Devine Care Ltd

Bridgewater House

Inspection report

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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
Bridgewater House is a domiciliary care agency. It provides personal care to mostly older people living in their own homes in the London Borough of Hillingdon. It also supports some adults who are living with dementia and adults who have physical or learning disabilities. At the time of our inspection the service was providing care to 36 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People told us they felt safe. Where there were risks to people's safety and wellbeing, these had been assessed and the provider had done all that was reasonably practicable to lessen those risks.

People's care and risk management plans set out the care tasks they required help with and these contained personalised information about people and their preferences for how they liked to be supported.

There were robust systems in place to monitor the quality of the service and recognise when improvements were required. The provider was transparent and there was clear communication within the team, so they learnt from mistakes and made improvements when things went wrong.

We received positive feedback from people and their relatives about using the service. One person said, "The carers are very nice, we have a laugh. I look forward to them coming" and another stated, "They are kind and caring, they do things as I want." People said staff were caring and treated them with dignity and respect. Staff sometimes provided extra support and assistance to people when this was not part of people's contractual care arrangements.

The provider made sure there were enough staff to support people. Staff usually arrived at people's homes on time. Staff received induction, training and supervision and felt supported in their roles.

The provider sought feedback from people and relatives and used this to develop the service. People and staff were confident they could raise any concerns they had with the registered manager and felt they would be listened to.

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.

The registered manager and senior staff were responsive to and worked in partnership with other agencies

to meet people's needs.

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 good (published 20 June 2017). Since this rating was awarded the service has moved premises and has changed the location's name. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected
This was a planned inspection based on the previous rating.
The overall rating for the service has remained good. This is based on the findings at this inspection.

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.

Bridgewater 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 undertook telephone interviews with people and relatives. 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. It provides personal care to people living in their own houses and flats.

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

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

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

During the inspection-
We spoke with four people who used the service and five relatives of other people about their experience of the care provided. We spoke with six members of staff including the registered manager, care workers, and a person who was assisting the registered manager temporarily.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We emailed healthcare and social care professionals but did not receive a reply.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered location. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care workers who supported them. Their comments included, "I feel safe because I get the same carer all the time now, I treat her like a friend", "I'm frightened of falling in the shower but they always supervise me and make sure I don't fall over" and "if I don't answer the door, they get in with a key and ask if I'm alright."
- There was a safeguarding policy and procedures and staff were aware of these. Staff completed training on safeguarding adults and demonstrated how they would recognise and respond to safeguarding concerns. One staff member told us, "If we use the client's electricity, it can be seen as financial abuse. I had to report a carer because of this. If I see any abuse, I have to tell the office. If they didn't do anything, I would report to the local authority or CQC." The provider had systems in place for noting and responding to safeguarding concerns. We saw these were reported, recorded, shared with the local authority and investigated where appropriate.

Assessing risk, safety monitoring and management

- Care plans contained a personal assessment of the person's needs in a range of areas such as mobility, personal care, hearing and vision, communication and cooking. Each section recorded the level of help the person required. Where risks were identified, these were assessed and there were guidelines for staff to follow to help reduce the risk of harm. For example, where a person was assessed at risk of falls, there was a detailed falls risk assessment in place and we saw the person was referred to the occupational therapist for an assessment.
- Another person was at high risk of accidental harm due to difficulty with movement and coordination. Their risk assessment stated how staff could reduce this risk, by providing one to one support to help ensure the person's safety when completing a task such as cutting food.
- Risk assessments were clear and comprehensive and contained detailed descriptions of the risks, and how to minimise these. Care records contained body maps where any marks, bruises or wounds were recorded. For example, where a person had a skin condition, the areas of concerns were clearly recorded on the body maps and this was reviewed regularly. Care records contained information about the condition, so care workers understood how to care for the person and recognise signs of deterioration.
- During the assessment process, the provider had introduced a 'Client risk register'. This involved assessing the risks in a range of areas such as mental capacity, living arrangements, level of communication, sight and hearing, medicines and mobility. Based on the results, a person was rated green (low risk), amber (medium risk) or red (high risk). This helped staff identify those most at risk and monitor them closely. The register was reviewed and updated regularly when people's needs changed.
- The risk register contained a summary of each person, their medical condition, communication needs,

any important information about their personality including behaviours which may challenge, home situation and any relevant information for staff to know which may help with their care.

Staffing and recruitment

● The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity. New staff underwent training and were assessed as part of an induction, before they were able to work independently.

● There were enough staff to meet the needs of the people who used the service in line with their care packages. The registered manager told us they had a good core group of care workers who knew people well and had a good rapport with them. They told us they were currently recruiting another care coordinator as the previous one had recently left. In the meantime, they were receiving support from a senior person to help ensure the service continued to run smoothly.

● Responses about time keeping were varied but generally people said the lateness of care workers had improved. Some said care workers could still arrive up to half hour late but they did not mind as they usually phoned them, blaming the traffic or weather. Their comments included, "They come near enough on time, sometimes have traffic issues. They will always phone me up if they are going to be five to 10 minutes late" and "They're pretty good but don't always arrive on time. If they are more than 15 minutes late, I phone up to see where they are." One relative stated, "I've never had an issue with time keeping. In general, majority of carers arrive on time."

● The registered manager explained that they had dealt with the issue of lateness by only taking on care packages in the local area of Hayes. This meant that staff were caring for regular people in the same catchment area. This helped ensure they could attend to people on time. They added that should there be a problem and a care worker was unable to attend a visit, one of the senior staff was able to go immediately and ensure the person received their care as planned. We viewed recent visit monitoring records and saw that lateness was rare, and when this happened, it was by one or two minutes.

Using medicines safely

● People received their medicines safely and as prescribed. One person told us, "They get my tablets out of a locked cupboard and give them to me in a little pot with a glass of water." There was a policy and procedures for the safe administration of medicines and staff were aware of these. Staff received medicines training and regular refreshers.

● The senior staff carried out regular audits of people's medicines and the medicines administration record (MAR) charts. Where issues were identified, we saw an action plan in place stating what needed to be done and by whom. For example, where some staff had forgotten to put their initials in the designated box following administration, this was addressed with the staff member.

Preventing and controlling infection

● There was an infection policy and procedures in place and staff were aware of these. Staff received training in infection control. They were provided with adequate personal protective equipment such as gloves and aprons and were able to access more as needed. The registered manager told us they issued all staff with small bottles of hand sanitizer and small first aid kits.

Learning lessons when things go wrong

● Incidents and accidents were recorded. They stated the nature of the incident, date and time, what action was taken, and preventative measures in place. For example, where a person who used the service had ingested a toxic liquid, care workers noticed they were unwell during a visit, and acted promptly by calling emergency services. The person was taken to hospital for treatment, a safeguarding alert was raised, and family members informed.

● Lessons were learned when things went wrong. The registered manager told us, "We take incidents seriously and want people to feel confident and to report incidents. I expect people to take responsibilities and then we can look at issues and how to support staff learn and get better. That's why we put the risk register in place, so we could make sure we check the most vulnerable people often."

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.

This is the first inspection for this newly registered location. This key question has been rated good.

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's needs were assessed before they started using the service, to help ensure their needs could be met and assessments were used to write people's care plans. People were referred by the local authority who provided their own assessment of the person's needs.
- Assessments were detailed and contained the necessary information about the person, such as their healthcare needs, living arrangements, communication needs and mobility. Assessments also included how people wanted their care needs to be met.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained and regularly supervised. All the people and relatives we spoke with told us their regular care workers seemed to know what they were doing, and they trusted them.
- Staff received an induction which included an introduction to the service, its policies and procedures, and training in the principles of the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- The induction program was detailed and included a first day, first week, and four to six-week program. Following this, new staff were expected to shadow more experienced staff members and their competencies were assessed in a range of areas, such as personal care, medicines, meal preparation and bed making. Once assessed as competent, they were able to work unsupervised. One staff member told us, "We got a good induction. [Registered manager] asked all the questions. If you fail, [they] send you for another couple of days training. Until we get everything right, we can't work. The manager wants to make sure we know exactly what we are doing."
- Staff received training in subjects the provider identified as mandatory such as safeguarding, moving and handling, medicines, mental capacity and infection control. Staff also received training specific to the needs of people who used the service, such as dementia care, dignity and respect, end of life care, pressure care and diabetes monitoring. The training matrix indicated staff training was up to date and regularly refreshed.

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

- People's likes and dislikes were recorded in their care plan, and details of how they wanted their meals were recorded in their daily schedule of care. For example, one person's morning visit stated they liked porridge or cornflakes with warm milk and liked two sugars in their tea.
- People told us they were happy with the support they received with their meals. Staff mostly warmed up already prepared meals or prepared small snacks such as toast or cereals. Family members usually gave

staff instructions which were followed.

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

● People and relatives told us the care workers were observant, recognised if they were unwell and acted appropriately. One person stated, "Once I didn't feel well and my carer wanted to call an ambulance, but I wouldn't let [them]. [They] quickly phoned my [relative], who told [them] to call an ambulance and I ended up in hospital for weeks." Relatives told us staff would always call them if they thought their family members were unwell.

● People were supported to access healthcare professionals as needed, such as the district nurses, GPs and occupational therapists. People's healthcare needs were recorded in their care plans and included guidelines about how to meet these.

● The staff team regularly communicated with relevant healthcare and social care professionals in relation to people's needs so they could meet these effectively. The registered manager told us, "We work with the GPs, district nurses, community physios and social workers. The healthcare and social care professionals want to work with us, like PBS (positive behaviour support). We work with them as needed."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People told us they were consulted about their care, and their choices were respected. Where people were able, they had signed their documents to evidence they were consulted and understood the content of these. People's records contained signed consent forms in a range of areas such as personal care, meal preparation, moving and handling and support with medicines.

● Where people lacked the capacity to make certain decisions, they had their capacity assessed, and decisions were made in their best interests. Where restrictions were in place, the provider had made applications to the local authority as the supervisory body, to deprive people of their liberty.

● Staff received training on the principles of the MCA and demonstrated good awareness of this. They told us they consulted people before they supported them with personal care and gave them choice.

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.

This is the first inspection for this newly registered location. This key question has been rated good.

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 told us the staff who supported them were kind, caring and respectful. Their comments included, "The carers are very nice, we have a laugh. I look forward to them coming because some days I don't see anybody", "They are kind and caring, they do things as I want. They know where everything is and they just get on with it" and "They're good, they're pleasant, we have a little bit of a laugh. That's the object, to look forward to a friend coming to help you, which they certainly do."
● The provider had a sexuality policy in place which included details about how to support people from the Lesbian, gay, bisexual and transsexual (LGBT+) community. The registered manager told us they did not think they supported anybody from the LGBT+ community. However, care plans did not contain any information about this. We discussed this with the registered manager who told us they would address this and make the necessary improvements.
● People's religious and cultural needs were recorded and met. Staff received training in equality and diversity and demonstrated a good understanding of this. The registered manager told us, "We ask people at assessment time how they want to be supported. Their language, potential barriers etc. We have Muslim people. Women are not comfortable with male carers. We ask their preferences and consider that their rights. We try to match people's needs with carers."
● People for whom English was not their first language felt staff tried to communicate effectively with them. A relative told us how a care worker had tried to learn how to greet [their family member] in [their] own language. They said, "I think it's quite sweet that the carer has learnt a few phrases to greet my [family member] and sometimes my [family member] will even respond to [them]."

Supporting people to express their views and be involved in making decisions about their care
● People told us they were consulted and involved in decisions about their care. They told us staff took time to explain things and listen to them. One person stated, "They're not just caring, they provide loving care. They don't just do it, they're here for love. I think they're marvellous."
● People were supported to express their views by completing regular feedback forms, and during telephone monitoring. Documents we viewed indicated they were supported to participate and had signed to evidence their understanding. People were encouraged to express their views via quality questionnaires and telephone monitoring. Documents we viewed indicated people were happy with the service.

Respecting and promoting people's privacy, dignity and independence
● People and relatives told us the staff respected people's privacy and dignity at all times. A relative stated,

"They will take their time with [family member]. They reassure me that they will call me if they need to. They are mindful of [their] dignity, and always ask if they can do things like personal care before they start" and another relative said, "They always talk to [family member] and tell [them] what they are doing. They have one carer each side of the bed, one holds [their] hand and talks to [them], the other does what they have to do." The same relative added, "Staff are polite and professional. They chat to my [family member] respectfully, and we chat as if we are friends. I watch everything they do and I'm very satisfied with them."

● Staff we spoke with demonstrated how they supported people and respected their dignity and privacy. One staff member told us, "I encourage them to do as much as they can for themselves. I maintain their privacy and dignity. I have seen some carers who didn't respect people. I reported this."

● The registered manager told us they monitored closely how people were supported. They said, "We used to issue 'carer of the month' based on feedback. But I have stopped that now. I thought some carers might feel bad about it. It should be from your heart, not just trying to get an award. The client is key to what we do here. I make it very clear to all my staff. It is about our ethos. What we are about, that we care. We have a responsibility to our clients."

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered location. This key question has been rated good.

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's care plans were comprehensive and person-centred and were developed from the pre-admission assessments. Care plans were divided in sections which covered every area of the person's needs, such as mobility, communication, likes and dislikes, main language, cultural and religious needs and medical history. Care plans included details about people's agreed care visits, length of time for each visit and what people's needs were for each call.
- People told us they were consulted and involved in their care plans and reviews. One person stated, "Yes, I have seen my care plan. They came and brought the paper a few days ago and we discussed it" and a relative said, "I read and updated the care plan yesterday and sent it back. I think this gets done yearly."
- Staff completed log sheets at the end of each visit to record tasks undertaken and any concerns they might have. We saw staff used appropriate language and information was recorded in a person-centred manner.
- Where people's needs changed, the senior staff undertook a review of their needs, and, based on this , they communicated with the local authority who funded their care, to possibly increase the person's care package.

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.

- People's communication needs were recorded and met. One person's condition meant they were unable to express their wishes verbally. The person's care plan detailed how staff were to support the person with their communication needs. For example, where the person tended to mirror the demeanour of the care workers, they were advised to interact in a calm and relaxed manner.
- Staff had developed meaningful and effective ways to communicate with the person. The registered manager told us, "[Person] cannot communicate verbally. We have communication cards, we take [person] out to places. It is important for [them] to know where [they are] going so we show [them] the cards before going out. We show [them] pictures of the carer so [they] know. It is important for staff to understand the person, their ways of expressing their needs etc."

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

● Every Monday, the provider worked in collaboration with MENCAP and in a project called 'Me time'. They hosted activity groups such as arts and crafts and photography in their office space. In exchange, some of the people who used the service were able to take part in the organised activities and outings such as bowling, visits to the local leisure centre, gym and music.
● Staff supported people with a range of activities if this was part of their care plan. For example, one person was supported with swimming, dancing, basketball, shopping and Zumba. We viewed their pictorial activity programme which reflected this.
● Some people were supported to access outreach programs by the staff who provided their care. This included accessing various activities and clubs in the community. One staff member told us, "When they do the outreach, we have to evidence what activities we do for the clients. The manager is behind us all the time. He cares. That makes me feel safe."

Improving care quality in response to complaints or concerns
● There was a complaint policy and procedure in place and people were aware of these. The provider took complaints seriously and responded to these in a timely manner and in line with their policy. For example, a relative had complained about the behaviour and lack of care of a care worker. We saw that the provider had sent an acknowledgement and a full response within a week and appropriate action was taken in relation to the care worker.
● Staff told us the registered manager took people's complaints seriously. One staff member told us, "The most important thing is the client. If a client complains, the manager is there straight away."
● The provider kept a log of all compliments they received from people and relatives. We viewed a range of these. Comments included, "Thank you to [Care worker] and [Care worker] who we know had a very special relationship with [family member]", "One of the best care companies so far" and "[Care worker] does a very good job and [Family member] gets on well with her."

End of life care and support
● The provider had an end of life policy in place and staff received training in end of life care. At the time of our inspection, nobody was receiving end of life care. Care plans we looked at did not contain much information about people's wishes when they reached the end of their lives. We discussed this with the registered manager who told us people were reluctant to discuss this.
● The registered manager acknowledged however that it was important for staff to know how people wanted to be cared for when they reached the end of their life. They had introduced a new assessment tool which contained a section about end of life care, so they could improve this area. They also sent us after the inspection an improved version of their current care plans which contained a section about end of life care. The registered manager told us, "It will be in all the care plans, in terms of advanced decisions. We establish people's needs. Staff get training. We have new assessment forms which reflect this."

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.

This is the first inspection for this newly registered location. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● People said they used to see the registered manager when they first started with the agency but rarely saw or spoke to them now. However, they stated they were happy with the service and how it was run. Their comments included, "Someone rings up and asks me a question now and again to see if I'm satisfied with the agency, but I don't see the manager", "As a family, we are very happy with the agency. It's nice, they communicate well, and we have peace of mind" and "Every time I want to know anything I ring them up and they usually give me an answer."

● However, some people thought there was still room for improvement. One relative stated, "They do check regularly if everything's going ok and I'm happy, but they don't always follow things up." This relative told us they had made some changes to the care plan a while ago but said it was never completed by the office and returned to them.

● We raised these issues with the registered manager who explained that due to recent office shortages, they had not been as able to visit people as they had previously. They were hopeful this would improve soon. They also took immediate action to ensure all care plans were signed and sent back without delay.

● Staff told us they felt supported and valued by the registered manager. Their comments included, "I am well supported by the manager. I have no complaint", "It's very good. They always listen to any problems we might have. I am happy with the management" and "I am not going anywhere I am staying here."

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 provider understood their duty to report any accident or incident, to take appropriate action and to offer an apology if necessary. The registered manager told us, "We believe in transparency, sharing, and collaboration. We use any incident, work with the local authority and health authority. We try to notify them as much as possible. We engage them. We raise alerts. We report to CQC. It's about saying, yes, we made a mistake."

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

● The provider had effective auditing systems in place which included audits about recruitment, care plans, log books, accidents and incidents, staff files and medicines. Where concerns were identified, we saw an action plan was in place. For example, following a log book audit, a number of issues were found, including

lack of detail, poor handwriting and the use of blue ink.

● The registered manager explained that each month, they met as a team to look at the issues found during audits and decided what needed to be done, by whom and by when. We saw evidence that appropriate action was taken in a timely manner to make the necessary improvement, such as speaking with staff in supervision.

● The senior staff undertook regular spot checks of the care workers, so they could help ensure people received the support they needed. Checks included punctuality, personal appearance, ability to carry out care, knowledge and skills. They also checked if the care worker was wearing their ID badge, and if the person was satisfied. A staff member told us, "They call the clients to make sure we do our job well and wear our badge every day. We have to be on time. [Registered manager] cares so much."

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

● People were consulted and asked to complete quality surveys so feedback about the service could be obtained. We viewed a range of these and saw people were happy with the service. Comments included, "Happy with the care provided", "Carers arrive on time and are helpful and nice" and "Very good carers, nothing bad to say."

● A senior member of staff told us staff felt valued, involved and supported by the registered manager. They said, "[Registered manager] has a suggestion box, most companies don't have that. The office looks tidy and organised. [They have] a good relationship with the carers. [Registered manager] is a good person. I don't see any concerns at all."

● The provider had introduced 'welfare checks' for people who used the service. These were face to face meetings where people were asked if they were happy with their care, if they were eating and drinking well, and if they had any incidents or accidents in the past two weeks. Where a concern was identified, we saw appropriate action was taken. For example, where a person stated they had fallen, this was escalated to the local authority who commissioned the person's care so appropriate action could be taken.

● There were regular office staff meetings where a range of subjects were discussed, such as risk assessments and care plans, new referrals or any important information. There were also regular care worker meetings, where staff had the opportunity to discuss any concerns and share communication. Subjects discussed included people who used the service, annual leave and uniform.

Continuous learning and improving care; Working in partnership with others

● The registered manager had achieved a 'train the trainer' qualification in all the subjects they identified as mandatory, such as health and safety, medicines administration and safeguarding. This meant they were able to deliver training to staff as and when they needed this.

● The registered manager kept abreast of developments within the social care sector by attending meetings and training courses organised by the local authority. They added they increased their knowledge by liaising with a range of healthcare professionals such as occupational therapists, district nurses and the local hospital.

● The registered manager told us they subscribed to the CQC newsletters and accessed relevant social care publications. They told us, "I belong to a few groups on social media, where a lot of resources are circulated. I also read a lot of information about changes to the social care sector." They shared relevant information with the staff, so they felt informed and valued.