Care Your Way Limited

Care Your Way (East Grinstead) Limited

Inspection report

Bulrushes Farm
Coombe Hill Road
East Grinstead
West Sussex
RH19 4LZ

Tel: 01342327888

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We inspected Care Your Way East Grinstead on the 8 March 2016 and it was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that people would be available whom we needed to speak with.

Care Your Way East Grinstead provides personal care and support to people who wish to retain their independence and continue living in their own home. Personal care and support is provided for older people and people with a physical disability. At the time of our inspection 48 people were receiving a care service.

The service had a 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.

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and supported to access health care services if required. However the recording of PRN medicines were not always consistent and information was not consistently recorded. We have therefore identified this as an area of practice that needs improvement.

The experiences of people were positive. People told us they felt safe, that staff were kind and the care they received was good. One person told us "Yes. It helps me feel safer having someone here and more confident. I feel safe with all of them actually".

Assessments of risk had been undertaken and there were instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff at all times to meet people's needs. When the provider employed new staff at the service they followed safe recruitment practices.

The service considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

Staff felt fully supported by management to undertake their roles. They were given training updates, supervision and development opportunities. For example staff were offered to undertake additional training and development courses to increase their understanding of the needs of people using the service. One member of staff told us "I love the training. We are in a group with a company trainer and learn much more than we could through a computer. I refer back to the training material sometimes".

People confirmed staff respected their privacy and dignity. Staff had a firm understanding of respecting people within their own home and providing them with choice and control.

People were supported at mealtimes to access food and drink of their choice and were supported to undertake activities away from their home. One relative told us "If my relative wants something to eat in the morning they will get it for her. Food is delivered and they will put it in the microwave for her".

People and relatives said they were happy with the management of the service. People's comments included "Happy, I would think so. They have always got a manager in the office. There is always a point of contact". There were clear lines of accountability. The service had good leadership and direction from the registered manager. One member of staff told us "They respect the staff, they do listen, whether about work or anything outside that you need to discuss. The back-up is always there".

The registered manager and operations director monitored the quality of the service by the use of regular checks and internal quality audits to drive improvements. Feedback was sought by the registered manager through surveys which were sent to people and their relatives. Survey results were mainly positive and any issues identified acted upon. People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues. The provider responded to complaints in a timely manner with details of any action taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were supported to receive their medicines safely. However the recording of PRN medicines were not always consistent and information was not consistently recorded.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures. There were appropriate staffing levels to meet the needs of people who used the service.

Assessments were undertaken of risks to people who used the service and staff. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Is the service effective?

Good

The service was effective.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

Staff had the skills and knowledge to meet people's needs. Staff received an induction and regular training to ensure they had up to date information to undertake their roles and responsibilities.

People were supported at mealtimes to access food and drink of their choice in their homes and assisted where needed to access healthcare services.

Is the service caring?

Good

The service was caring.

People told us the care staff were caring and friendly.

People's privacy and dignity were respected and their

independence was promoted.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Staff were aware of people's preferences and how best to meet those needs.

Is the service well-led?

Good

The service was well-led.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

People and staff we spoke with felt the registered manager was approachable and supportive.

The registered manager and provider carried out regular audits to monitor the quality of the service and drive improvements.

Care Your Way (East Grinstead) Limited

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 provider is meeting 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.

The inspection took place on the 8 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be available to speak with us.

The inspection team consisted of three inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with 12 people who use the service and 6 relatives on the telephone, five care staff, one co-ordinator, registered manager and the operations director. We observed staff working in the office dealing with issues and speaking with people who used the service over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the

care records for six people, medicine administration record (MAR) sheets, six staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

We contacted two health care professionals after the inspection to gain their views of the service.

This is the first inspection of this service which was registered in February 2015.

Requires Improvement

Is the service safe?

Our findings

People and relatives told us they felt safe using the service. One person told us "Yes. It helps me feel safer having someone here and more confident. I feel safe with all of them actually". Another person said "Yes I feel safe, they are all very careful and respectful. I am mentally alert and they respect that". A relative told us "Very much so. They have been very good with my dad".

One health professional told us "I completed two visits with carers from Care Your Way, where they were showering a customer. Each visit there were two carers, from what I observed they were competent at hoisting the customer from their wheelchair. They needed advice and guidance on how to use glide sheets to assist with rolling the customer, and also on how to ensure the customer was positioned correctly back into her wheelchair afterwards. I had no concerns over their ability to carry out their tasks in a safe manner".

People were supported to receive their medicines if required. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Staff were able to describe how they completed the medication administration records (MAR) in people's homes and the process they would undertake. Staff also received a medicines competency assessment to ensure this. One member of staff told us how they saw the medication training as in depth and very practical, they said "We had to show how we check everything and we had to explain our actions. Then my manager came out and watched me giving medicines at work, so she could sign off that I was competent". We looked at completed records of spot checks which were found to be comprehensive to ensure staff were safely administering or prompting medication. Medicine administration records (MAR) were audited and errors investigated and the member of staff then spoken with to discuss the error and invited to attend medication refresher training if required. One person told us "They give me my medication because I forget". When asked if they received their medicines on time we were told "As near as damn it. They have lots of places to go. There's a big book they all sign". One relative told us "The medication is locked away in the kitchen. They administer it three times a day. There's been an improvement in him since they started giving him his medication. They collect the prescription every week which is very helpful to me."

PRN (as and when required medicines) protocols or details were not consistent on the MAR's. We looked at six MAR charts and saw that PRN medicine had not been recorded in line with the policy in two of these. The provider's medication policy 2015 stated that the reason why the PRN medicine was taken should be recorded and that the staff must check with the prescriber for guidance on when to administer. It is good practice to record the reason when a PRN medicine is given and whether it was effective or not. Also if a person is using a PRN medicine frequently it is best practice to ask their GP to review with a view to potentially making it regular if required. For example in the case of pain medication a review may be necessary to ensure that a person's pain is being adequately controlled. We discussed this with the registered manager and operations director who told us they would look into this and ensure that staff were recording correctly. We have therefore identified this as an area of practice that needs improvement.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it

occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff were able to describe the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff told us they had experience of reporting a concern over self-neglect, where a person was not allowing staff to provide personal care and said "It got sorted with the help of social services". Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff told us had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

We saw the service had skilled and experienced staff to ensure people were safe and cared for on visits. We looked at the electronic staff rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. We spoke with the member of staff who organised the staff rotas. They told us "We could do with some more staff, but we ensure everyone gets their calls and myself and the manager help out with calls when needed". The registered manager told us "Recruitment of staff is ongoing, we have vacancies which can be a challenge to fill. Head office helps us with recruitment and we have some interviews planned for next week".

Individual risk assessments were reviewed and updated to provide guidance and support for care staff to provide safe care in people's homes. Risk assessments identified the level of risks and the measures taken to minimise risk. These covered a range of possible risks such as nutrition, skin integrity, falls and equipment. For example, where there was a risk to a person regarding falling in their own home, clear measures were in place on how to ensure risks were minimalised. In one care plan it detailed that staff should ensure the person used their walking aid to support them when walking. Staff could tell us the measures required to maintain safety for people in their homes. Systems were also in place to assess wider risk and respond to emergencies. We were told by the registered manager and staff that the service operated an out of hours on-call facility within the organisation, which people and staff could ring for any support and guidance needed. One member of staff told us "We can call the on-call phone when we need to and someone is always available for support and guidance".

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the registered manager had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff. Once staff were trained, they shadowed an experienced member of staff until they felt safe and competent in their role.

Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident records. We saw details and any follow up action to prevent a reoccurrence of the incident. Any subsequent action was updated on the person's care plan. We were told of improvements that had occurred in the recording and auditing of accidents and incidents. This included an audit tool that documented and detailed the accident or incident and what actions were taken. This would be reviewed regularly for any trends.

Good

Is the service effective?

Our findings

People told us they felt the staff had the right attitude, skills and experience to meet their needs. One person told us "I think the member of staff we are having most regularly is certainly well trained". Another said "I believe so. They seem quite knowledgeable and professional in what they do". A relative told us "Yes I do think they are skilled. I am sure they are well trained".

People were supported by staff that had the knowledge and skill to carry out their roles. The registered manager told us all staff completed a company induction which incorporated the Skills for Care care certificate before they supported people. The certificate sets the standard for new health care support workers. The induction including training sessions and workbooks for staff to work through and shadowing a more experienced staff before they started to undertake care calls on their own. Staff would also be observed delivering care and support to people. The length of time a new member of staff shadowed was based on their previous experience, whether they felt they were ready, and a review of their performance. This also gave people the chance to get to know new staff visiting them before they worked on their own. Staff spoke highly of the induction and felt it provided them with the confidence and skills to deliver effective care.

Staff also attended a variety of essential training which equipped them with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in various areas including moving and handling, first aid, fire safety and infection control. Training was held in a training room at the service or the head office. Staff were supported to undertake qualifications such as a diploma in health and social care. Staff spoke highly of the training provided and one told us "I love the training. We are in a group with a company trainer and learn much more than we could through a computer. I refer back to the training material sometimes". Another member of staff told us "I like the training, it's much better having a trainer coming in than using a computer. It's all refreshed annually".

Staff told us that they received supervision by their manager on a regular basis. During this they were able to talk about whether they were happy in their work, anything that could be improved for the workers or the people they cared for and any training that staff would like to do. In addition staff said that there was an annual appraisal system at which their development needs were also discussed. One member of staff told us "Supervision is regular and helpful, and spot checks are really important to make sure clients get what they should. It keeps you on your toes. Spot checks are done by the manager and coordinator, it keeps them in touch, and they do care calls too".

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. Staff had knowledge and understanding of the (MCA) because they had received basic training in this area. People were given choices in the way they wanted to be cared for. People's capacity was

considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for and that they always asked permission before starting a task. On the walls in the office they were posters around MCA as a reminder for staff. The registered manager told us that all the staff had been booked on a specific mental capacity training session to gain further knowledge in this area.

We were told by people and their relatives that most of their health care appointments dealing with health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments. If needed they liaised with health and social care professionals involved in people's care if their health or support needs changed.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members or themselves and staff were required to reheat and ensure meals were accessible to people. One member of staff told us "Most people need a drink, or more than one, left for them at the end of a visit. Some people need help to operate a microwave so we do a lot of microwaved meals". People's nutritional preferences were detailed in their care plans. For example in one care plan it detailed that a person had an allergy to certain foods. Another care plan detailed a person's drink preference and what drinks they preferred throughout the day. This included the person preferring a tomato juice with breakfast and glass of squash at lunchtime. One person told us "They come in and make sure I have something to eat. They get me toast and butter and jam. I'm not very fussed about food. Not fussed about a big dinner. As long as they give me a bit of toast and cheese I am quite contented". A relative told us "If my relative wants something to eat in the morning they will get it for her. Food is delivered and they will put it in the microwave for her". The registered manager told us that if they or staff had concerns about a person's nutrition or weight they would seek advice from health professionals.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were caring and listened to their request and choices. One person told us "I do think they are caring, yes. They always chat and want to know how I am". Another person said "I think they are extremely good. One that I deal with a lot has gone over and above to help me". A relative told us "Yes they are caring, very much".

People told us they had a mixed experience of seeing regular staff and were not always advised in advance or knew who was coming. People's comments included "I have four carers to help me, they don't normally change carers", "The staff switch. It's invariably different staff", "I have two regular carers, I have had one since 2014 I like to have regular carers" and "Most of the time regular. We get one or two changes, they just turn up". A relative told us "Yesterday my relative said he had seen someone different. I think mostly they are consistent". A member of staff told us "We aim to see the same people but if there is staff sickness or holidays we have to move care staff around on the rotas". The member of staff responsible for the rotas told us how they were currently working on the scheduling to achieve more consistency for people and staff and foresees achieving a more self-sustaining system.

Care staff demonstrated kindness and empathy towards the people they supported. One member of staff told us "It is really important to make sure that people are ok and what we can do to help them. If we notice something is not right we would speak with them and report it to the office if needed". Another member of staff described the work with a person who was reluctant to acknowledge their need for support. They told us "I have got to the point where she wants to converse, and found what things mean a lot to her. That enabled her to move on and she came out with missing fish and chips. The manager agreed to add it to their care plan that on a Saturday a carer arrives with fish and chips for her".

Care staff were aware of the need to preserve people's dignity when providing care to people in their own home. Care staff we spoke with told us they took care to cover people when providing personal care, and helped people to cover their top half, for example, before washing their lower half. They also said they closed doors, and drew curtains to ensure people's privacy was respected. People we spoke with confirmed their dignity and privacy was always upheld and respected. One person told us "I think so, yes. They close my door of the wet room. And they dress me comfortably".

Staff recognised the importance of promoting people's independence. People confirmed they felt staff enabled them to have choice and control whilst promoting their independence. Care plans provided clear details on how staff could promote independence. One care plan recorded a person with compromised mobility needed support and encouragement to move from their wheelchair to another chair and how staff were to promote their independence and let the person do as much as they can for themselves. One relative told us "My relative can't be independent. She is completely dependent. They will offer to get her ready for bed but won't make her go to bed."

People's confidentiality was respected. Care staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to one person. Care staff rotas were collected from

the office. Information on confidentiality was covered during staff induction, and the service had a confidentiality policy which was made available to staff.

People said they could express their views and were involved in making decisions about their care and treatment. People and relatives confirmed they had been involved in designing their care plans and felt involved in decisions about their care and support. One relative told us "We were involved in the beginning. We met with social services and Care Your Way".

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. People felt that staff were well matched with them. One person told us "Yes I think we are well matched. I feel they think about that".

There were two copies of a care plan one in the office and one in people's homes. We found them to be person centred and details recorded were consistent. For example care plans contained a person's life history and details on likes and dislikes. One care plan detailed a person's working career and how they liked to read and knit. Another detailed how a person liked to have their bedside light left on when assisted to go to bed. Care plans were informative enough for care staff to understand how to deliver care and for the ease of use for people. The outcomes of this care planning for people included the support and encouragement needed to enable them to remain in their own homes for as long as possible. Staff felt the care plans were detailed and gave the right amount of information required to support people. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care, nutrition and moving and handling. People's well-being was also recorded and any concerns raised were documented. Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The care records were easy to access and were clearly set out. They gave descriptions of people's needs and the care staff should give to meet these. In one care plan it detailed when the person was assisted to bed they liked their head and feet slightly raised. In another a person who was at risk of falls staff needed to ensure the person used the correct equipment recommended by an occupational therapist. One member of staff told us "We have one person who likes to go out shopping if they feel well enough, so we support them and take them to the shop they would like to go to".

People and relatives felt the service provided person centred care. One person told us "She [the member of staff] does completely what I want her to do. There are some things she is not insured to do and so I don't ask her to do those things". A relative told us "I think because of my relative's situation she is what they are there for, so I would say it is person centred". Another told us "My relative has mainly female carers. We've had a couple of male carers at times. They are alright".

The registered manager spoke with passion on how they felt the service and staff provided person centred care and was flexible to people's needs. They told us how the service was responsive to people and their likes and dislikes they told us "It's sometimes the little things that people like, we have one lady that likes her towel put in the tumble dryer to ensure it is nice and warm after they have washed themselves, so we ensure this is done for her".

Staff told us that on the whole there was enough time to carry out the care allocated and enough travel time in between visits to people. One member of staff told us "There is always enough time to do what is in the care plan but it can feel there's not always enough time to offer quality time. Rota planning is attentive to fitting people's needs and their preferences and sufficient gaps between medicines being given. If staff are

delayed for any reason, the office is effective in keeping people informed. Travel time is ok, it tends to balance out over a shift". Another member of staff told us "Length of visits are fine, if we over-run it's because we need to over-run, chatting is important. We monitor wellbeing and build up a working relationship. People need to know it's safe to share with you".

People and relatives were aware how to make a complaint and felt they would have no problem raising any issues. People were given documentation when they started using the service. This included the complaints policy and procedure. Complaints were recorded and addressed in line with the policy. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally and with a good response. One person told us "I have complained before. They accepted there was a problem". A relative told us "How to complain and other things are all written down in the contract. They left us with a big folder. Anything we need to know is in it".

Good

Is the service well-led?

Our findings

People and relatives said they were happy with the management of the service. People's comments included "Happy, I would think so. They have always got a manager in the office. There is always a point of contact", "I am pleased with the whole service. I'd give them 8 out of 10.I couldn't do without them" and "I am absolutely satisfied with them. No problems".

People's comments around communication included "When I phone the response is very good". Another person said "Really good. They always respond. There is not a delay in responding". A relative told us "It's all pretty good. I have to phone them out of hours and I always get a response from them".

A health professional told us 'We have had two negative experiences with them in the past, however, we do recognise a significant improvement in communication with our team, and an improvement in client safety, effective responses to our advice, a good caring attitude, and increased sense of responsibility and leadership since the new registered manager came in to post. She communicates with me directly if she has any concerns regarding our mutual clients and works with any patient care plans I share with her.

Staff felt they had good communication with the manager through meetings, phone calls and coming into the office. One member of staff told us "They respect the staff, they do listen, whether about work or anything outside that you need to discuss. The back-up is always there". Another member of staff said "I have worked with the care coordinator and the manager. I feel that's really good, to know they understand the nature of the work, and for them they see that people get a good quality service. I've also had two spot checks. I can't fault them. I know I could phone up any time. No issues with on-call cover they ring back immediately".

The registered manager and staff told us they had regular office meetings and communication which gave them a chance to share information and discuss any difficulties they may have. This also gave them an opportunity to come up with ideas as to how best manage issues or to share best practice. They told us "I have a good team and I like to work out in the field with them and see people and make sure they are happy with everything". A member of staff told us "Meetings are good for discussions about changes in client's needs and we can share how we work with people. We communicate well anyway through client log books but in discussion you can cover more information and ideas. We get our rotas on Fridays and that's another opportunity to meet with colleagues".

The registered manager and operations director monitored the quality of the service by the use of regular checks and internal quality audits. The audits covered areas such as training, complaints, staffing and care records. Highlighted areas needed for improvement were reviewed and findings were sent on a regular basis to the provider and ways to drive improvement were discussed. The registered manager and co-ordinator also carried out a combination of announced and unannounced spot checks on staff to review the quality of the service provided in people's homes. Feedback from people and relatives had been sought via surveys. Comments from a recent survey were mostly positive. Comments included "If a carer is going to be late, a call would be appreciated to inform" and "Very happy with the service, helps me to stay in my own home".

The surveys helped the provider to gain feedback from people and relatives about what they thought of the service and areas where improvement was needed.

In the providers PIR they stated that they had introduced an incentive scheme to boost moral and culture and drive up quality 'We have introduced carer of the month awards which are judged by our externally chaired quality assurance board. Each office manager nominates individuals that have shown quality of service, compassion, caring and kindness to clients. This is to give recognition to good practice and promote to all staff the benefits of ensuring that our clients are well cared for. We are currently designing a newsletter for all staff so that the reasons for nomination can be promoted throughout the organisation'. On the inspection we spoke with a member of staff who had won this award and told us they were very happy to win.

The operations director told us how the provider was currently recruiting two specialist's to trial in their branches. The roles included a care assessor whose responsibilities would include carrying out the assessments of new members of staff and care skills as per the requirements of the care certificate to observe the care being delivered and support staff. And a dementia specialist who would receive additional training to ensure that they have in depth knowledge of the requirements to best support a person who is living with dementia. The role would incorporate assessments of people, working knowledge of assistive technology and to provide information and support to staff working with people who are living with dementia.

The registered manager attended a managers meeting with colleagues every other month and told us how useful these were. The provider also held a quality assurance board and safeguarding board to discuss good practices within each of their branches and learning from this was relayed to the registered managers at the bi monthly managers meetings. Minutes of the meetings were collated in a folder and kept at the head office for the manager to refer back to if required.

The registered manager understood their responsibilities in relation to the registration with the Care Quality Commission (CQC). Staff had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.