All Time 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

The inspection took place on 19 July and was announced. The inspection continued on 25 July 2016 and was again announced.

All Time Care delivers domiciliary personal care to people with learning disabilities and autism. Personal care was provided to 16 people at separate locations. These locations were a mix of shared living and private homes. There was a central office base which had an open plan working area, two separate offices, a toilet and a small kitchenette facility.

The service had a registered manager in place. 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 and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received safeguarding training.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about how they chose to live their lives. Each person had a care file which also included outcomes and guidelines to make sure staff supported people in a way they preferred. Risk assessments were completed, regularly reviewed and up to date.

Medicines were managed safely, securely stored in people's homes, correctly recorded and only administered by staff that were trained to give medicines. Medicine Administration Records reviewed showed no gaps. This told us that people were receiving their medicines.

Staff had a good knowledge of people's support needs and received regular mandatory training as well as training specific to their roles for example, autism, epilepsy, diabetes and learning disability.

Staff told us they received regular supervisions which were carried out senior management. We reviewed records which confirmed this. A staff member told us, "I receive regular supervisions and find them useful". We saw that supervisions had recently started to be themed around policies or topics such as person centred care or diversity. This demonstrated an innovative approach which managers used to assess staffs knowledge and provide additional support where necessary.

Staff were aware of the Mental Capacity Act and training records showed that they had received training in this. The service completed capacity assessments and recorded best interest decisions. This ensured that people were not at risk of decisions being made which may not be in their best interest.

People were supported with cooking and preparation of meals in their home. People were supported to

choose meals through weekly menu planning meetings. The training record showed that staff had attended food hygiene training.

People were supported to access healthcare appointments as and when required and staff followed GP and District Nurses advice when supporting people with ongoing care needs. A community professional told us that the service works well with them.

People told us that staff were caring. During home visits we observed positive interactions between staff and people. This showed us that people felt comfortable with staff supporting them.

Staff treated people in a dignified manner. Staff had a good understanding of people's likes, dislikes, interests and communication needs. Information was available in various easy read and pictorial formats. This meant that people were supported by staff who knew them well.

People had their care and support needs assessed before using the service and care packages reflected needs identified in these. Outcomes were set by people and outcome focused reviews took place. These evidenced that people were actively supported to work towards their outcome areas and that achievements were recorded. Additional support was highlighted and provided. We saw that these were regularly reviewed by the service with people, families and health professionals when available.

People, staff and relatives were encouraged to feedback. We reviewed the findings from quality feedback questionnaires which had been sent to people and stakeholders and noted that it contained mainly positive feedback. The results had been analysed and actions were set for the management team to follow up. We saw that the actions identified from this were being addressed.

There was an active system in place for recording complaints which captured the detail and evidenced steps taken to address them. We saw that there were no outstanding complaints in place. This demonstrated that the service was open to people's comments and acted promptly when concerns were raised.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them.

People and staff felt that the service was well led. The registered manager and others in the management team all encouraged an open working environment. All the management had good relationships with people and delivered support hours to them as and when necessary.

The service understood its reporting responsibilities to CQC and other regulatory bodies and provided information in a timely way.

Quality monitoring visits and audits were completed by the management team. The quality manager logged data from incident reports monthly which included medication errors, incidents, complaints and falls to name a few. This data was then recorded and analysed to identify trends and learning which was then shared. This showed that there were good monitoring systems in place to ensure safe quality care and support was provided to people.

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. There were sufficient staff available to meet people's assessed care and support needs.

People were at a reduced risk of harm because staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

People were at a reduced risk of harm because risk assessments and emergency plans were in place and up to date.

People were at a reduced risk of harm because medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines

Is the service effective?

Good

The service was effective. Capacity assessments were completed and best interest decisions were recorded. This meant people were not at risk of decisions being made that were not in their best interest.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

Staff received training, themed supervision and appraisals to give them the skills and support to carry out their roles.

Staff were supported and given opportunities for additional training and personal development.

People were supported to access health care services and local learning disability teams.

Is the service caring?

Good

The service was caring. People were supported by staff that spent time with them.

People were supported by staff that used person centred approaches to deliver the care and support they provide.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff who respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive. Care file's, guidelines and risk assessments were up to date and regularly reviewed.

People were supported to set outcomes and lead outcome focused reviews to feedback on what had worked well for them and discuss what support they may wish to receive going forwards.

People were supported by staff that recognised and responded to their changing needs.

People were supported to access the community and take part in activities which were linked with their own interests as part of their agreed timetables.

A complaints procedure was in place which included an accessible easy read version. People and their families were aware of the complaints procedure and felt able to raise concerns with staff.

Is the service well-led?

Good

The service was well led. The management all promoted and encouraged an open working environment.

The registered manager was flexible and delivered support hours as and when necessary.

Regular quality audits and staff competency observations were carried out to make sure the service was safe and delivered high quality care and support to people.

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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 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.

This inspection took place on 19 July and was announced. The inspection continued on 25 July 2016. The provider was given 48 hours' notice. This is so that we could be sure the manager or senior person in charge was available when we visited. The inspection was carried out by a single inspector.

This Service was last inspected in November 2013 and was found to be compliant in all areas which were reviewed. Before the inspection we looked at notifications we had received about the service. We spoke with the local authority quality improvement team to get information on their experience of the service.

The provider 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.

We sent out feedback questionnaires to people, staff, relatives and health professionals prior to our inspection. We received responses from eight people who used the service and three staff.

We spoke with three people who used the service, three relatives and two health care professionals.

We spoke with the registered manager and quality manager. We met with the care coordinator and three staff. We reviewed three people's care files, policies, risk assessments, quality audits and the 2016 quality survey results. We visited two locations and met with two people in their own homes. We observed staff interactions with people. We looked at three staff files, the recruitment process, staff meeting notes, people's house meeting notes, training, supervision and appraisal records.

Good

Is the service safe?

Our findings

People, relatives, health professionals and staff told us that they felt the service was safe. A person said, "I think the service is safe, staff understand my needs". Another person told us, "I feel safe with staff; they make sure I am ok and happy".

A staff member told us, "We have a safeguarding policy for staff and people. We encourage staff to call us with concerns. We have out of hour's numbers for people and staff. Help and advice is always on hand. Staff read and sign policies and we have risk assessments in place". Another staff member said, "All Time Care is safe, everything is checked and double checked. People have risk assessments in place and staff are all aware of these".

A community professional told us, "The service is very safe, staff act on guidance and advice I give them". A relative said, "I believe the service All Time Care deliver is safe. Staff have proved to us that our family member's safety is their priority; for example, if they were to suffer a seizure whilst out they would get them home or call for an ambulance".

People were protected from avoidable harm. Staff were able to tell us how they would recognise signs of potential abuse and who they would report it to. Staff told us they had received safeguarding training. We reviewed the training records which confirmed this. A staff member said, "Changes in behaviour, unexplained bruising and someone being withdrawn may be signs of abuse. I would report concerns to the manager or go higher if necessary or to the local authority or CQC". We reviewed the local safeguarding policy which was up to date, comprehensive and included a pictorial easy read version which people told us they had received. We also reviewed the local whistleblowing policy. This reflected a clear purpose which was to encourage and promote all employees to raise concerns and detailed a process in which to do this.

We reviewed three people's care files which identified people's individual risks and detailed control measures staff needed to follow to ensure risks were managed and people were kept safe. We saw that one person who suffered from epilepsy had an emergency protocol for the management of seizures. This had been put together by the person, staff and an epilepsy nurse. The guidelines were detailed, identified different types of seizures and steps staff needed to follow to keep the person safe. Safety measures included staff training, administration of medicine and referral to emergency services if seizures exceeded an agreed time or consisted of a cluster of fits. This demonstrated that the service ensured safe systems were in place to minimise and manage risks to people.

People had Personal Emergency Evacuation Plans which were up to date. These plans detailed how people should be supported in the event of a fire. Each location had an emergency contingency plan in place which were reviewed annually and up to date. These plans were used in situations such as fire, gas leaks, floods, failure of utilities and break ins. They reflected contact numbers and clear guidelines for staff to follow in order to keep people safe and ensure appropriate actions were taken and recorded.

A person told us, "Yes there are enough staff to support me". Another person said, "There are enough staff to

support me, I like them all and they help me". A staff member told us, "I believe there are enough staff. I have never known there to be any difficulty". A relative said, "I believe there is enough staff and when there is sickness the registered manager will step in. They have worked with my family member a number of times before". The service used a staff dependency tool which worked out staffing hours needed to meet people's allocated support and one to one hours. The care coordinator told us that the online system they use identify covered support hours in green and vacant ones in red. We reviewed the last two weeks and following two weeks rota which confirmed that support hours were covered. We were told that All Time Care had their own bank / casual staff to maintain consistency across the services. The care coordinator said that in some circumstances they may need to use agency staff to cover multiple sicknesses or annual leave. Profiles of agency staff were kept on file and regular staff from an agency which provides staff with experience of working with people with learning disabilities were used. We were told that some agency staff had taken up permanent employment with All Time Care. This provided an opportunity for agency staff to learn how to work for the service and develop relationships with people before being offered employment opportunities and or contracts.

Recruitment was carried out safely. We reviewed three staff files, all of which had identification photos in them. Details about recruitment which included application forms, employment history, job offers and contracts were on file. There was a system which included evaluation through interviews and references from previous employment. This included checks from the Disclosure and Barring service (DBS). We saw that lone working risk assessments were also completed for each staff member and kept in these files.

Medicines were stored and managed safely. Medicines were signed as given on the Medicine Administration Records (MAR) and were absent from there pharmacy packaging which indicated they had been given as prescribed. We reviewed the last three weeks of MAR sheets in one location which were completed correctly and showed no gaps. A person told us, "I feel safe with staff supporting me to take my medicines". Staff were required to complete medication training as well as undergo a competency test by management before administering medicines. There was a comprehensive up to date medicines policy in place which staff was aware of and had read as well as signed to say they understood it.

Good

Is the service effective?

Our findings

Staff were knowledgeable of people's needs and received regular training which related to their roles and responsibilities. We reviewed the training record's which confirmed that staff had received training in topics such as food hygiene, moving and handling and first aid. We noted that staff were offered training specific to the people they supported for example epilepsy, diabetes, challenging behaviour and learning disabilities. In addition to this staff had completed or were working towards their diplomas in Health and Social Care. A community professional told us, "The service works very well with me. One person has very complex epilepsy needs. I train staff who are very attentive".

Staff files held induction records. Whilst reviewing these we noted that staff are required to cover key areas for example; personal information, recording systems, medicines and emergency information. They also logged staff shadow shifts which new staff always completed with either experienced staff or management. We saw that in addition to this work place observations were completed which evidenced completion of competency based tasks against the care certificate standards. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. This demonstrated that people were supported by staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

A person said, "Staff come across competent and skilled to me". A staff member told us, "I receive enough training to do my job. If I see training that interests me I just ask. I have recently asked to do a medicines assessors course. I have done the moving and handling champions course which allows me to do assessments on staff". A relative said, "Staff are well trained especially around epilepsy".

We reviewed staff files which evidenced that regular supervisions and appraisals took place and were carried out by senior management. A staff member mentioned that they found supervisions very useful and confirmed that they took place regularly. We were told that staff were now receiving themed supervisions where they would either cover policies or topics such as dignity and person centred care. This showed an innovative management approach to understanding staffs knowledge in these areas and providing further mentoring to them in best practice and gaining additional skills and knowledge.

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 were aware of the Mental Capacity Act and worked within the principles of this. They told us they had received Mental Capacity training. The training record we reviewed confirmed this. A staff member told us, "We must always assume that people have capacity. Assessments are completed and best interest decisions are always recorded. Any decision made must always be proportionate and the least restrictive".

We found that All Time Care had a comprehensive policy in place, capacity assessments were carried out and where necessary best interest decisions were made and recorded appropriately. Care files we reviewed evidenced that people with capacity had consented to their care by signing their plans whilst those who did not had been assessed and agreement made by key people involved in their care via a best interest meeting.

We were told that one person was due to have an operation. We reviewed this person's care file and saw that the service had worked with a local Speech and Language Therapist who had created easy read pictorial information to support the person to understand the procedure and give consent. This demonstrated that the service worked effectively with other health professionals to provide information and gain consent.

People receiving personal care were supported with cooking and preparation of meals in their homes. The training record showed that all staff had completed food hygiene training. We reviewed one locations menu plan and saw that these were well balanced with a variety of nutritious options. We also noted that there were options to eat out on some of the days. A person told us, "Staff support me to menu plan, write shopping lists and choose what I want to eat".

We found that one person had diabetes. Their care file detailed clear controls to support the person for example; keeping a low sugar, balanced diet with regular exercise. We noted that the person was often supported to visit the dietician and that they had a specific diabetes care plan which covered key areas linked to their condition such as; blood glucose monitoring, diet and staff training. We reviewed this persons recent outcome focused review which evidenced that they were choosing more healthier meals at home however they continue to choose less healthier meals whilst out. Actions agreed by the person and staff were to encourage them to choose healthier options whilst out. This told us that people were being supported well to eat and drink enough whilst maintaining balanced diets which met their individual needs.

People were supported to maintain good health and have access to healthcare services. A person said, "Staff support me to appointments". A staff member told us, "People are supported to access health professional like dentist; GP's and district nurses when required". We saw that heath care visits were recorded in people's care files. The registered manager told us that they had a good relationship with the local learning disability team. A community professional said, "The service is very easy to work with". A relative told us, "We are more than happy with the care my family member receives, they are supported to health appointments as and when required".

People had access to advocacy services but we were told by the management that currently no one receives this service. We were assured that information is readily available should someone request this.

Good

Is the service caring?

Our findings

We observed staff being respectful in their interactions with people. During both visits the atmosphere in people's homes was relaxed and homely. A person told us, "Staff are caring. They help if I need anything. A staff member helped me set up my new PlayStation". Another person said, "Staff are caring, they ask me if I'm ok and make me feel happy".

A staff member said, "I feel I am caring. I enjoy my job, take an interest in people and want to give them choices. Another staff member told us, "I care about people and that things get done. My colleagues are also caring". A community professional said, "Staff are very caring and treat people as adults". A family member told us, "Staff are friendly and caring towards my relative and me. They often go the extra mile and do additional tasks like empty my bin or do the washing up before going home". Another relative said, "Staff are very caring towards my family member. They know them well including their ways and interests".

We saw that there were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. The care files we reviewed held person centred care plans with pen profiles of people, recorded important people involved in their care, outcomes, how to support them, people's likes and dislikes and medical conditions.

Staff promoted and supported people to make choices and decisions about their care and support. We observed people being asked for choices of food, drink, ice cream. Staff told us that they provide information to enable people to make informed decisions. A staff member told us, "I give people information to make an informed decision. I may use visual aids. I recently supported a person to choose a holiday. We used his laptop and looked at different options on the internet, they have chosen London". A family member said, "Staff sit with my relative and discuss information with them. They give him options and ideas. This helps him make decisions".

People's privacy and dignity was respected by staff. People had locks on their doors and held their own keys. Staff we observed during home visits were polite and treated people in a dignified manner throughout the course of our visit. We asked staff how they respected people's privacy and dignity. One staff member said, "I ask people what they would like me to support them with for example, shoes, cooking, dressing. I close door and curtains. I always knock and wait". A relative told us, "Staff both respect and promote my family members privacy and dignity". A community professional said "People are always well kept and supported to keep clean. Their wishes are respected too by staff who know their likes and dislikes".

Good

Is the service responsive?

Our findings

People, staff, relatives and community professionals all told us that they felt the service was responsive to people and their changing needs. Throughout the inspection we picked up on a very positive inclusive culture at All Time Care. Promoting independence, involving people and using creative approaches appeared to be embedded. We saw that people received outcome focused reviews. These put people in the centre of their care and empowered them to feedback on what support had been working, what hadn't and what the person would like to change. One person had set an outcome to achieve further independence at home. This person's review evidenced their involvement and development in this. It reflected achievements such as helping to prepare meals and go to shops for himself and mum. The person was working with staff towards further independence skills and potentially reduced support hours. Community professionals and relatives told us that they are also invited to these reviews if the person wishes to have them there.

A relative told us, "My family member has become a lot more mature since receiving support from All Time Care". Another relative said, "Staff are aware of my family member's needs. Staff know his care plan and always work to that".

A person had recently had a fall and injuring them self. The service responded to this by reassessing the persons needs and providing more support hours. We saw that this person's hip is now healing and that they have been involved in agreeing less support. We were told about one person who was often coughing during meal times. We saw that the service had worked with a local Speech and Language Therapist to devise guidelines and information on soft diets. We were told that a person held their review today and wanted to look at different activities they were interested in. The person had chosen creative writing and set it as an outcome. They were planning to look with staff for opportunities. This demonstrated that the service was providing care and support which was responsive to people's needs and interests.

The registered manager explained and showed us that they are about to adopt more creative person centred thinking practice and start using the Helen Sanderson one page profile model. These profiles would capture what people like and admire about each other, what is important to people and how they wished to be supported by staff. This demonstrated that the service was innovatively working with personalisation tools to further support people in being empowered to express their views more whilst making decisions about their care and support. This information would support new, agency and experienced staff to further understand important information about the people they were supporting.

Staff used a communication book to handover information to other staff working different shifts. Staff told us that they found this to be an effective way to communicate to each other. We were told it included information about topics such as appointments, outcomes, new guidelines and updates.

We saw that people had a structured day based on their agreed preferences and needs. It involved a variety of activities which included a day centre, life skills for example; cooking and cleaning, food shops, cinema, clubs and swimming. A person told us, "I've been to a day centre today. I have done drawing and colouring". The person then proudly showed us this. They went on to say that they were supported out in the

community with staff and had recently been to a tank museum and local market. Another person said, "I go out at the weekends. Staff ask me where I want to go and what I want to do. I am also supported to see my girlfriend at the weekends". The care coordinator explained to us that All Time Care was flexible and that hours can be changed to meet people's needs. They told us that one person wanted to spend their birthday with their partner. This information was feedback and changes made for a staff member to be available to support the person with this.

Regular meetings with people were arranged and an agenda put together in advance so that people had an opportunity to add to it. We saw that in a recent meeting it was recorded that a new hoover was needed. We discussed this with the care coordinator who showed us that one had been purchased by showing us the receipt. We were told and saw that feedback requiring actions were always recorded on the service monitoring audit and checked by the auditor. This evidenced that the service routinely sought feedback from people and used this to learn and develop from.

We reviewed the last stakeholder annual quality survey results and found that feedback was 100% positive. We noted that professionals had feedback saying; 'Excellent updates and communication' and 'Your agency is one of the best I have worked with. Professional and supportive staff'.

A person told us, "I receive a quality survey which I fill in. I am happy with the service". The quality manager showed us that people who used the service were sent an accessible version of the quality questionnaire. 14 had been sent and eight had been returned to date. We found that six people had said the service was excellent, one person had said it was good and one person had said they required improvement. We noted that All Time Care had acknowledged this as a person wishing to change their support hours. The action had been clearly logged with completion dates and outcomes. The person's hours had been changed in response to this and hours were provided later on a Friday. This demonstrated that the service listened and made changes in response to people's experiences and feedback.

The service had a complaints system in place which captured complaints and reflected the steps taken to resolve them. There was a comprehensive complaints policy in place for staff and a visual easy read version for people. Both versions had contacts to both internal and external contacts including the local authority, CQC and the ombudsman. People we spoke to told us that they would feel able to raise complaints with staff or the registered manager. A relative said, "I have never had to raise any concerns but would feel confident that the registered manager would act on it if I had". Another relative told us, "I fed back to the registered manager that a new staff member was not shaving my family member correctly. The registered manager came out again and showed the staff how to do it". The registered manager told us that this had been recorded. This showed us that the service had effective systems in place which responded quickly to people's concerns and complaints.

Good

Is the service well-led?

Our findings

We were told that staff meetings tend to take place at locations due to the difficulty in bringing all staff together. The registered manager told us they were looking at ways of potentially bringing the whole staff team from different Areas together in the future. We saw that meetings were person focused and outcome led for example staff had recently been discussing how support can be reduced for a person who is currently receiving 24 hour care and support. The outcome was to empower and enable independence. The registered manager told us that there tends to be management meetings which take place in the central office weekly. Topics discussed included people; outcomes following reviews, audit results and appointments were discussed. We were shown task lists which the management come away from meetings with. These were shared with each other via online calendars which allowed everyone to know where each other was. This demonstrated good management.

The service has a registered manager in place. 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.

We found that both the registered manager and management team all had very good knowledge and were open to learning and further developing the service. They were all responsive throughout the inspection and supported us with questions we had and gathering the evidence we required.

The service manager was flexible and delivered support hours when these could not be covered because of sickness, annual leave or vacancies. The management team encouraged an open working environment, for example we observed on several occasions throughout the inspection people and staff coming up to them or calling to discuss matters with them.

People and staff all fed back that they felt the service was well managed. A person told us, "The management is good here. The registered manager is nice; They have delivered support hours to me before". A staff member said, "It's a very nice management team here they are all approachable, easy to talk to on the phone and reassuring. The registered manager works hard and is respected by all the people and staff". A relative told us, "The biggest compliment I have for the registered manager is that he should be cloned. He's really good and has done so much for my family member". A community professional said, "The registered manager is good. They are very open, down to earth, knows their client group well and works with the people".

The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

We saw that All Time Care carried out quality monitoring across all of the services regularly. These audits covered areas such as medicines, environment, documents and finance. In addition to these service

monitoring took place as well. The walk through audits covered more specific areas such as fridge temperatures, daily records, MAR sheets and diary's. Actions and comments were logged and followed up by the management team. We were told that information from incident reports monthly which included medication errors, incidents, complaints or falls was recorded. This data was then analysed to look for trends and learning which could then be shared. This demonstrated that the service had systems in place to monitor and deliver high quality care.

We discussed medicine errors with the registered manager. We were told that these errors are mainly a result of staff forgetting to sign the MAR sheets. In response to this finding they had put in place a count back sheet and a reminder on handover sheets to check medicines. Staffs who continue to make errors will be either given more training or complete further competency assessments with managers. We saw that in recent months the medicine audits that had been completed showed a reduction in errors. This showed that people received a service that improved due to effective quality monitoring.

All Time Care carried out observed practice assessments on their staff. The purpose of these was to monitor the quality of practical care being provided by staff, to ensure policies were being followed and to ensure the service being provided to people was of a high standard of care. Observations covered areas such as; medicines, privacy and dignity, completion of daily records, interaction and communication. We reviewed three staff files and found that each had last been observed in July 2016.

The registered manager told us that they take part in local networking groups such as Partners in Care, provider forums and quality groups. The registered manager said that he found these to be good opportunities to network, share best practice and discuss common problems regarding packages of care.