

Guardian Angel Carers Ltd

Guardian Angel Carers

Worthing

### Inspection report

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Date of inspection visit:  
07 June 2021

Date of publication:  
02 August 2021

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Guardian Angel Carers Worthing is a domiciliary care agency providing support and personal care to people in their own homes. At the time of our inspection the service was providing personal care to 64 people.

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

### People's experience of using this service and what we found

People and their relatives felt fully involved in their assessments of risks and needs. People's individual preferences and particular routines were supported by staff who were person centred. People told us staff across the service were caring, kind and respectful.

People experienced care from staff they felt were knowledgeable about their needs and histories. People's choices for how they wanted daily tasks and needs to be supported were clearly communicated in care plans. Staff were trained and supported to learn and demonstrate the right skills for care and support. People saw new staff being supported by experienced staff and this gave them confidence about continuity of their care.

People and their relatives experienced care which was provided in an individual way according to their expressed wishes and staff valued people's differences. The service was responsive to changes and developments in the type of support and level of people needed. People's needs were promptly reviewed and changes were put in place quickly to reduce risks.

There was a strong management team who were approachable and responsive to staff and people who used the service. Managers had good oversight of how care was provided, they followed up concerns and promoted improvements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 22/01/2020 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the length of time the service had been registered with us but not

rated.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Guardian Angel Carers Worthing

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission this person was also the provider and nominated individual. The nominated individual is responsible for supervising the management of the service. This person is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours notice of the inspection. This was because the service was based in an office and we needed to ensure safe measures would be in place when we visited. The registered manager was away from the office when we gave notice of the inspection. Due to their role as provider and nominated individual we arranged to visit on their return so they would be in the office to support the inspection.

Inspection activity started on 2 June 2021 and ended on 10 June 2021. We visited the office location on 7

June 2021.

#### What we did before inspection

We reviewed information we had received about the service since it was registered, this included statutory notifications. Statutory notifications include important information which the provider is required by law to send us. We used this information to plan our inspection.

We contacted the local authority commissioning team to seek their experience of the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke by telephone with five people who used the service and two relatives. We spoke with 10 members of staff including members of the management team from the branch and head office, senior care workers and care workers. We spoke with the registered manager.

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

#### After the inspection

We continued to seek clarification from the registered manager and branch manager to validate evidence found. We looked at the organisation's governance and quality assurance records. We spoke with two community-based health and social care professionals who have contact with the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Reviews of risks and safety were carried out with people and their relatives to establish how they wanted to be supported to be safe and comfortable. Staff told us they recorded risks on the electronic record and reported concerns to managers for further review. Managers were swift to review increased needs and changes to health and wellbeing.
- People told us they felt safe being supported by managers and staff. One person said, "The staff told the office who carried out a prompt reassessment following changes to my medicines and needs." A relative said, "A manager checked with us about the changes my relative experienced, they quickly understood what had changed for us and what extra help we needed. The carers knew what we were struggling with very quickly."
- Staff referred to people's electronic care records to ensure they understood their role in supporting risks and safety. Staff told us they checked records in advance of visiting people they did not know well. They supported each other by handing over key information about new risks or changes in risky situations. One person told us, "The carers do have good communication with each other. I always feel they are up to date with what is concerning me."

### Systems and processes to safeguard people from the risk of abuse

- There were effective processes for staff to record and report concerns if people were at risk of abuse. Staff understood how to raise concerns and told us they were confident to do this when needed. One member of staff said, "It's a really clear process if we need to raise a safeguarding concern, there is a form online and we inform the office."
- Staff received training to recognise the different forms of abuse. All the staff we spoke with knew how to revisit the provider's safeguarding training and told us it was helpful and informative. Staff were committed to keeping people safe and refreshing their knowledge. One member of staff told us, "We receive online training updates, if you need a reminder it's easy to go online and read the information."

### Staffing and recruitment

- There were enough staff recruited to ensure people's care needs were met. Head office and branch managers regularly reviewed and discussed staffing levels. They took steps to recruit new staff according to people's needs and changes in demand on the service.
- Staff rotas were managed to ensure people received all their agreed calls. Staff worked flexibly to cover each other's leave, to support new staff and respond to people's changing needs. People told us they had not experienced any missed calls and had been informed by managers when carers were going to be late.
- Managers followed safe procedures in recruiting staff to the service. Candidate's applications, interviews and references were managed to ensure new staff demonstrated a commitment to providing care and

support to people. There were processes to ensure potential staff all had a Disclosure and Barring Service (DBS) check. This provides information to employers about candidate's previous criminal convictions and suitability to work with vulnerable people.

- Induction to the service and ongoing training gave staff the knowledge and skills they needed to provide safe care to people. All the staff we spoke with told us they enjoyed the training and found it helpful and relevant to their work. Staff and managers told us they valued good training and staff were encouraged and supported to undertake.

#### Using medicines safely

- The service had clear policies and processes to support safe medicine administration. Staff told us this information was easy to access and they received updates and reminders to keep their knowledge up to date. Managers carried out regular audits of how medicine was managed and identified areas for improvement and development.

- Staff who had responsibility for administering medicines had received relevant training and passed competency assessments before undertaking the task. Staff told us the training was good and they felt supported by managers to carry out this role. Managers carried out spot checks with staff and gave feedback to staff if they were working well or if improvements were needed.

- The provider was ensuring that they could administer medicine safely from a range of packaging being used by different pharmacies. Some pharmacies were dispensing mixed packs of tablets according to prescribed times of the day they should be taken. The provider was communicating with pharmacies to ensure that packaging was dispensed with an effective way for staff to identify individual medicine on medicine administration records (MAR).

- People told us staff who supported them with medicine were efficient and helpful. One person said, "The care staff are good with my medicine, they sort it for me and I feel safe with them helping me."

#### Preventing and controlling infection

- The provider was proactive in researching and responding to available information about COVID-19 throughout the pandemic. Information about the latest government guidance and recommendations about keeping safe was shared regularly with staff. Staff were encouraged to remain positive about safety measures and to support people to understand and adapt to these.

- There were policies, processes and training sessions in place to ensure staff understood their responsibility for minimising the risks of spreading infections. People and relatives told us staff always wore personal protective equipment (PPE) during visits and explained changes in how they carried out care tasks. For example, one person said, "They've always been careful about hygiene. Whenever the government changed things the carers always made sure I understood what the new rules were, we learnt together."

- Staff were provided with personal protective equipment (PPE) early in the pandemic to stay safe and keep people safe. Staff told us managers ensured they had all the PPE they needed and this particularly helped them feel safe and valued.

#### Learning lessons when things go wrong

- There were several ways for staff to share concerns with managers and staff said they felt the service had an open and supportive culture for responding to issues. Staff had team meetings and one to one supervision sessions where managers could talk about issues and improvements. One staff member told us, "We have regular contact with managers or senior staff and we get feedback all the time about compliments or any issues. If there are mistakes or errors we all get to learn and improve."

- Staff knew about, and followed, the policies for reporting incidents and accidents. Staff used their mobile phones to upload details of incidents and accidents immediately. This information was monitored by managers to review and respond to risks for people. We saw examples of support provision increasing, new



equipment being requested, and health professional's advice being sought.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed with them by managers before their care service started. Key information was gathered such as legal and family representatives, healthcare needs and professionals involved, prescribed medicine and personal history. People were asked about their goals for support and consent for sharing information.
- Care records were written in a person-centred way, highlighting what was important to people and how they wanted to be supported. Care staff told us the details provided about people's likes, dislikes and preferences helped them really get to know people. One care staff told us, "I really like the details in people's care assessments, you really feel like the plans are tailored to how people want to spend their day." Another care staff said, "People can really be specific about how they want to be supported, it's not just a list of tasks but explains the little things that people like to happen."
- People we spoke with told us, "[Carers] are well aware of my needs and how I want things done. Tasks are completed as I want", and, "Most care staff know my routine now, the new ones can look up my documents and see how I want things done."
- The provider had ensured the service kept up to date with government guidance for infection prevention and control through the COVID-19 pandemic. Staff and people who use the service were regularly informed about changes to safety measures and encouraged to follow guidance.

Staff support: induction, training, skills and experience

- The service set out clear training plans for staff, from those on induction to more established staff. Staff were supported to undertake training for the nationally recognised Care Certificate. This covered many areas of knowledge important to providing care such as communication, being person centred, safeguarding and dementia awareness. Staff told us they were also supported to undertake national vocational qualifications.
- Learning from online training was assessed at the end of sessions to ensure staff understood the training. Staff felt this was sometimes challenging but generally felt it raised standards. A member of staff said, "You can go back over the training session if you need to. It's a good way to learn and I know I'm learning the right things to do my job properly."
- People and relatives felt that established care staff carried out their roles well and were knowledgeable about good care. People understood that the service had taken on new staff and they were understanding of their need to shadow and learn from more experienced staff. One person said, "New care staff have to start somewhere. It's good for them to learn from experienced ones, they can show them the ropes before they work on their own."
- There was a Supervision Policy and a process for appraisal and review of staff performance in their roles.

Staff received regular one to one supervision with senior staff to reflect on their role and provide support and development. Annual appraisals focused on performance, future training needs and progress.

- The service recently introduced a new 'behaviour competency' framework for staff. This set out the positive behaviours expected for all staff and managers. Some of the behaviours included being committed to excellence and continuous development. Managers had begun to review these expectations with staff.

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

- People who needed support with their meals and drinks had been assessed for their level of support and preferences. Care plans showed details of when people needed support with their nutrition, how they wanted to be supported and what they liked. People told us staff supported their choices when getting their shopping and preparing meals and drinks

- People were supported to maintain as much independence as possible with managing their meals and drinks. Staff considered it was important to involve people with their meals. One staff member said, "It's really good for people to enjoy their meals, we try to support people with the things they like and to maintain their skills if possible." Another staff member told us, "Whoever you visit, you always see their preferences in their care plan. We always check with people what they fancy and some people are able to prepare some of their food with support."

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

- Specific needs such as swallowing difficulties, mobility support and assessed nutritional requirements were recorded in care plans. Care staff knew where to find health information for people and they monitored assessed health needs and risks.

- Relevant community and specialist health and social care professionals were named in people's records. The service contacted health professionals on people's behalf, such as people's GPs and community nurses, when required. One person told us, "They help with my hospital appointments, they're quite flexible and understand my health needs."

- Staff worked together to ensure people were referred to the right health and social care services. Care staff told us they informed senior staff or managers when people's health deteriorated or when people were concerned about their health. They said, "Office staff are well connected to local health services.", and, "While we are providing the care to people, the office staff are making the calls to health services and planning to come out and review needs."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff had a good understanding of how to apply the Mental Capacity Act to their role. Care staff had received relevant training. All staff we spoke with assumed people had mental capacity to make decisions in their lives unless they had been assessed to lack mental capacity. Care staff told us they would raise

concerns about mental capacity to managers and senior staff for further assessment.

- People's records showed if they had made arrangements for Lasting Power of Attorney or Enduring Power of Attorney, copies of formal paperwork had been sought by the agency.
- People and relatives told us care staff always sought consent and agreement before providing care and support. One relative told us, "[Care staff] always ask before doing anything. They often have a friendly chat to put [my relative] at ease." Another relative said, "Care staff build a nice relationship, they are very gentle and respectful. They give [my relative] time to understand the decision and support them if they are confused."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were kind and caring, they felt respected and were treated with compassion. One relative told us, "The care staff are very good. [My relative] has dementia and can sometimes swear a lot because of that. They understand it's not aimed at them and they treat him with respect and kindness." Another person said, "The care staff are very good, always respectful and friendly. I wasn't sure at first about having people in my home helping me. They are all lovely, I needn't have worried."
- Staff took responsibility for noting changes to people's health and wellbeing and worked respectfully with people to seek additional support. One staff member said, "If someone experiences a decline in their health or their needs seem to change, we'll speak with them about it and their family if they want us to. We would always be aware of changes and what they want to happen next."
- Staff had received training about equality and diversity and appreciated that people had a range of views, backgrounds and characteristics which were important to them. One staff member told us, "We could be working with all sorts of people, they all deserve to be treated equally and with respect. I like to think we accept everyone and care for them according to what they need and want."

Supporting people to express their views and be involved in making decisions about their care

- People were involved with their assessments and reviews, their choices and preferences were clearly recorded. We saw that care records named the details people had asked for, such as how they like particular food and the order they liked certain tasks to be completed. Care routines were designed with people as they wanted them.
- The service responded quickly to review people's needs with them when they changed. This gave people control and choice in how support was adapted, able to express new preferences in new circumstances. One relative told us, "The agency have been very quick to review care after health changes. We've had a conversation about coping with things, what [my relative] needs and what support I need."
- Care plans stated people's views about how to include important people in their life. This included family members, friends and professionals. People's care documents clearly showed who they wanted to support them with decisions about care.
- The service understood when people had made decisions about Lasting Power of Attorney (LPA). Staff and managers understood when LPAs should be involved in decisions with people.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of working in people's homes and understood how to maintain privacy and dignity while providing support. Personal care was offered with respect and people were encouraged to do what they could for themselves to maintain independence. A staff member told us, "We always ask people before

starting a care task and check how they want us to manage it with them. Care plans will always tell us people's preferences, but people still make choices when you provide the care. It's up to them."

- People told us they felt comfortable receiving care and support from staff. One person said, "They have been very pleasant and communicate very well with me. I've had several other agencies and I'm happiest with this one." Another person said, "It's best when we've got to know each other. [Staff] probably know what I like most of the time but they still they help me choose my clothes and ask me what I'd like for my meals."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were detailed and reflected their individual requests, preferences and needs. As far as possible care staff provided support which people had asked for and wanted. Staff told us they read care plans to understand people's routines and what was important to them. One member of staff said, "People's care records really help you to understand what each person feels is important to them. It's especially helpful when people can't or don't want to explain how they want us to do things each visit."
- The service organised staff rotas and duty management cover to ensure the service was flexible and responsive. An electronic system was used by staff and managers to track the start and end of care calls. Managers were informed of delays and communicated these to people. Most people we spoke with said care staff arrived at, or close to, the time they were expecting and people were kept informed of delays.
- Managers monitored how the service responded to risks and sought to improve people's experiences. For example, late calls and duration of calls were regularly monitored and the electronic system enabled managers to receive and manage new information from care staff about emerging risks. Information was analysed to establish if there was an impact on people using the service.

End of life care and support

- Managers and staff were proud of the care they provided to people at the end of their lives. Particular attention was given to ensuring people and their families received a flexible service from staff. Staff ensured they communicated well with palliative care services and that support for people and their families was coordinated.
- The service ensured people's wishes for end of life care were known and respected as far as possible. We were given examples of staff working flexibly and outside of their usual hours to support people who wished to remain in their own homes.
- Staff told us they felt well supported by managers when they worked with people who became ill. Managers recognised staff's emotional needs and wellbeing and made sure they were available to talk and listen to staff.
- Particular staff had been recognised for their interest and skills in providing support to people at the end of their lives. Staff communications and updates highlighted when people had received good end of life support and care and respect was given. One member of staff told us, "I've been recognised for providing exceptional end of life care, it's my strong point. I've had good feedback from colleagues about my skills and care." Another member of staff said, "The training and support we get for working with people at the end of their lives is really good. We know who to contact and how to support people due to details in their care plans. But we also get emotional support from managers and each other."

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's specific communication needs had been identified. For example, people who experienced hearing or sight loss had this recorded in their records. Details were recorded about how best to communicate with people according to their sensory needs.
- Staff knew who required support with hearing aids, who had a visual impairment and how to support people. One relative told us, "The staff are good they raise their voices but they don't shout."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff valued their opportunity to build good relationships with people and their relatives during pandemic restrictions. All staff we spoke with recognised the potential impact of pandemic restrictions on people's access to their community and local relationships. One member of staff told us, "We try to be cheerful and friendly with everyone, sometimes we have been the only people they've had contact with." Another member of staff said, "I talk with people about whatever they like. I've learnt a lot of things about travel, music, people's histories. I think it's been really valuable time for people to talk about themselves."
- People's histories, interests and social needs were recorded. Staff told us this information made it easier to build rapport and trust. One member of staff said, "Especially during the (COVID-19 pandemic) lockdown period it's been important to build helpful relationships with people stuck at home. If people have shared information about themselves then they like to talk about it. We've had some really nice conversations."
- The provider had strong links with the local community through organising social groups and activities separately to their registered service prior to the COVID-19 pandemic. People who used the service had previously been encouraged to join social activities and events in their community.

### Improving care quality in response to complaints or concerns

- The provider had formal and informal systems and processes for gathering feedback from staff. Feedback was analysed and changes had been made to some aspects of the service to support improvement. A manager told us "Changes have been made to lots of things through the COVID-19 pandemic. We had feedback care staff were not happy about their hours, travel and call timings. We improved how we communicated to staff and the rationale for decisions."
- People and their relatives had been asked by the service for feedback about their care and felt any issues were listened to. Some people told us they preferred to have regular carers and this had changed during the pandemic. However, people and relatives felt they were listened to and understood the service was responding to lots of extra-ordinary demands. People said, "They do try to be flexible for us but that sometimes means that our carers change, they have explained that.", and "It's not so good for [my relative] when we get different carers as they have dementia, overall they have been good at communicating with us when we've contacted them."
- The service used an electronic system to monitor late care calls and duration of calls. These were monitored proactively so that people were contacted and informed when care staff were running later than 15 minutes. This information was also analysed by the provider to understand how the service was running and seek improvements. One relative told us, "We are generally told when carers are going to be really late. Sometimes they are just caught in traffic or another call, they can't help that."



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider's values and expectations of care were explicitly communicated through the service. Staff understood the values of being person centred, caring and striving for excellence. shared through the service. These were expressed in meetings, emails, social media and media presence by the provider and management team.
- The provider promoted a positive culture of appreciation for good work. Managers kept records of compliments and 'thank you' messages from people and their relatives. These were shared regularly with staff. Team and individual messages of support were shared with staff through videos, emails and online meetings.
- Staff told us they felt appreciated and their strengths were recognised through team and one to one conversations. They told us managers were open to ideas and feedback about the service and how things could be improved for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had policies and processes for applying their duty of candour when required. The registered manager understood their responsibility to send statutory notifications to CQC about specific events. This is a legal requirement which was being fulfilled.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Managers and senior staff talked positively about learning and developing the service and finding ways to improve. Performance data was gathered from feedback systems, training, staff management and electronic care monitoring systems. This was analysed regularly by head office and branch managers to plan recruitment and performance responses.
- Managers told us a more responsive recruitment strategy had been developed. This included building a bank of staff who could work a range of flexible hours and times. Recruitment was targeted to meet the changing or new needs of people who used the service.
- Staff had previously given feedback to managers about difficulty getting in contact with managers in the office and keeping up with new information. Managers told us changes were made in how care teams were organised, into 'cells', with cells leaders. This had improved communication for staff and people who use the service. Care staff told us this worked well and information sharing was good.

- There were effective governance systems in place to manage the quality and effectiveness of care that people received. Managers regularly audited medicine and care records, they carried out spot checks and visits to see how care was being delivered. Staff told us they were observed and received feedback about how they worked.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager contributed to local and national media publications, promoting good care and speaking up for people to need social care support. The service used social media and online resources to provide information about the service values and how people could be supported.

- People and their relatives knew how to contact managers and felt comfortable sharing their views or requesting changes to care. Staff told us there were many ways they could share their views and experiences with managers. People and staff we spoke with all told us they felt their feedback was valued by managers.

- The service sought to work in partnership with community healthcare services, local voluntary organisations and hospice services, according to people's needs. One community worker told us about their contact with a manager, "Communication was professional, knowledgeable and they were able to give me clear and precise information on what was needed." Another external professional told us, "Care staff support patient's needs well, they follow guidance and work well in partnership with healthcare professionals."