

Nema Home Care Limited

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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

This inspection took place on 24 October 2017 and was announced. Nema Home Care Limited provides personal care to people in their own homes. At the time of our inspection, nine people were using the service.

This is the first inspection of the service since registration with the Care Quality Commission on 30 October 2016.

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.

People using the service and their relatives were happy that staff provided them with safe care. Staff followed safeguarding procedures to protect people from the risk of abuse and poor practice. People's care delivery supported them in a manner that managed hazards to their well-being and promoted positive risk taking.

People received the support they required to take their medicines safely. Medicines management at the service was in line with the provider's procedures and best practice guidance.

Staff underwent appropriate recruitment checks before they started to provide care. The registered manager ensured they deployed sufficient numbers of staff to meet people's needs. Staff knew how to protect people from the risk of infection by following good practices and use of personal protective equipment.

People using the service and their families were very complimentary about the compassionate and kind manner in which staff delivered care. Staff treated people with respect and supported them to maintain their privacy and dignity. Feedback from people indicated that staff involved them in making decisions about their care.

Staff knew people's needs and understood how they wanted their care delivered. Staff had developed positive working relationships with the people they supported.

People were supported by staff who had the skills and experience required to undertake their roles. Staff had regular supervision which provided them with opportunities to discuss their practice. People received the support they required to eat, drink and to access healthcare services.

People's care met the requirements of the Mental Capacity Act (MCA) 2005. Staff obtained people's consent before they provided care. People who were unable to give consent to care had decisions made in their best

interests.

People using the service and their relatives were happy that the registered manager actively sought their views. They were encouraged to make a complaint about their care when needed. The registered manager used people's feedback to develop the service.

The registered manager carried out an assessment of people's needs and developed detailed support plans for care delivery before they started to use the service. People's support plans were reviewed regularly and provided guidance to staff about how to provide care in line with each person's changing needs.

Staff were motivated in their work and understood their roles and responsibilities. People using the service, their relatives and health and social care professionals spoke highly of the registered manager. There was a person centred culture at the service.

The provider had appropriate quality assurance systems to monitor the care provided and used technology innovatively to aid staff learning and drive improvement at the service. The registered manager reviewed and monitored the quality of the service consistently and was proactive in their manner to improve people's care.

The registered manager monitored staff's punctuality and the time they spent in people's homes to ensure people received care when needed. People using the service benefitted from the collaboration of the registered manager with external agencies and other healthcare professionals.

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. People were safe from abuse because staff knew how to identify and report concerns about their welfare. People received care that was appropriate to manage identified risks to their health and well-being.

People received care from a sufficient number of staff who underwent appropriate recruitment checks. Staff supported people to take their medicines when needed and had received training to undertake this duty.

Staff minimised the spread of infection through good hygienic practices.

Is the service effective?

Good 

The service was effective. People received effective care because staff were trained and skilled to undertake their roles. Staff had the support they required in their work and underwent regular training and supervision to develop their practice.

People's care and support was in line with the requirements of the Mental Capacity Act 2005. Staff sought people's consent before providing support.

People received support to eat and drink sufficient amounts and to access healthcare services when needed.

Is the service caring?

Good 

The service was caring. People were happy with the care and support they received which staff delivered with kindness and compassion.

Staff had developed positive working relationships with the people they cared for. People were involved in planning their care and support. Staff knew people well and respected their wishes about how they wanted their care delivered.

Staff treated people with respect and maintained their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive. People received care that met their individual needs. Care plans were developed from information gathered at assessment to enable staff to understand the support people required.

People's care responded to changes in their needs and support plans were reviewed and updated regularly.

People using the service and their relatives knew how to make a complaint and were confident about raising a concern.

Is the service well-led?

Good ●

The service was well-led. People were at the centre of all decisions made at the service. People using the service, their relatives and staff said the registered manager was approachable.

The registered manager focussed on providing high standards of care. People and staff felt empowered to share ideas and give feedback about how to develop the service.

There were appropriate quality assurance systems at the service. The standard of care improved because of the timely manner in which the registered manager acted on audit findings.

People benefited from the close working partnership of the registered manager and external organisations and other health and social care professionals.

Nema Home Care 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 checked 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.

This inspection took place on 24 October 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events, which the provider is required to send us by law. We reviewed the Provider Information Return (PIR) form sent to us. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During our inspection, we contacted and spoke on the telephone with seven people using the service and four of their relatives. We also spoke with the registered manager, care manager, quality assurance officer and four members of care staff. We reviewed records about the management of the service including audits to monitor the quality of care. We checked feedback the service had received from people using the service and their relatives, health and social care professionals and staff.

We looked at six people's care records, their medicines administration records and risk assessments. We reviewed seven staff files and records relating to recruitment, induction, training, supervision, appraisals and duty rotas.

After the inspection we received feedback from two health and social care professionals about their experiences with the service.

Is the service safe?

Our findings

People using the service and their relatives commended staff about the care and support they delivered. Comments made included, "I am so pleased to have the support of staff who make me feel at ease." "I have never felt safer. The staff are good." "I know [family member] is safe with the [staff]." "The [registered] manager brought [a member of staff] during the day to show them around. That made me feel comfortable, safe and secure." People told us that they had formed trusting relationships with their care workers and no one had concerns about their safety.

People received care that minimised the risk of abuse. Staff showed a good understanding of safeguarding adults and were able to describe the types of abuse and the reporting procedures to follow if they had any suspicions a person was at risk. One member of staff told us, "I would raise any concerns with the [registered] manager." Records confirmed staff received safeguarding training and attended refresher courses on how to keep people safe from abuse. The registered manager held group sessions with staff and discussed safeguarding scenarios and how they were expected to support people. The registered manager understood what constituted potential harm to people and the action to take whilst raising the matter with the local authority safeguarding team. There were no safeguarding issues at the time of our inspection.

People were protected from the risk of avoidable harm. One relative told us, "They [staff] know how to use equipment such as the hoist." The registered manager carried out an assessment of risks to people's health and well-being including their home environment before they started to use the service. Risk management plans contained sufficient details for staff about how to support people safely. The registered manager carried out reviews to identify and manage risks when delivering care to people. People using the service and their relatives did not have concerns about how staff managed the identified risks to their health. Staff knew how to encourage positive risk taking such as supporting people to undertake tasks they considered risky without denying them the opportunity to be independent. People's daily logs showed that staff followed guidance to support them safely with personal hygiene, cooking and eating.

People using the service, their relatives and staff had access to an on-call system for advice. The system enabled people to contact the office if they had an emergency and for staff to seek guidance when faced with unfamiliar situations. People had contact details of the office, registered manager and care coordinators. People told us office staff answered their calls without delay and acted on their requests. Staff were happy that the registered manager responded in a timely manner and that they came to the person's home for additional support when required.

The provider had a business continuity plan that indicated appropriate arrangements to deal with unforeseeable emergencies such as disruption caused by adverse weather, major travel disruption and emergency staff absence.

People were supported by staff who understood how to minimise the risk of accidents. Staff told us they did not undertake tasks that they had not received training for, such as using a hoist or administering medicines. The registered manager was proactive in sharing with staff on the company's social media

platform about incidents and accidents reported in the national press involving people receiving care services. Staff told us this communication alerted them to potential incidents. The provider had a tracker designed to monitor trends and near misses which enabled them to understand the areas staff needed support to reduce the likelihood of an incident. There were no incidents to people using the service since the service's registration. Staff wore uniforms and carried identity badges which enabled them to identify themselves to the people they supported and to minimise the risk of imposters.

People received the support they required when needed. Comments made by people using the service and their relatives included, "The carer [staff] is always on time." "On one occasion when the train was late they [office staff] called to let me know." Sufficient numbers of staff were assigned to support each person before they started to use the service. The registered manager regularly reviewed people's needs and ensured staffing levels were adequate to support them safely.

People told us they were happy that they received care from regular members of staff and they knew their cover when they were unavailable. One person said, "[Family member] has got used to [member of staff] and they are happy with the care." The provision of regular members of staff to support people ensured each person had continuity of care. Staff told us and duty rosters confirmed the registered manager covered annual leave, sickness and absences due to training. Staff used the provider's issued mobile phones which enabled the registered manager to monitor electronically their visits and punctuality and reduce the risk of missed calls. We saw the registered manager took appropriate action when a member of staff was late for a call and had discussed the concern in a staff meeting. The commissioning team who made placements at the service monitored staff visits to people and had no concerns about the service. The registered manager told us and records confirmed that there had not been missed calls since registration of the service.

People's care was delivered by staff who were vetted as suitable for their role. New staff underwent appropriate recruitment checks before they started to deliver care to people. The provider had effective systems that they followed to carry out pre-employment checks on staff's eligibility to work in the UK, employment history and references, proof of identity and their fitness to practice. Disclosure and Barring Service checks were carried out to ensure staff were suitable to provide care and did not have restrictions to work with people considered vulnerable. New staff completed a probationary period before the registered manager confirmed them in post.

People took their medicines with the support from staff when required. The registered manager carried out assessments to determine each person's ability to manage their medicines. Records highlighted where a family member was involved to avoid any medicines administration errors. Staff knew the support people required with their medicines and understood the provider's procedures and protocols to follow. Staff had received training in managing people's medicines and were assessed as competent for that role. The service had not received any concerns about how staff managed people's medicines. Medicine administration records (MAR) were accurately completed indicating staff had supported people to receive their medicines as required.

People were supported by staff who knew about infection control and followed good hygienic practices. Staff told us that they wore personal protective equipment such as gloves and aprons when they supported people with a shower or a bath. Staff knew handwashing techniques and said they washed their hands before and after handling food and medicines. Records confirmed staff had received training about infection control and food hygiene.

Is the service effective?

Our findings

People using the service and their relatives were happy with the care provided. They were comfortable with the staff and had confidence in their work. People's comments included, "Most definitely 100% good at their jobs", "Well trained and informed" and "Yes they know what they are doing."

People were supported by staff who knew how to provide care. One person told us, "My helper [member of staff] is very good. [He/she] is very efficient and I have no complaints. [He/she] is very professional." New staff completed an induction which included meeting people and familiarising themselves with their care plans and the provider's policies and procedures. They shadowed experienced colleagues and undertook classroom based and e-learning. Staff new to care undertook Care Certificate training, a nationally recognised induction qualification that introduced them to standards expected in care. Staff told us the induction made them confident and able to meet people's needs.

People received support from skilled and trained staff. Staff attended the provider's mandatory training and received refresher courses to equip them with the knowledge and skills required to undertake their role. Staff spoke positively about the opportunities offered and how they benefitted from the training received. Staff told us they attended reflective sessions where the registered manager discussed how the training related to their roles. The registered manager encouraged staff to pursue vocational training and records showed some had enrolled for health and social care level diplomas while others had already completed them. Staff had received training in safeguarding adults, infection control, fire safety, first aid, food hygiene, moving and handling, health and safety and medicines management. Staff had attended specialist training to support people with specific health conditions such as diabetes, dementia and epilepsy. Records showed when staff were due for refresher courses.

People had care delivered by staff who received support in their role. One person told us, "Yes, absolutely they are very professional in what they are doing." Staff told us they had the support from the management team and their colleagues and updated each other about people's welfare. They received supervision through one to one meetings and group sessions to discuss and reflect on their performance. The registered manager told us and records confirmed they checked if staff had concerns about people using the service, safeguarding issues, rotas, timekeeping, teamwork and feedback from people. Staff discussed best practice through company issued mobile phones on group chats and in team meetings about how to provide care to people in an effective manner. Supervision records confirmed detailed discussions about care provision and regular team meetings chaired by the registered manager. None of the staff had received an appraisal as they had been in post for less than a year although these were planned.

People told us staff asked for consent about care and support and respected their decisions. One person told us, "The staff always ask if I want anything done and go by what I say." Another person said, "They [staff] will explain what they want to do and check if I am happy with it." People using the service and their relatives had signed their care plans to show how they wanted support provided. Daily logs showed staff delivered people's support in line with the care plans.

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. We checked whether the service was working within the principles of the MCA.

People's care delivery was in line with the requirements of the MCA. Staff had a good understanding of the MCA principles and were able to describe how they applied these when providing care to people. Staff told us and records confirmed they made a referral to health and social care professionals when a person was unable to consent to care to enable best interests' decisions.

People received the support they required with meal preparation, eating and drinking when this was identified as part of the support plan. One relative told us, "They encourage [family member] to eat and drink. They make [her/him] a cup of tea exactly how [she/he] likes it." Staff told us they ensured people had sufficient food and drink. Staff recorded information about people's nutritional and hydration intake when needed to monitor their eating and drinking. Staff reported to the registered manager if a person had a difficulty with eating and/or was at risk of malnourishment to ensure they made a referral to healthcare professionals.

People were supported to maintain their health and well-being. People told us staff were quick to identify if they were unwell and supported them to access healthcare services when needed. Staff told us they contacted a person's GP or emergency services when they had concerns about a decline of a person's health condition. Records showed staff worked closely with other healthcare professionals such as district nurses, hospice and palliative care teams who visited people in their homes for end of life care, wound management and blood sugar checks. The registered manager ensured staff followed guidance from healthcare professionals when supporting people to minimise the risk of a person's condition from worsening.

Is the service caring?

Our findings

People using the service and their relatives spoke highly of the caring manner of the staff. They were happy that staff were kind and compassionate. Comments people made included, "[Member of staff] is very kind, friendly, and committed and she has gone the extra mile", "The care and attention is very good" and "Overall I am really pleased the carers [staff] are very caring and pleasant. It sounds too good to be true but it is." People indicated that they could contact the registered manager and office staff when they felt a need to be reassured or to talk to someone.

People using the service and their relatives told us they enjoyed positive relationships with the staff who provided their care. One person told us, "They can tell if I'm having a bad day and they will spend a few minutes talking to me and when I go to bed I have cheered up." People said staff were patient and did not hurry them when providing their care and had time for a laugh and a chat. Another person said, "There is no rushing in and out." Daily logs indicated that staff had good relationships with people and that they were friendly and helpful. Staff respected the diversity and cultural needs of people using the service and their relatives and considered this when delivering care.

People were involved in planning their care and support. One person told us, "The carer [staff] speaks to me so that I understand. I am 100% happy I have not got any problems with [her/him] or the [registered] manager." One relative said, "If they [staff] are to make any changes, they discuss them in advance." People were confident talking to staff about how they wanted their care delivered. Staff told us they involved people when providing care by explaining what they were doing and respected their preferences and choices. The registered manager understood the needs of people using the service and contacted them regularly to see that staff involved them in the planning and delivery of their care, which records confirmed. People received the support they required to access advocacy when needed.

People received care and support that met their individual needs. People's support plans contained information about their likes and dislikes, preferences and background. Staff told us they talked to people about this and received information from their relatives who were involved in their care. This enabled staff to understand how people liked to have their care delivered and to provide support in a consistent way. The registered manager discussed with staff the needs of people new to the service before they went to provide care in their homes. Staff told us this enabled them to provide people's care in the manner they liked.

People's care records and personal information were stored securely in their homes and at the provider's office. Staff were aware of their duty to maintain people's information in a confidential way and to share details with other healthcare professionals on a need to know basis. Staff told us they updated people's records away from visitors and did not discuss a person's needs with third parties unless they had their permission. Staff received information about people's needs on their mobile phones which were password protected. Records about people were sent to the office for safe storage.

People told us that staff maintained their privacy and dignity and treated them with respect. One person told us, "They are respectful." One relative told us, "It's [personal care] all done in a sensitive manner."

People said staff spoke to them in a respectful manner. Staff told us they respected people's dignity and privacy by providing care behind closed doors, knocking on their bedroom doors, supporting them to choose what to wear, eat and how they wanted to receive care. Minutes of team meetings showed that the registered manager emphasised the need for staff to respect the dignity of each person and discussed ways they could deliver care in a dignified manner.

Is the service responsive?

Our findings

People received care that was appropriate to their individual needs. The registered manager assessed people's health and support needs before they started providing care. They used information received from the referrals made by health and social care professionals when carrying out an assessment of a person's needs. People's care plans were person centred. These were developed using the information gathered at assessments and took into account their views, physical and mental health needs, life histories and preferences. People confirmed care plans reflected their support needs. Each person had a detailed support plan, which showed arrangements designed to meet their individual needs. Staff told us and records confirmed they followed the guidance about how to deliver people's care.

People's care was responsive to their care needs. Comments from relatives included, "The [registered] manager will call if the care package is being reviewed", "[Family member's] care plan is reviewed every three months or if there is a change in [family member's] behaviour or capacity" and "We have had two meetings and the [registered] manager has come over for the care reviews." People using the service, their relatives, when appropriate and health and social care professionals were involved in reviewing their needs. This enabled the registered manager to identify people's changing needs and to put the appropriate support in place, for example when a person's mobility had declined. This person's support plan was changed to include an extra care worker to ensure safe care was provided. Another person was happy because the registered manager had involved the local authority placement officer for additional visits when their needs had increased. Records confirmed care and support plans were reviewed regularly and when needed to reflect the changes in people's needs.

People were encouraged to undertake tasks that they were assessed as capable of doing. Staff knew what tasks people could do for themselves and supported them to maintain their skills and confidence. Staff said they gave a person a flannel to wash their face, laid out their clothes on the bed and let them dress themselves when they were able to do so independently. People were happy that staff visited at the scheduled times and stayed the duration of the call. One person told us, "We have only had a [member of staff] for about a week. It has not been long but so far they have explained everything." Another relative said, "Staff follow the care plan and they write down what has been done for [family member]. People said staff provided the care they required which left them prepared for the day. People told us communication with staff was good and that the office informed them of any changes or delays to care provision. People knew the staff providing their care and said this made them feel reassured. Daily logs indicated the times and care provided and confirmed this was in line with people's care plans.

People using the services and their relatives knew how to make a complaint. Their comments included, "Yes I have a handbook. The process of how to complain has been fully explained to me" and "Yes we know just to ring them up if we have a complaint." "He [registered manager] said I should not be afraid to call him if I have a problem." "[The registered manager] gave us a phone call and told us that we should not hesitate to call. Sometimes he comes with a questionnaire and we will sit down and go through it to see that we are happy." People were confident that the registered manager would resolve any concerns they had. The registered manager ensured they explained and issued the complaints policy procedure to people before

they started to use the service. The handbook outlined how people's concerns would be resolved and had details of external agencies to contact if they were not happy about how their complaint had been resolved. Staff were aware of the provider's complaints procedure and told us they encouraged and helped people to make their views known by the registered manager. The service had not received any complaints since their registration.

People told staff about how happy they were with the service they received and had sent their compliments to the registered manager. Comments included, "Thank you for your [staff member's name] effort" and "We as a family are very pleased with the care."

Is the service well-led?

Our findings

People benefitted from a person centred culture at the service that focused on meeting their individual needs. Comments about the care people received included, "Nothing less than perfect" and "Couldn't get any better." People said they felt valued and that the registered manager always asked their views about how to develop the service. One person told us, "It's all about me." Another person said, "The staff and managers are very good. They want things to work smoothly, and they do."

Staff told us the registered manager embraced diversity and fostered a culture of self and team development. Staff were passionate about their roles and said they treated the people they supported as part of an extended family. Staff said the registered manager appreciated their contributions to the service and met with them regularly to hear their views about the service. Staff told us the registered manager had a "hands on" approach to providing care at the service. One member of staff told us, "The registered manager or care coordinator will visit in the community to understand the challenges we face." The registered manager fostered good teamwork and staff said their colleagues were dependable. Morale within the staff team was good. The staff survey of 2017 showed that they were happy with the service and that the registered manager embraced equality and diversity.

People using the service, their relatives and health and social care professionals were highly complimentary of the registered manager and the management of the service. Comments included, "Yes the agency is well managed. I can't think of any improvements needed", "You could not fault Nema Home Care agency one bit. They are absolutely wonderful" and "The care planning and reviews are thorough. There is a focus on meeting people's needs." The registered manager worked closely with a team of care coordinators, an administration officer and an audit compliance officer to ensure people received high standards of care. Records confirmed they held regular meetings to plan and review people's care packages, what was working well and areas of improvement.

People received care from staff who were open and transparent about their practice. The registered manager held various forums with staff to discuss the welfare of people using the service. They held presentations at the office about good practice and encouraged staff to talk about their experiences when providing people's care. Staff told us they benefitted from these presentations and team discussions held via the use of the company social media account. The registered manager initiated discussions on that platform on current issues in health and social care and invited staff to share their experiences if they had encountered such situations and how to resolve them. Staff were able to share their views honestly and told us the registered manager guided them to identify and follow best practice. Staff said the discussions enhanced their practice which improved the standard of care delivered to people.

The provider had developed links with the local community. The registered manager and staff had undertaken a fundraising project for a local charity organisation. Staff knew their roles and responsibilities and understood the provider's values and visions to provide high standards of care. Staff told us the registered manager was passionate, had sound knowledge about people's needs and was always looking for ways to drive improvements at the service. They said the registered manager ensured each member of

the team had the skills and experience required to improve the quality of care. The provider's vision was clear in the Provider Information Return (PIR) and demonstrated by the registered manager's and staff drive to providing high standards of care to people.

People's care met the legal requirements of the registered manager and provider's registration with the Care Quality Commission (CQC). The registered manager had notified the CQC about significant events as required by law to ensure that we could take appropriate action when needed. They understood their responsibilities under the duty of candour and encouraged staff to take responsibility and learn from any mistakes they had made.

People received care that underwent regular checks and audits. The registered manager reviewed and updated care and support plans regularly. Regular medicines audits and reviews of daily log reports about people's care enabled the registered manager to determine whether staff were following the provider's procedures and best practice. Audits about environmental risks in people's homes ensured that staff provided care to people in a safe environment. A quality assurance report from a clinical commissioning group team stated that they "had not received any concerns or complaints from all service commissioned."

People's care was subject to constant reviews of staff's practice to drive improvement. The registered manager and care coordinators carried out spot checks on staff's practice when providing care and to discuss with people about the quality of the support they received. People using the service and their relatives commented that the observation of staff's practice "kept them on their toes" and helped the team to "keep their eyes on the ball" because they knew their performance was subject to scrutiny. People told us that they felt reassured by the spot checks. They told us the registered manager knew them by name and understood their health needs and support plans. Staff told us they benefitted from the feedback they received because it enabled them to adopt changes to their way of practice.

People received care from staff who followed best practice guidance. Policies and procedures in relation to people's care were up to date and reflected the changes in the health and social care sector. The registered manager set aside time for each member of staff to read the policies and procedures and to answer questions about how they applied these in their caring roles. People's records were detailed and well-maintained. The registered manager ensured people's information was presented in a manner that made it easy for staff to understand and to access. Staff had access to procedures on their mobile phones for referral when needed.

People using the service, their relatives and health and social care professional's views about the quality of care were collected through regular surveys, questionnaires and telephone conversations. The provider ensured they used their feedback, audit findings and review of staff performance to develop the service. The registered manager carried out an end of service survey, for example when a person moved on to residential care. This enabled them to get an understanding of staff performance and any areas they could improve on. The provider developed a service improvement plan to make plans for the future, for example, they had plans to introduce an electronic management system on a wider scale as the service expanded to manage visits and punctuality to people's homes.

The registered manager and provider kept themselves well informed about developments in the care sector. The registered manager participated in external forums and engaged in training to develop his knowledge and understanding of how to provide care that met best practice. The registered manager led training sessions for other registered managers and had recognition in the local health and social community for his drive and enthusiasm to improve care services. The registered manager belonged to the registered managers association and attended workshops and conferences to discuss changes in the health and social

sector.

The registered manager attended providers' association meetings and workshops run by the CQC to enhance their knowledge about care provision. Team meeting minutes showed the registered manager shared information obtained from these interactions about changes in regulations and best practice guidance. The registered manager updated policies and procedures to align them with the changes and ensured staff understood how this benefitted people using the service. The registered manager introduced changes to the service in an organised manner and people told us they appreciated what the registered manager did to improve their quality of care. The provider was a member of the Skills for Care training partnership and ensured staff accessed up to date training and guidance about the care sector. Skills for Care provide practical tools and support to help adult social care organisations to recruit, develop and lead their workforce.