Fosse Healthcare Limited

Fosse Healthcare - Derby

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 service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service provides care and support to adults with a range of needs.

This is the second comprehensive inspection of the service. This inspection took place on 10 July, 17 July and 8 August 2018 and was announced. This was the first inspection of the service under its current registration. At the time of our inspection visit 100 people were using the service.

At our last inspection in May 2017 we rated the service overall as 'Requires Improvement'. At this inspection the service had improved, we found evidence to support the rating of Good.

A registered manager is now in post. 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 were protected from the risk of harm. Staff had been trained in safeguarding people and understood how to assess, monitor and manage their safety. A range of risk assessments were completed and preventative action was taken to reduce the risk of harm to people.

People were supported with their medicines in a safe way. People's nutritional needs were met and they were supported with their health care needs when required. The service worked with other organisations to ensure that people received coordinated care and support.

People were protected by safe recruitment procedures to help ensure staff were suitable to work in care services. There were enough staff to meet people's needs. Staff received training for their role and ongoing support and supervision to work effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider followed the principles of the Mental Capacity Act, 2005 (MCA) in planning and delivering people's support. People's consent was obtained before they were supported.

People were involved in their care as far as possible and care plans were regularly reviewed and updated as people's needs changed. Staff were provided with clear guidance to follow in the care plan which included information about people's preferences, daily routines and diverse cultural needs. Staff had a good understanding of people's needs and preferences and worked flexibly to ensure they were responsive.

People and their relatives were happy with staff who provided their personal care and had developed positive trusting relationships.

People, relatives and staff were encouraged to provide feedback about the service which was used to assess the quality of the service and to make any required improvements. The provider had a process in place which ensured people could raise any complaints or concerns and people felt comfortable to do this should they need to.

The registered manager and provider were aware of their legal responsibilities and provided leadership and supported staff and people who used the service. The registered manager and staff team were committed to the provider's vision and values of providing good quality, person centred care.

The provider's quality assurance system to monitor and assess the quality of the service was used effectively to improve the service. Lessons were learnt when things went wrong and improvements made to prevent it happening again. The provider worked in partnership with other agencies to meet people's needs and people's health and well-being was continuously monitored at the service.

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.

Risks associated with the delivery of people's care and support had been adequately assessed and planned for. People felt safe at the service. Staff were safely recruited at the service and there were sufficient numbers of trained and skilled staff working at the service. Medicines were safely managed and people were protected from the risk of infection. Incidents were being responded to, to ensure people's safety.

Is the service effective?

Good

The service was effective.

People's consent was sought before staff provided care and support and the principles of the Mental Capacity Act 2005 were being followed by the provider. People were supported to eat and drink enough to maintain a balanced diet. People's health and well-being was continuously monitored and people's home environment was checked to ensure it was safe and suitable for people. People were cared for by staff that received the training and support they required to carry out their roles.

Is the service caring?

Good

The service was caring.

People were involved in the planning and delivery of their care and support. People's privacy and dignity was respected and people were supported by kind and compassionate staff.

Is the service responsive?

Good

The service was responsive.

People received care that met their needs and had plans of care that were updated as their needs changed. People and their relatives had information on how to make complaints. People were supported to plan and make choices about their care at their end of life.

Is the service well-led?

Good

The service was well-led.

There was a strong and visible leadership at the service, with a clear vision to provide good quality care. Systems were in place to monitor the quality of care and support people received and care plans and risk assessments were regularly updated. People and staff were engaged to suggest changes and improvements to the service.

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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 10 July, 17 July and 8 August 2018 and was announced. On the first day we spoke with people who used the service or their relatives. We gave the service 48 hours' notice of the inspection because we needed to be sure that a manager would be in to help us. The third day was spent contacting staff.

The inspection visit was carried out by one inspector and an expert by experience. An expert by experience completed the telephone calls to the people who used the service and their 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. The expert by experience's area of expertise was in the care of the elderly.

Before the inspection, we asked the provider to complete 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. This was returned to us by the provider and used to inform our judgement. We reviewed the information we held about the service. This included statutory notifications regarding important events which the provider must tell us.

During the inspection we spoke with ten people who used the service and three relatives and a friend. We spoke with five staff who provided care and support to people, a care coordinator, an area manager, the registered manager, the nominated individual and the managing director.

We looked at the care records of four people who used the service. These records included care plans, risk assessments and daily records of the support provided. We looked at four staff recruitment files and staff training records. We looked at records related to how the quality of the service was monitored. We also had some documents sent to us following the inspection. These included quality audits and checks, minutes of

meetings, and feedback provided by people who used the service and their families.

Good

Is the service safe?

Our findings

At our last inspection in May 2017 we found medicines were not administered at the prescribed times or managed safely. At this inspection we found there had been improvements.

Staff were trained to prompt or provide medicines safely. Care plans provided guidance for staff on how and when people needed their medicines. We asked people if they received their medicines on time. One person said, "Oh yes, I wouldn't take it myself, they [carers] measure it out and give it me, they watch me take it."

Staff ensured they made a record when they prompted or gave people their medicines. These records were checked regularly by management staff to ensure people were getting their prescribed medicines. Staff were trained in administering medicines safely and competency checks were regularly completed to ensure that staff practice remained staff. Medicine stock was checked and storage arrangements for people's medicines were monitored to ensure that people's medicines were safe to be given to them.

People and their relatives told us they felt safe with the care provided and staff who supported them. Following a recent personal emergency one person told us, "It did shake me up but having the carers gives me peace of mind."

The staff team were trained and understood their responsibilities in relation protecting people from the risk of abuse. A staff member said, "I was provided with a lot of policies and procedures such as how to safeguard people when I started work."

There was a safeguarding policy in place which included information about external agencies who could be contacted if people had concerns about their safety. There were systems in place for recording and reporting safeguarding concerns. The registered manager had taken appropriate action when any allegations of abuse had been made or identified and had a good understanding of their responsibilities in this area. Staff were trained in whistleblowing. A staff member said, "The policy is where you report concerns on, bypassing the registered manager. The procedure in the handbook tells you who you can contact outside the company." Whistleblowing protects staff who feel an instance of safeguarding has not been reported properly, and they report this onto the appropriate investigating body.

People told us they felt safe, one person said, "Yes I do feel safe, everything I need is here".

Assessments had been completed prior to people using the service which identified any potential risks associated with the delivery of their care and support. The written risk assessments provided staff with information about the risks people faced and how to reduce them. These covered all aspects of people's safety such as the support people needed to move around and potential hazards within the home environment where people would be supported. Risk assessments were regularly reviewed when people's needs had changed to ensure their safety and well-being.

Care plans provided detailed information and guidance about how people should be supported. Staff had

been trained in moving and handling people and their practices had been checked before staff were able to support people. A staff member said, "You [staff] have equipment in place and risk assessments for moving and handling and electrical equipment. They're monitored and changed accordingly, it's about being vigilant." Staff had also received training in managing behaviours which may have challenged, to protect both themselves and people using the service.

Staff recruitment processes protected people from being cared for by unsuitable staff. Staff files contained the required evidence that the necessary employment checks had been carried out prior to staff commencing work at the service. For example, Disclosure and Barring Service (DBS) checks, employment history and references were sought to show that staff were suitable to work with vulnerable people. The staff team confirmed that these checks were carried out before they commenced their employment.

Most people we spoke with were happy with the consistency of the visiting staff members. One person said, "Yes I usually get regular ones [carers], there are no concerns there." A second person said, "They are all very nice, at the beginning it was a lot of different ones, now the regular ones come and it's made such a difference to me." However not everyone we spoke with was fully satisfied. One person said, "I am beginning to a get a bit of a variety now, used to see regular ones, I don't mind a variety but regular ones would be nice though."

We spoke with the registered manager about the consistency of visiting staff. They told us there had to be changes of staff, some at the last minute due to unplanned emergencies. Other changes were necessary to reflect where people's care packages were increased, reduced and sometimes stopped. That resulted in changes to staff rotas, but these were kept to a minimum to try and provide consistent care staff to visit people.

We asked staff if they felt people received their care calls on time. All we spoke with agreed, one staff member said, "It varies, the majority of time yes, but if there's [staff] sickness it throws a spanner in the works." A second member of staff said, "We complete the calls, but getting stuck in traffic is a real issue that you can't plan for."

Staff were employed in sufficient numbers to meet people's diverse and cultural needs. One person said, "Yes they're normally on time, it's between 9.15 and 9.45 am, I am never rushed and the evening time is normally between 8.30 and 9pm, and I've never been left waiting." A second person said, "They're not always on time but they always turn up." A third person said, "[Staff] arrive mostly on time." A relative said, "They are what I would say always reliable and helpful. A second relative said, "I think they [Fosse healthcare] have some difficulties with the staff at times, I would say they are more than occasionally short staffed."

We spoke to the registered manager about the staffing numbers. They said they were continually employing staff to cover all the areas in Derby and had currently succeeded in reaching a full quota of staff.

A relative commented about the time staff spend at their relations home. They said, "I would say they [staff] are good or very good but some of them whisk in and out very quickly and don't stay the full time."

Some people told us staff were late, and they were not always contacted by the office. We looked at the new system of staff logging in and out of the calls. This informed the office what the planned time of the call was and what time staff actually visited. We saw the system in use and spoke with the two staff who operated the system. They told us there were automatic alerts that came onto the screen where a carer was late, they then attempted to call the people involved.

We spoke with staff who told us that consistency of care staff was very important to people. This made them feel safe and secure and we saw that this was something the service worked towards.

People were protected from the risk of transferred infections. People told us that staff protected them from the risk of infection. One person told us the carers always wore their gloves and aprons when carrying out tasks. Staff confirmed they had received training in infection control procedures and had a plentiful supply of protective clothing such as disposable gloves, aprons, shoe covers and antibacterial hand gels. Training records we viewed confirmed this. The registered manager told us that they worked with staff in the delivery of care which meant they were able to check that staff followed the correct procedures.

Any incidents which took place at people's homes were recorded and investigated. We saw that action was taken to ensure people were safe. Incidents were monitored by the management team to identify any trends so that action could be taken to prevent any re-occurrences. The registered manager told us that any lessons learnt from incidents were shared with the staff team to ensure people remained safe. This was done through the periodic staff newsletters, or raised with individual members of staff when necessary to improve their individual practices.

Good

Is the service effective?

Our findings

People's needs were assessed prior to them commencing with the service. Assessments were usually undertaken by a senior member of staff prior to the care package commencing. This enabled the provider to be assured that they could meet the person's needs and had the staff with the right skills mix to provide the care and support. People were enabled to take part in the assessment process, though where they were unable, with permission, relatives were included in the process.

Staff had received adequate training to support people safely and effectively. When we asked people if they felt the staff that visited were trained to meet their needs, one person said, "Yes always." Some people using the service could, at times, display behaviours which may have been challenging for staff to manage. The service delivered training to staff in this area where needed. Staff we spoke with all felt that they received enough training to support people safely, although some staff mentioned that they would benefit from more face-to-face training, rather than on-line courses. One staff member told us, "I was provided with a lot of policies and procedures when I started work, such as how to safeguard people."

Records confirmed that staff had completed a range of training related to health and safety, person centred care, nutrition and training on different health conditions. The training was based around current legislation and best practice guidance. New staff completed an induction into the service and staff we spoke with told us that this was in-depth and that it had equipped them to carry out their role.

The staff team felt supported by the registered manager and management team. They received regular supervisions and annual appraisals. Supervision is one way to develop consistent staff practice and ensure training is personalised for each member of staffs' needs. A member of staff said, "I get supervision every three months but we can have a chat anytime. I have a service user that has mental health issues and I update the registered manager regularly, it's a way of safeguarding them."

People were supported to have enough to eat, drink and to stay healthy. One person said, "They look after me very well, I have a hot lunch at dinner time and they always make sure I have full jug of water in front of me." A second person said, "She [staff] always gets me something if my [named] isn't here and makes sure I've got a drink, they're very good at checking in on me." A third person said, "Oh yes they always make sure I've got plenty to drink." A relative said, "Yes [staff] got it working really well, they leave sandwiches for lunch and she has a hot meal in the microwave every evening."

Staff who provided meals for people understood the importance of a daily balanced and healthy diet. Any special dietary requirements and support required such as portion size, allergies or food intolerances were documented within care plans.

People were supported to live healthier lives and were supported to attend regular health checks and medical appointments, though these were usually arranged by peoples' relatives. Where required people's well-being was monitored by the staff and records we looked at confirmed this. For example, one person using the service had diabetes. Staff told us there was information in the care plan which provided the

process to go through to ensure the person's health remained good and the procedure if they were concerned about them.

Staff ensured that people's home environment was suitable and safe and any risks associated with this was documented in people's care records. Equipment and assistive technology was used to provide effective care to promote people's wellbeing and independence. For example, when necessary staff were instructed to remind people to wear their pendant alarms, to ensure they could call someone in an emergency.

Peoples consent to care and treatment was sought in line with current legislation. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. No applications had been made to the Court of Protection.

We checked whether the service was working with the MCA principles. Assessments took account of people's capacity and their consent had been sought about their care and support. We saw that some mental capacity assessments had been carried out and that best interest decisions had been made and documented as required. The registered manager and staff team understood their responsibility in relation to the MCA and staff had received training in this area of care. Staff we spoke with described obtaining people's consent when offering support to them, told us they offered people choices and respected their decisions.

People had access to advocacy services should they need these as some people using the service did not have any family. We saw details of advocacy services which the registered manager told us they would access should this be required.

Good

Is the service caring?

Our findings

People and their relatives told us the staff team were kind, caring and treated them with respect. Nobody we spoke with raised any concerns about the staff team and described them delivering care to meet people's individual needs and preferences. One person said, "They're all very kind." A second person said, "Oh yes they're nice and tidy and they do anything I ask of them."

Most people told us they had developed positive relationships with the staff group. However, some people told us that their carers were changed and they had to get to know new staff all over again.

People were included and enabled to make decisions about their care and these were documented and reviewed regularly. When people were unable to make decisions for themselves, these were made in their best interests following the correct processes and in consultation with the person's relative or representative. The registered manager had a good understanding when people may have needed additional independent support from an advocate. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Staff understood the importance of promoting equality and diversity, respecting people's religious and cultural beliefs and their personal preferences and choices. One person said, "They are respectful towards me at all times." A second person said, "Always polite and very respectful." A third person said, "Oh yes very, they're lovely."

They were able to describe people's needs, preferences and interests, which showed they understood people well. Care plans were detailed with information about the peoples wishes and preferences, their life history and included their preferred means of communication. This helped staff ensure they had the information to support people's individual needs and choices.

People were treated with dignity and their privacy was respected. Staff told us about how they cared for people and respected their privacy by closing doors and curtains and using well placed towels to preserve people's dignity. The language and descriptions used in people's care plans referred to them in a dignified and respectful manner.

People using the service were provided with a 'service user guide'. This provided information about the service. This clearly described the aims and values of the service which centred around respect, trust and a person-centred approach to care. The registered manager said staff go through the document with people and their relatives when they commence the service and left one in the property.

The registered manager was aware of changes needed to comply with General Data Protection Regulation, (GDPR) that relates to how people's personal information held by the provider, is managed. A confidentiality policy was in place and staff were trained and regularly reminded to use the confidentiality process.

Good

Is the service responsive?

Our findings

At our previous inspection in March 2017 we found some people did not receive a responsive service that fully provided them with regular call times, the names of visiting staff and adequately timed nutrition and hydration. At this inspection we saw some improvements.

People and their relatives were more positive about calls being on time however, some people said they had the same staff visit at regular times but these were changed at short notice. We spoke with the registered manager about this and they said they only changed calls at the last minute due to unplanned emergencies. They also said they attempted to get in touch with people to tell them, but this was not always possible if the office staff were engaged in supporting staff in the emergency.

A relative said, "It was terrific with the Local Authority and Fosse, it was a smooth transition back home, I'd say fosse 99.8% hit the target." A second relative said, "It was a quick turnaround from the last agency to Fosse. Someone from Fosse came out to do the care plan with me and it's working very well, the carers are sticking to the time frames."

People and their relative's felt the care, nutrition and drinks provided by staff was, in line with the care plan and was responsive to their or their relatives' needs. People told us they had choices when food was produced and drinks and snacks were left for times when there was no planned call or between calls.

A relative said, "They need to read the notes more, and there's the odd little blip, some carers will forget to [rearrange furniture to assist with [name] mobility." A second relative said, "I must admit it [communication] isn't very good, we've left messages but they don't always get back," The relative added that, "The front-line care staff from Fosse are fantastic, if they bend over backwards for us any more they'd fall over."

Information gathered prior to the service commencing had been used to develop a detailed care plan. Care plans detailed achievable goals which people agreed to, and recognised this was to maintain their independence. Care plans were regularly updated, and in response to people's changing needs. This showed the registered manager was responsive in reviewing the care plans to reflect the people's needs.

People and their relatives were unsure if they took part in care plan reviews. Some people told us that staff from the office had visited and 'had a chat', but they were unsure if their care plan had been updated as many people did not regularly look at their care plan. Care plan reviews we looked at demonstrated changed care plans, some resulting in an increase of hours being requested.

Staff told us they were involved in care plan changes. One staff member said, "In the main if there's something on the rota that I know won't suit the person, I call the manager and ask to change the time, we know people better than the office staff. For example, one person's shower time was changed. I knew it would not suit the individual so arranged a different time with the office." This demonstrates a flexible approach of the service and staff group.

Records showed that for each call there was a set routine for staff to follow so they knew what was expected of them. This had been agreed with people in advance and helped to ensure that care and support was personalised and responsive to people's needs. People told us staff knew their preferred routine, and this helped them accept the care offered.

Records showed most staff took a flexible and responsive approach to the people they worked with. Some people told us that staff were flexible, and if time allowed they would assist with any additional tasks, such as tidying their room, or putting out the rubbish. However, some people had contacted the office as there were times where staff had not fulfilled their full list of tasks. These were investigated by the registered manager and information was relayed to all the staff. This was through the monthly newsletter where staff were reminded of the need for attention to detail and thereby providing a responsive service.

The registered manager was aware of the accessible information requirement. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service provided information about ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). Where necessary care plans included information about people's communication needs and a plan to support the person. People and their relatives told us they were happy to raise concerns with the office staff. People and their relatives told us they were aware about the complaints process. One person said, "I've really nothing to grumble about." A second person told us they complained about the times staff provided their medicine. They said, "I explained what had happened and they [management team] understood where I was coming from and it's resolved now."

People were aware of the contact details of the office and had access to a copy of the complaints procedure. The registered manager said all the people that used the service and their relatives or representatives were given a copy of this when the service commenced.

The management team had recorded complaints and had an open and responsive approach to complaints. We noted the service received sixteen formal complaints in the last 12 months. Staff used the service's complaints management system to log complaints and the action taken to resolve them. Records showed that complaints were taken seriously and complainants kept informed of how the service was dealing with them and the outcomes. The registered manager told us they had audited the complainants and there were three main areas where complaints were focussed. These were late and missed calls and communication between staff. They told us the new monitoring system that had been recently introduced had cut down the late calls and staff were re-allocated calls to ensure none were missed. They also said they had taken steps to improve communication between staff.

Information on complaint outcomes was relayed to staff via the staff newsletter to drive improvement from the wider staff group. Full information on how people could make a complaint was included in the service user guide, which was given to people when their service commenced.

People felt confident that they could make a complaint or raise any issues should they need to. The provider had procedures in place to record and respond to people's concerns. There were no formal complaints for us to review at the time of our inspection.

People were supported to have a dignified pain free death. The registered manager told us the service recently provided personal care and support for a person who was terminally ill. They explained how the information sent from their healthcare colleagues was transferred into the support plan.

Good

Is the service well-led?

Our findings

At our previous inspection in March 2017 we found there was no registered manager. A registered manager is now in post and is responsible for the day to day running of the branch. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There continued to be a strong and visible leadership at the service. There was a clear vision to provide good quality care and the company values were distributed to staff in the 'team handbook' when they commenced employment.

Records showed that the registered manager carried out regular audits of the service to ensure the staff were performing their duties efficiently and safely. Staff had regular supervision meetings. Staff supervision can be used to advance staff knowledge, training and development with meetings between the management and staff group. That benefited people who used the service as it helped to ensure staff were well-informed and able to care and support a person effectively. The registered manager showed us the plan of supervision meetings for the staff. These were examples of a well-led service.

The registered manager said that when staff were performing caring duties, the management team took the opportunity to oversee all the visit. The company had produced a form to ensure all these visits were recorded and performed the same way. Checks included the staff's time keeping, if they were wearing the proper uniform and used their personal protective equipment appropriately. They said there was also an opportunity to look at the care notes made by the staff. This meant they could directly oversee the quality of information recorded and so the level of service provided.

People who used the service, their relatives and staff were engaged in suggesting changes and improvements to the service. There were annual questionnaires sent to people and their relatives. The registered manager responded to those that were not returned anonymously. We saw some of those that had been recently returned. People had stated, "We think your carers are very good and trustworthy." Other comments resulted in action by the registered manager. A second person said, "I prefer not to have male carers," this was updated on the person's preferences and female carers allotted to all the calls. A third person stated, "Full marks to all the carers, the only problem is the changing [call] times and not being told." The registered manager responded and has since introduced the new electronic monitoring system.

Staff were engaged in the process and were also sent questionnaires. One staff member we spoke with said, "I think there could be improvements, they are trying to improve the communication within the office."

Staff told us the culture at the service was open and transparent and they were positive about the leadership of the service. Staff told us the directors, and area managers regularly visited the office and staff could speak with them at any time. One member of staff said, "We can talk to the manager at any time

[name] really cares." A second member of staff said, "We have been instructed we can contact our line manager at any time she's really good she cares."
Other staff confirmed the registered manager was approachable and supportive and acted on suggestions made. Staff felt when they had issues they could raise them and felt they would be listened to.

Staff told us they felt valued and respected by the registered manager. They told us they liked working for the service and felt supported by the registered manager. Staff we spoke with told us that they would recommend the service if a relative of theirs needed domiciliary care, as they rated the care provided as very good.

We saw the registered manager communicated with the staff regularly. This was done through personal meetings, the monthly newsletter and regular staff meetings. These were all used to inform staff of changes to the service and ensured the information was provided consistently.

We saw that the registered manager had a business continuity plan in place. That ensured the business would continue to operate if, for example, staff could not use the current office premises for any reason. The registered manager told us where there was such an event, the management staff would either work from home or another of the company offices.

The registered manager told us that they were aware of their responsibility and circumstances under which to submit notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law, and in a timely way.

The service worked in partnership with the local authority and healthcare to provide care for people in line with the company's policies and procedures. The registered manager indicated staff had access to specialist information and advice. For example, we found some policies referred to best practice guidance such as National Institute for Health and Care Excellence (NICE). This ensured policies and procedures used the latest guidance.

The registered manager understood their role and was aware of the legal requirement to display the rating from this inspection.