external health care professionals, including GPs, district nurses, palliative care nurses and staff from local hospices, as and when required to ensure people who were nearing the end of their life continued to experience comfortable and dignified care at home.

● Records showed staff had completed and were up to date with end of life care training. A member of staff remarked, "I've supported a few people receiving palliative care and I never assume to make decisions for them about what they want to wear or would like to eat and drink…It's what I would want if I was nearer the end of my life."

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.

Continuous learning and improving care
At our last inspection, the provider had failed to ensure their governance systems were effectively operated to monitor the quality and safety of the home care service people received. Specifically, we found the outcome of the provider's satisfaction surveys and audits they had carried out in respect of complaints, accidents, near misses and safeguarding incidents were not always analysed to identify emerging trends and patterns. This meant the provider did not reflect on their practice to learn lessons and consider how they might improve the home care service they provided.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.
● It was clear from comments we received from the new registered and regional operations managers they both had a good understanding of the importance of quality monitoring and continuous learning and improvement.
● The quality and safety of the service people received was now routinely monitored by managers and senior staff. For example, the regional operations manager routinely visited the branches offices to audit records and care coordinators continued to regularly visit people in their own homes to speak with them and observe staff working practices.
● The registered, regional operations and deputy managers all confirmed they now routinely analysed the results of all the audits and checks described above, which helped them identify issues, learn lessons and develop action plans to improve the home care service provided.
● Managers also told us they had begun to operate the provider's existing electronic quality monitoring systems more effectively in the last six months. The registered manager gave us an example of how more frequent and in-depth analysis of their electronic call monitoring system meant they were able to identify which care staff were more likely to be late and to take appropriate steps to reduce this risk. We saw electronic information technology was also used to flag-up and alert the office-based managers when staff employment checks and training were about to expire and required refreshing.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
● We saw the service's last CQC inspection report and rating were easy to access on the provider's website

and a paper copy of the report was clearly displayed in their offices. The display of the rating is a legal requirement to inform people, those seeking information about the service and visitors, of our judgments.
● The provider had a clear vision and person-centred culture that was shared by managers and staff. The registered manager told us they routinely used group team and individual supervision meetings to remind staff about the providers underlying core values and principles.
● The registered manager was aware of their responsibilities under the 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. We saw several letters of apology the registered manager had written and sent to people using the service and their relatives after complaints they had raised were substantiated following internal investigations, including any lessons the provider had learnt and improvements they had made in response.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● The service had a manager registered with CQC who had been in operational day-to-day control of the Wandsworth and Croydon branches of J. C. Michael Group Ltd for the last 12 months.
● The registered manager told us although they were usually based at the offices of the Croydon branch, they were able to divide their time fairly evenly between the two South London offices. Furthermore, there were clear management and staffing structures in place which helped the registered manager run both branches simultaneously. For example, they were supported by a regional operations manager who was responsible for overseeing all four of this provider's home care services located in South London, and a deputy manager and two senior care coordinators who were permanently based in the Wandsworth offices. The deputy manager told us part of their role was to be in operational day-to-day control of the service in the absence of the registered manager.
● People using the service, their relatives and staff all spoke positively about the way the service was managed. One person said, "I think the fairly new managers and all the office do a pretty good job ensuring the service runs smoothly. I have complete faith in the managers and do like the new registered manager."
● The registered manager understood their responsibilities with regard to the Health and Social Care Act 2008 and were aware of their legal obligation to send us notifications, without delay, of events or incidents that affected their service and people using it.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider used a range of methods to gather people's views about what the agency did well or might do better. For example, people had regular opportunities to share their views about the quality of the home care service they received through regular telephone and home visit contact, and bi-annual satisfaction surveys. One person said, "The manager has recently sat with me to go through a satisfaction questionnaire with us."
● It was clear from the findings of the services most recent satisfaction survey conducted within the last six months that most people were happy with the standard of home care and support they received from this agency.
● The provider also valued and listened to the views of staff. Staff had regular opportunities to contribute their ideas and suggestions about the agency through regular one-to-one meetings with their line manager and group meetings with their fellow co-workers. The registered manager told us they had introduced an employee of the month and year scheme to recognise and reward the achievements of staff who had performed well. We saw the deputy manager was the current holder of the staff of the year award.

Working in partnership with others

● The provider worked closely with various local authorities and community health and social care professionals including GP's, Wandsworth and Merton's Clinical Commissioning Groups, district nurses, social workers, occupational therapists and palliative care staff from a local hospice.

● The registered manager told us they regularly liaised with these external bodies and professionals to share best practice ideas, which they passed onto their managers and staff. This helped to ensure people continued to receive the appropriate care and support they required.