

Mrs Maxine Maher

Diamond Care

Inspection report

3 Millfields
Station Road
Polegate
East Sussex
BN26 6AS

Tel: 01323489100

Date of inspection visit:
16 March 2018

Date of publication:
02 May 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Diamond Care is registered to provide personal care for adults of all ages in their own home. It can assist people who live with dementia, who have mental health needs and who have physical or sensory adaptive needs. At the time of our inspection the service was providing care for 14 older people.

The service had its office in Polegate and covered Eastbourne and the surrounding area.

The service was owned and operated by an individual who was both the registered provider and the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. In this report when we speak about the registered provider and the registered manager we refer to them as being, 'the registered person'.

At the last comprehensive inspection on 17 January 2017 the overall rating of the service was, 'Requires Improvement'. We found that there were five breaches of the regulations. This was because there were shortfalls in the arrangements that had been made to notify us about two occasions when there had been a concern that people had not been suitably safeguarded from the risk of abuse. There were also shortfalls in the assistance some care staff had provided to people to enable them to safely manage their medicines. Another concern referred to omissions in the way the registered person had obtained people's consent to parts of the care they received. We also identified that some care staff had not received all of the training that the registered person said they needed. This shortfall had increased the risk of care staff not having all of the knowledge and skills they needed. In addition to these shortfalls, we noted that the registered person had not consistently assessed, monitored and evaluated the operation of the service to ensure that people reliably received safe care and treatment.

We told the registered person to take action to make improvements to address each of our concerns. After our inspection the registered person wrote to us and said that the necessary changes had been made.

At the present inspection the overall rating of the service was, 'Good'. We found that most of the individual concerns we had previously raised had been addressed. We noted that the registered person had adopted new systems and processes that were designed to ensure that the occurrence of significant incidents were notified to us in the correct way. We also noted that care staff were supporting people to safely manage their medicines and that there were suitable arrangements to obtain people's consent to the care they received.

Although records showed that care staff had been given additional training in relation to key parts of their work, there were still examples of individual care staff who had not received all of the training planned for them. Nevertheless, we found that in practice care staff had the knowledge and skills they needed to care for people in the right way.

Lastly, documents and records showed that the registered person had further developed the quality checks they used to assess, monitor and evaluate the operation of the service.

Our other findings were as follows. People had been safeguarded from situations in which there was the risk of them experiencing abuse. People received safe care and treatment. This included being helped to avoid preventable accidents and being supported to manage medicines safely. There were enough care staff who were organised in the right way to complete care calls as planned. Background checks had been completed before new care staff were appointed and lessons had been learned when things had gone wrong.

Suitable arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. This included providing people with the reassurance they needed if they became distressed. People were helped to eat and drink enough to maintain a balanced diet. Also, suitable arrangements had been made to help people receive coordinated care when they moved between different services.

People had been assisted to access healthcare services and care staff had helped people to ensure that their accommodation met their needs and wishes.

People were treated with kindness and compassion. Also, care staff respected people's privacy and gave people emotional support when it was needed. Furthermore, people had been supported to express their views and be actively involved in making decisions about their care as far as possible. This included them having access to lay advocates if necessary. Confidential information was kept private.

Although people received responsive care that met their needs for assistance, information was not always presented to them in an accessible manner. However, people had been offered the support they needed to pursue their hobbies and interests and to engage in social activities. Furthermore, suitable arrangements had been made to promote equality and diversity. In addition, there were suitable arrangements for managing complaints and suitable steps had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

There was a registered manager who had taken a number of steps to enable the service to learn, innovate and ensure its sustainability so that it met regulatory requirements. Most care staff considered there to be an inclusive culture in the service and people who used the service had been consulted about its development. Furthermore, care staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns. In addition, the registered person was actively working in partnership with other agencies to support the development of joined-up care.

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.

Care staff knew how to keep people safe from the risk of abuse including financial mistreatment.

People had been supported to avoid preventable accidents while their independence was promoted. As part of this positive outcomes were promoted for people who lived with dementia if they became distressed.

Medicines were safely managed.

Suitable arrangements had been made to deploy sufficient care staff to enable care calls to be completed in the right way.

Background checks had been completed before new care staff were appointed.

People were protected by the prevention and control of infection and lessons had been learnt when things had gone wrong.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Care staff had not always received all of the training the registered person considered to be necessary. However, in practice they knew how to deliver care in line with national guidance,

People were supported to eat and drink enough to maintain a balanced diet.

People were assisted both to receive coordinated care when they used different services and to access on-going healthcare support.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

Care staff had helped people to ensure that their

accommodation met their needs and wishes.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, respect and compassion and they were given emotional support when needed.

People were supported to express their views and be actively involved in making decisions about their care as far as possible.

People's privacy, dignity and independence were respected and promoted.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

Care staff recognised the importance of promoting equality and diversity by supporting people to make choices about their lives.

People's concerns and complaints were listened and responded to in order to improve the quality of care.

Suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager who ensured that care staff understood their responsibilities so that risks and regulatory requirements were met.

People who used the service, their relatives and care staff were engaged and involved in making improvements.

There were suitable arrangements to enable the service to learn,

innovate and maintain its sustainability.

The service worked in partnership with other agencies to promote the delivery of joined-up care.

Diamond Care

Detailed findings

Background to this inspection

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

Before the inspection, we examined the information we held about the service. This included notifications of incidents that the registered person had sent us since our last inspection. These are events that happened in the service that the registered person is required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care calls provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

Shortly before our inspection visit to the service's office, we spoke by telephone with seven people who used the service and with one of their relatives. We wanted to find out what it was like to receive care calls from the service. We also spoke by telephone with five care staff so that they could tell us about their experience of working in the service.

We visited the service's office on 16 March 2018 and the inspection was announced. We gave the registered person a short period of notice because they are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection. We spoke with two care workers who were assisting the registered person to organise the completion of care calls. In addition, we met with the registered person and looked at the care records for four people who used the service. We also examined records relating to how the service was run including the times and the duration of care calls, staffing, the management of medicines, the obtaining of consent and the delivery of training. Lastly, we examined the systems and processes used to assess, monitor and evaluate the service.

The service was last inspected on 17 January 2017 when it was rated as, 'Requires Improvement'.

Is the service safe?

Our findings

At our inspection on 17 January 2017 we found that risks to people's safety had not been fully assessed, monitored and managed so they were supported to stay safe. This was because there were shortfalls in some of the arrangements care staff used when supporting people to manage their medicines. In particular, records did not consistently show that people had been given all of the assistance they needed to ensure that they used medicines on each occasion that their doctor said was necessary to promote their good health.

After the inspection the registered person wrote to us and said that they had made the necessary improvements to address our concerns.

At the present inspection we examined records which showed that people had been supported in the right way to manage their medicines safely. Furthermore, people told us that care staff had provided them with the assistance they needed to use their medicines at the right time and in the right way. They also said that care staff helped them to make sure that they always had enough medicines to hand so that they did not run out.

We also found that measures that had been taken to help people avoid preventable accidents. An example of this involved the registered person liaising with health and social care professionals so that people were provided with equipment to help prevent them having falls.

Care staff were able to promote positive outcomes for people who lived with dementia including occasions on which they became distressed. This is important because there is an increased risk that people will accidentally injure themselves and others around them if they become assertive in their manner. An example of the assistance provided was a member of care staff describing how they reassured a person when they became anxious by sitting quietly with them, chatting about subjects known to be interest to the person and giving them a cup of tea.

The provision in place had enabled people to receive safe care and treatment and had resulted in the breach of regulations being met.

People told us that they felt safe using the service. One of them said, "I'm very pleased to have Diamond Care helping me because I know all of the staff and there's not a bad one there." Another person remarked, "I'm glad I found Diamond Care in the end because it's reliable and is by far the best service I've had help me at home."

There were systems, processes and practices to safeguard people from situations in which they may be at risk of experiencing abuse. Although records did not show that all care staff had received the updated training the registered persons said they needed, in practice we found that care staff knew how to safeguard people from the risk of abuse. They knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated

with kindness and they had not seen anyone being placed at risk of harm. Also, we noted that the registered person had established robust systems to support care staff when handling people's money while shopping for them. This included care staff keeping a careful record of the money given to them and providing receipts to support the purchases they had made.

There were enough care staff to reliably complete all of the care calls that had been planned. Records showed that care calls were consistently being completed at the right time and they had lasted for the correct amount of time. This helped to reassure people that their care was going to be provided in line with their expectations. A number of people commented positively about this, with one of them saying, "The staff are actually very good and their time keeping is good taking into account the traffic around here. If they are running a bit late which isn't often, they usually call me on the telephone to let me know. I've never had a missed visit."

We examined records of the background checks that the registered persons had completed when appointing two new care staff. We found that a number of checks had been undertaken including with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. Also, references had been obtained from people who knew the applicants. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service.

Suitable arrangements had been made to help people to promote good standards of hygiene in their homes in order to prevent and control infection. Records showed that potential risks of avoidable infection had been identified when people first started to use the service so that action could quickly be taken to put problems right. Furthermore, care staff recognised the importance of preventing cross infection. We saw them wearing clean uniforms and they told us that they were provided with suitable personal protective equipment such as disposable gloves and aprons.

The registered person had ensured that there were systems and processes to enable the service to learn and for improvements to be made when things had gone wrong. This included the registered person analysing accidents and near misses so that they could establish how and why they had occurred so that action could be taken. This action included recommending to people that they seek professional advice about the installation of equipment in their home such as hoists. It also included people be advised about the benefits of subscribing to a lifeline service to enable them to quickly call for assistance if needed.

Is the service effective?

Our findings

At our inspection on 17 January 2017 we found that the registered person had not made suitable arrangements to always obtain consent to the care and treatment provided by the service. In particular, there were shortfalls in way the service ensured that people had consented to arrangements such as the use of bed rails that contributed to restricting their freedom.

After the inspection the registered person wrote to us and said that they had introduced more robust systems and processes to ensure that the service obtained consent in line with the requirements of the legislation.

At the present inspection we found that suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. This involved the registered person and care staff following the Mental Capacity Act 2005. This law provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that people were being supported to make decisions for themselves whenever possible. Care staff had consulted with people who lived in the service, explained information to them and sought their informed consent. We noted that since our last inspection the registered person had introduced a more robust system to identify when people lacked mental capacity so that the correct steps could consistently be taken to ensure that decisions were taken in people's best interests. An example of this was the registered person liaising with a person's representatives about how best to restrict a person's use of kitchen appliances so that they only accessed them when it was safe for them to do so.

The improvements made by the registered person had resulted in consent being obtained in the right way and so the breach of regulations had been met.

A further concern at our last inspection involved shortfalls in some of the training that the registered person had provided for care staff. In more detail, some care staff had not received training in key subjects including how to safety support people who experience reduced mobility.

After the inspection the registered person wrote to us and assured us that they had provided care staff with additional training. They also said that new checks had been completed to ensure that all care staff had the knowledge and skills they needed to obtain consent, manage medicines safely and support people who experienced reduced mobility.

At this inspection we examined records which showed that new care staff had received introductory training before they provided people with care. However, the registered person had not arranged for new care staff to be offered the opportunity to complete the Care Certificate. This is a nationally recognised system for

ensuring that new care staff receive all of the training they need to provide people with the right care. We raised this oversight with the registered person who assured us that in future all new care staff would be asked to complete the Care Certificate.

Records also showed that since our last inspection care staff had completed additional refresher training in relation to obtaining consent, the management of medicines and supporting people to move about safely. Records also showed that most care staff had received other training in relation to basic first aid and the prevention and control of infection. Although the delivery of some of this other training was poorly recorded, in practice care staff knew how to care for people in the right way. An example of this was care staff knowing how to support people who lived with particular medical conditions. Other examples were care staff knowing how to correctly assist people who experienced reduced mobility, who were at risk of developing sore skin or who needed help to promote their continence.

Also, people were confident that the care staff had the skills they needed and had their best interests at heart. One of them said, "The care staff who come to my home are very settled and I've known them for a long time. They know me inside out and the help I need." Another person remarked, "Even if it's not my usual carer it's not really a problem as there's only a very small staff team and everyone knows everyone else."

The improvements made by the registered person had resulted in care staff receiving more training and having the knowledge and skills they needed. However, although sufficient progress had been made to address the breach of regulations further progress needed to be made to offer new care staff the opportunity to complete the Care Certificate and to better record the delivery of refresher training. The registered person said that they would prepare an action plan to address the shortfalls we had identified. This would be done to ensure that in future all new care staff completed the Care Certificate before they finished their probationary period of employment. Also, the registered person said that they would audit all of the refresher training provided to existing care staff and that any oversights identified by the exercise would be addressed by the end of July 2018.

Suitable arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed that the registered person had carefully established what assistance each person needed before they started to use the service. This had been done to make sure that the service could reliably meet each person's needs and expectations. Records also showed that the initial assessments had suitably considered any additional provision that might need to be made to ensure that people's lifestyle choices were respected. This helped to ensure that they did not experience discrimination. An example of this was the registered person carefully asking people if they had a preference about the gender of the care staff who provided them with close personal care.

People were being supported to eat and drink enough to maintain a balanced diet. Records showed that some people were being given gentle encouragement to eat and drink regularly. For other people care staff were preparing and serving food so that they could enjoy having a hot meal. Also, care staff knew about how to safely support people if they were at risk of choking and needed to have their meals and drinks modified so that they were easier to swallow.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. An example of this was the registered person carefully liaising with health and social care professionals so that people who were in hospital could quickly have their care calls started again when it was time for them to be discharged.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dietitians. An example of this occurred during our inspection visit to the service's office. We heard a member of care staff telling the registered person about a person's deteriorating health care condition. We noted that the registered person immediately contacted the local community nursing service to advise them about the concern in question.

Suitable provision had been made to assist people to maintain their accommodation in a way that was right for them. An example of this was a care worker who had liaised with a person's relatives so that the garden did not become too overgrown. This had enabled the person to safely access their garden that was an activity they had always enjoyed. Another person appreciated how care staff often picked up any pieces of litter that may have fallen from their 'wheelie bin' so that their front garden was kept looking presentable.

Is the service caring?

Our findings

People were positive about the care they received. One of them remarked, "The care staff are very good and on most days you can set your clock by them." Another person remarked, "The care staff who call to see me are very kind and they'll think nothing of doing little extras for me and they're not clock watching and wanting to rush off. It's just a caring and personal service."

People told us that the service ensured that they were treated with kindness and that they were given emotional support when needed. An example of this was a person who said, "I had a bereavement in the recent past and the care staff were very supportive and recognised it was a difficult time for me. I found their help very reassuring." A further example was a member of care staff who described how they referred to a person who lived with dementia using their preferred middle name. This was because experience showed that the person was more willing to engage in conversations when this name was used.

We found that care staff knew about things that were important to people. This included staff knowing which relatives were involved in a person's care so that they could coordinate and complement each other's contribution.

People had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most people had family and friends who could support them to express their preferences. Records showed and relatives confirmed that the registered person had encouraged their involvement by liaising with them on a regular basis. Also, the service had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. We noted that care staff recognised the importance of not intruding into people's private space. Records showed that when people had been first introduced to the service they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring that people were safe and secure in their homes. In some instances this entailed care staff knowing how to obtain the keys to people's homes if they preferred not to answer their door bell. Also, there were arrangements for care staff to follow if they were not able to obtain access to someone's home. If necessary this included contacting the emergency services so that help could be provided if a person needed assistance and could not open their front door.

Care staff told us that they had received guidance about how to correctly manage confidential information. We noted that they understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis. Also, care staff were aware of the need to only use secure communication routes when discussing confidential matters with each other. An example of this was care staff saying that they never used unsecured social media applications for these conversations. This was because other people not connected with the service would be able to access them.

Is the service responsive?

Our findings

People said that care staff provided them with all of the assistance they needed. One of them remarked, "Over time I've developed a routine for my care visits that suits me and the staff. They know how I like it and things run smoothly on most occasions." Another person told us, "The care staff are always willing to change things at short notice if they can. As long as you give them reasonable notice they'll come earlier or later to fit around things such as me having a doctor's appointment."

People received personalised care that was responsive to their needs. Records showed that the registered person and care staff had carefully consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. These care plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. Other records confirmed that people were receiving the personal care they needed as described in their individual care plan. This included help with managing a number of on-going medical conditions, washing and dressing, changing position safely and promoting their continence.

The registered person said that as far as possible each person received their care from the same member of staff. This was so that people could be relaxed in the company of care staff who they knew them well. Several people commented on this aspect of the service. One of them said, "On most occasions I know who will be calling to see me and I really like that because I know who to expect. Very occasionally the system falls down and someone arrives who I hadn't anticipated but as I say it's very occasional only."

Care staff understood the importance of promoting equality and diversity and they had been provided with written guidance about how to put this commitment into action. An example of this was the registered person recognising that people may have cultural identities that influence the meals they choose to have and the way in which they dress. Also, we noted that the registered person knew how to support people who used English as a second language. They knew how to access translators and the importance of identifying community services that would be able to befriend people by using their first language. Furthermore, policies and procedures showed that the registered person recognised the importance of appropriately supporting people who chose gay, lesbian, bisexual and transgender lifestyles. This included being aware of how to help people to access social media sites that reflected and promoted their lifestyle choices.

We noted that suitable provision had been made to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. This included the registered person recognising the importance of thoroughly investigating and resolving issues to the satisfaction of the complainant.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. We noted that the registered person had gently asked people about the contribution they wanted the service to make to their end of life care. This included coordinating the support provided by the service with treatment delivered by health care professionals. It also included any support relatives wanted to receive when making arrangements to celebrate and commemorate a person's life.

Is the service well-led?

Our findings

At our inspection on 17 January 2017 we found that the registered person had not made suitable provision to enable the service to learn, innovate and ensure its sustainability. In particular, there were shortfalls in the systems and processes used to assess, monitor and improve the quality and safety of the service in the carrying on of the regulated activity.

After the inspection the registered person wrote to tell us that new and more detailed quality checks were being completed to better ensure that the service provided safe care that met people's needs and expectations.

At this inspection we found that the registered person had strengthened a number of the systems and processes used to manage the service. This included operating more robust arrangements to match the number of new care calls they agreed to undertake with the number of care staff they employed. This helped to ensure that staffing resources were used efficiently. Records also showed that the registered person and the acting care coordinators were more regularly completing a number of other quality checks. These checks included more carefully examining the records care staff created each time they completed a visit. This enabled the registered person to confirm that visits were being completed on time and that they lasted for the right amount of time. They also involved making sure that each person had been provided with all of the care they had agreed to receive. Also, records showed that senior care staff were more regularly completing unannounced 'spot checks' to make sure that care staff were in practice delivering care in the right way.

People told us that they considered the service to be well run. One of them said, "Yes, on balance I do think it's pretty well run. The visits are on time and the care staff are helpful and the bills are accurate. What else is there to comment on." Another person said, "Recently, it's been more difficult to contact the office because the administrator is on sick leave. But she's due back soon and so normal service should be resumed."

Furthermore, people who used the service, their relatives and staff were engaged and involved in making improvements. We noted that the registered persons had invited people to complete quality questionnaires to give feedback about their experience of using the service. Records showed that in their responses people had been consistently positive about the service. There were a number of examples of the suggested improvements being put into effect. One of these was a change that had been made to times when some of a person's care calls were completed so that they were more convenient.

The improvements made by the registered person to the service's ability to learn, innovate and ensure its sustainability had resulted in the breach of regulations being met.

At our inspection on 17 January 2017 we found that the registered person had not made suitable provision to ensure that we were promptly informed about significant incidents that had occurred in the service. This had reduced our ability to quickly establish that suitable provision had been made to keep people safe from the risk of harm.

After our inspection the registered person wrote to tell us that a number of improvements had been made to address our concerns.

At the present inspection we found that care staff had been given more guidance about the need to quickly report concerns to the registered person. We also noted that new systems and processes had been introduced to clarify when notifications needed to be made to us and who was responsible for doing it. These changes had resulted in notifications being managed in the correct way to enable us to be told about important incidents that may occur in the service.

The improvements made by the registered person to the systems and processes used to administer notifications to us had resulted in the breach of regulations being met.

The registered person was also acting as the registered manager and they had organised the service so as to achieve good outcomes for people. This included providing care staff with a number of policies and procedures each of which emphasised the importance of providing people with responsive care that promoted their dignity.

The registered person understood and managed risks and complied with regulatory requirements. As part of this the registered person had suitably displayed in the service's office the overall quality rating we gave to the service at our last inspection. This is important so that members of the public can be informed about how well the service is doing.

Care staff were clear about their responsibilities. There were two acting care coordinators who assisted the registered person to prepare the lists of care calls each member of care staff was expected to complete. We examined a selection of these lists and we found them to be well organised and neatly presented. Also, we noted that there was always a senior member of staff who could be contacted by care staff out of office hours if they needed advice. Furthermore, there were both staff meetings and circulars sent to care staff by the registered person to inform people about new developments and to further develop effective team working. These measures all helped to ensure that staff had the systems they needed to care for people in a reliable and coordinated way.

The registered person and care staff told us there was a 'zero tolerance approach' to any member of staff who did not treat people in the right way. As part of this care staff told us that they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

We found that the service worked in partnership with other agencies. There were a number of examples to confirm that the registered person recognised the importance of ensuring that people received 'joined-up' care. One of these involved the registered person liaising with the local authority to advise them about their capacity to offer a service to new people who needed care at home. This helped to ensure that people could benefit from using the service and in so doing it increased the overall capacity of local care at home providers to meet people's needs for assistance. Another example of cross sector working was the service keeping in contact with people when they were admitted to hospital. This was done so that their care calls could quickly be reinstated after their treatment had finished and they were ready to go home.