Diamond Resourcing Plc

Better Healthcare Services (Brighton)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Outstanding
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 the 18, 19 and 21 September 2018 and was announced. The provider was given 48 hours' notice because the location provides a care at home service. We wanted to be sure that someone would be in to speak with us.

Better Healthcare Services (Brighton) is a domiciliary care agency. It provides personal care to people living in their own homes in the community and provides a service to adults. On the day of the inspection the service was supporting approximately 140 people with a range of health and social care needs, such as people with a physical disability, mental health issues, sensory impairment or people living with dementia. Support was tailored according to people's assessed needs within the context of people's individual preferences and lifestyles to help people to live and maintain independent lives and remain in their homes. Not everyone using Better Healthcare Services (Brighton) receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This service was registered by CQC on 13 September 2017, due to a change in the legal entity, however the management and staff remain the same as the previous registration. Better Healthcare Services (Brighton) has not been previously inspected under their current registration.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Outstanding, person centred and innovative training resources equipped staff with the skills, knowledge and understanding to meet the challenges of supporting people with diverse and complex needs. Bespoke training had been developed to ensure that people remained safe and had their health and wellbeing protected at all times. This increased the overall skills of the staff team which complemented the delivery of high quality care. There was a culture of embracing learning and development within the service. People and their relatives felt confident in the skills of the staff and they received effective care that met their needs.

Sufficient staff were available to ensure people's wellbeing and safety was protected. A robust recruitment and selection process was also in place.

Staff had a good understanding of systems in place to manage medicines. People were supported to receive their medicines safely. Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. 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.

Staff were kind and caring and had developed good relationships with people. People told us they were comfortable in the presence of staff. They confirmed the staff were caring and looked after them well. People were provided with the care, support and equipment they needed to stay independent in their homes.

People were provided with information and guidance to access other services which were relevant to them for any on-going support. People's individual needs were assessed and detailed care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met.

Quality assurance and information governance systems were in place to monitor the quality and safety of the service. People and relatives all told us that they were happy with the service provided and the way it was managed. Social activities and events were planned and the provider regularly supported charity events and raised money for these events.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe receiving care in their home. Detailed risk assessments were in place to ensure people were safe when they received care and support.

There were sufficient numbers of staff to provide safe care. Robust recruitment processes made sure only suitable staff with the right skills and knowledge were employed.

The provider had policies and procedures in place to make sure people were protected from abuse and harm.

Is the service effective?

Outstanding

The service was very effective.

People were supported by staff who had access to an excellent training programme, which could be tailored to provide personalised training reflecting people's individual needs. Staff were supported to develop and excel in their roles and to create innovative ways to meet people's needs. Staff were confident in applying the Mental Capacity Act 2005.

People were supported to eat a healthy diet, taking into account their individual dietary requirements and nutritional needs.

Personalised systems were in place to monitor people's health care needs. Close links with a range of health care professionals were maintained to monitor and improve people's health and well-being.

Is the service caring?

Good

The service was caring.

Staff demonstrated a good awareness of how they should promote people's independence and ensure their privacy and dignity was maintained.

Staff had a good understanding of providing people with choice

and control over their care. People told us staff respected their opinion and delivered care in an inclusive, caring manner.

People were pleased with the care and support they received. They felt their individual needs were met and understood by staff.

Is the service responsive?

Good

The service was responsive.

The service was flexible and responsive to people's individual needs and preferences.

People and their relatives were consulted about their care and involved in developing their care plans. Detailed care plans outlined people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide personalised care.

People told us that they knew how to make a complaint if they were unhappy with the service.

Is the service well-led?

Good

The service was well led.

The provider had systems in place to monitor the quality of the service, drive improvement and ensure that they were aware of and up to date with legislation and developments within the sector.

The ethos, values and vision of the organisation were embedded into practice, and people were involved in the running of the service.

The service had a presence in the community and engaged with other organisations to benefit people. Staff were happy in their roles and felt well supported.

Better Healthcare Services (Brighton)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 18, 19 and 21 September 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

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

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at this and other information we held about the service. This included notifications. Notifications are changes, events or incidents that the service must inform us about.

During our inspection we spoke with 16 people and nine relatives over the telephone. We also visited two people in their homes and spoke with a further relative at the provider's office. We carried out an office visit and spoke with the registered manager, the care manager, a care co-ordinator and four care staff.

We reviewed a range of records about people's care and how the service was managed. These included the care records for four people, case studies of care delivery, training records, five staff employment records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People and relatives told us that they felt safe using the service. One person told us, "I feel safe with the carers, I think it's their friendliness and professionalism that makes me feel safe". A relative said, "I feel [my relative] is safe with them". Another relative added, "We feel safe with them in the house, they are nice and kind and supportive".

Staff were recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed which included checks through the Disclosure and Barring Service (DBS). These checks identified if prospective staff had a criminal record or were barred from working with children or adults. The provider had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form. This meant the provider could be sure that staff employed were suitable to work with people and of good character. This helped to minimise the risk of harm to people.

Enough skilled and experienced staff were employed to ensure people were safe and cared for on visits. Staffing levels were determined by the number of people using the service and their needs. Staff received their rotas and any changes by phone which enabled them to have up to date information on people and their call times. One relative told us, "We have found them to be reliable, they will ring if they are going to be late". Another relative said, "Generally they arrive on time and do everything they should do".

Detailed risk assessments had identified hazards and how to reduce or eliminate the risk and keep people and staff safe. For example, an environmental risk assessment included an analysis of a person's home inside and outside. This considered areas such as the risk of trip, slip or fall for either the person or the staff member and if there was adequate lighting. Other potential risks included the equipment people used and how staff needed to ensure they were used correctly and what to be aware of. Risk assessments were up to date and appropriate for the activity. Additionally, the service planned for emergency situations, such as staff shortages and inclement weather. Positive risk taking was encouraged and we saw risk assessments for people to access the community and socialise.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff meetings. The registered manager analysed this information for any trends.

People were supported to receive their medicines safely. One person told us, "They know what they are doing with my medication, it all seems to work". A relative said, "They prompt [my relative's] medication". We saw policies and procedures used by the provider to ensure medicines were managed and administered safely. Detailed medicine risk assessments were completed to assess the level of support people required. Audits of medicine administration records (MAR) were undertaken to ensure they had been completed correctly, and any errors were investigated.

Staff had a good understanding of safeguarding adults, they had undertaken relevant training and updates. Staff could identify various types of abuse and knew what to do if they witnessed any concerns or incidents. There were safeguarding adults at risk policies and procedures. These were accessible to staff and they were aware of how to raise concerns regarding people's safety and well-being.

People were protected by the prevention of infection. Staff had good knowledge in this area, had attended training and were provided with personal protective equipment (PPE). The provider had detailed policies and procedures in infection control and staff had access to these and were made aware of them on induction.

Outstanding ☆

Is the service effective?

Our findings

We found areas of outstanding practice in the effectiveness of the care provided by Better Healthcare Services (Brighton). People and their relatives felt confident in the skills of the staff and they received effective care that met their needs. One person told us, "I think they are very well trained, if I need advice about anything I'm worried about, they will help, they know what they are doing, they use the equipment properly". Another person said, "I'm happy with the carers. They know what I can do, I'm very fond of them all". A relative added, "The regular team of girls [staff] we have are very well trained, they always involve [my relative] in whatever they are doing for him. They don't just do the job they offer to go over and above what is set out in the care plan. They've never had to call the doctor or anything like that, but I am confident that if they thought there was any problem they would bring it to my attention straight away". People living with very complex needs were supported by a range of staff with an excellent understanding about the support and care they required.

People's needs were assessed before their care visits started. These assessments were completed by a small number of senior staff. The initial assessment was very comprehensive and included details of the person's health and care requirements, as well as family and social history and information about the things they liked to do. This in-depth, thorough and person centred assessment was a way for the service to check that they were able to care for the person and to determine specific additional training needs for staff. Once the care needs of the person had been identified, people's relatives and the members of staff, who would be completing the visits, were invited into the office to go through the person's care needs. For example, on the day of the office inspection, we spoke with a relative who was providing training and information around their relative's care to a group of care staff in the provider's office. They told us, "My [relative'] condition is very rare and specific. I'm here to meet the carers and give them the information they need and to assist with their training. It has been a very comprehensive and complex assessment and they are making sure they can meet her needs. Carers have met the family in our home, it's all been done very well. They are gaining an understanding of the condition, so staff feel confident".

When the service was due to support new people with specific care needs, high quality additional training was sourced. The provider had established outstanding links to local health and social care services to help provide excellent healthcare outcomes for people. They had a highly effective partnership with local hospitals when planning and coordinating successful hospital and residential discharges, so that people were able to receive care in their own homes. For example, one person had lived away from their family for several years in a residential setting, and had now been able to move home with support from Better Healthcare Service Brighton. Extensive pre-assessment work had taken place between the provider, the residential service, the Local Authority and the person's family, which included a family member selecting and assisting to train staff. Another person wished to be discharged from hospital, but had a tracheostomy (A tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe to help people breathe). The provider organised a training session for staff at the hospital to learn how to effectively care for people with a tracheostomy. This training session also included the person, so that they also could increase their knowledge and understanding of the care they would receive. A member of staff told us, "We pride ourselves on taking on complex packages of care. The one's that other providers can't

manage, or basically don't want". Furthermore, the provider had been successful in obtaining a contract to provide care to people detained in prison settings. Specific staff had been identified to provide care in this setting and the provider had facilitated training which included representatives from the prison and local commissioners, to ensure that people received effective care in this setting. We saw further examples of the provider working highly effectively with other services. Training for staff had been received from local hospices, which allowed people to remain in their own home at the end of their life. The Terrence Higgins Trust (THT) had also trained staff in caring for people living with HIV and AIDS.

The service had exceptionally detailed ways of training and developing their staff to deliver outstanding care that met people's complex individual needs. The provider had an in-house clinical nurse trainer who facilitated training for staff and who reviewed people's care to determine whether any further training was required. For example, it was identified for one person, that staff required training in the event of an adrenal crisis. People's complex specific conditions that staff had received training to deliver care for included, obsessive compulsive disorder (OCD), supporting people with eating disorders, tracheotomy care, HIV and AIDS, end of life care, percutaneous endoscopic gastrostomy (PEG) feeding, Huntington's disease, mental health and physiotherapy. The competencies of staff were continually reviewed by the provider. Information sheets were given to staff around particular conditions and regular meetings were held to discuss any further areas of training or issues faced. Staff were trained with 'quick fire' sessions around scenarios specific to people's care. For example, around anaphylaxes attack, hypoglycaemic attack, seizures, chest infection, adrenal crisis, vomiting and tracheostomy. These 'quick fire' questions increased staff's knowledge and confidence on how they should react to specific emergency situations that could occur when giving care to people. People spoke exceptionally highly of how their care staff were trained. One person told us, "The physiotherapist showed the carers what they needed to do and now they support me with my physio. It really does help me what they do, they go above and beyond". A relative said, "The two regular staff that I have at the moment are very well trained, they manage the hoisting talking [my relative] through it as they go. Very reassuring. They've had special training for choking and they are very good at encouraging him to eat". A further relative added, "They are very well trained, there are very specific things they need to do for [my relative]".

We spoke to people about care matching. They gave us examples of being matched with care staff who would be most suitable to effectively meet their needs. One person told us, "I can't do things on my own because of my condition. They have allowed me to test out different carers to see which ones I get on with. That makes me feel comfortable and safe. With their help I am learning to live again. I love the carers I have and I feel we are well matched. They help me with personal care and medicines, as well as taking me out and about". Another person said, "I love the carers and feel well matched with them, the regular ones are very good and give me very good support with food. I have to have a special diet and they make certain its correct and all written down". Staff were supportive to people's nutrition and hydration needs by helping them with shopping and preparing food. One person told us, "Some of the staff are very, very good and always go the extra mile. They always ask me what I want to eat and sort that out for me. You look forward to those ones coming". Staff were knowledgeable about people's preferences and dietary requirements and gave examples of how they needed to remind and encourage some people to eat and drink sufficiently.

Care plans included detailed information on their healthcare needs and how best to provide support. A relative told us, "The regular girls [staff] are brilliant, my [relative] had sepsis and they noticed something wasn't right straight away and called the doctor". Care records demonstrated that when there had been a need identified, referrals had been made to appropriate health professionals. Staff were knowledgeable about people's health care needs and were able to describe signs which could indicate a change in their well-being. People were supported to access and attend routine health care appointments such as visits to the GP.

The provider operated an effective induction programme which allowed new members of staff to be introduced to the running of the service. The induction programme was designed to establish a staff team who had the skills and knowledge to carry out their roles and responsibilities effectively. Staff told us they had received a good induction which equipped them to work effectively with people. One member of staff told us, "The induction was very useful, I learned a lot. The shadowing really helped". Staff we spoke with confirmed they received supervision and an annual appraisal to assess their competency and training needs. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have. Staff told us they appreciated the opportunity to discuss their role and any concerns. One member of staff said, "I have supervision with my manager, I can raise anything". We saw documentation which confirmed that regular supervision meetings had been scheduled and gone ahead for staff.

Staff had a good understanding of equality and diversity. This was reinforced through training and the registered manager ensured that policies and procedures were read and understood. The Equality Act 2010 covers the same groups that were protected by existing equality legislation - age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership (in employment only) and pregnancy and maternity. These are now called `protected characteristics´. Staff we spoke with were knowledgeable of equality, diversity and human rights and told us people's rights would always be protected.

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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications for this must be made to the Court of Protection. The registered manager was aware of the procedures necessary if a person was subject to a Court of Protection order. Staff had received training on the MCA and told us how it applied to their practice. People were given choices in the way they wanted to be cared for, where possible. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for.

Good

Is the service caring?

Our findings

People benefited from staff who were kind and caring in their approach. One person told us, "The [staff] that I've had have been lovely, very kind and chatty, we're well matched they are like friends. They support me with everything, I couldn't function without them" A relative said, "The [staff] are very kind and polite. I've no complaints about that side of things". A relative added, "My [relative] looks forward to seeing them. She thinks the world of them. It's nice for us that she's so comfortable with them".

Staff demonstrated a strong commitment to providing compassionate care. People told us that staff knew them well and had a good understanding of how best to support them. One person told us, "They are lovely, I have a good laugh with them. They are all nice, friendly people, some of them go beyond the normal, I really appreciate it they do a brilliant job". We also spoke with staff who gave us examples of people's individual personalities and character traits. They were able to talk about the people they cared for, what they liked and the best way to communicate with them. One member of staff told us about a person they care for regularly. They explained how this person had very complex needs and they had to be constantly vigilant to their facial expressions and actions to ensure they were safe and comfortable. Most staff also knew about peoples' families and some of their interests. They gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. For example, diversity was respected with regard to peoples' religion and care plans detailed this.

People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to others. Information on confidentiality was covered during staff induction, and the provider had a confidentiality policy in place for staff.

People told us that staff were aware of the need to preserve people's dignity when providing care to people in their own home. Staff we spoke with told us they took care to cover people when providing personal care. They also said they closed doors, and drew curtains to ensure people's privacy was respected. People we spoke with confirmed dignity and privacy was always upheld and respected. A relative told us, "The staff talk to [my relative] and always ask her how she is, what she wants, and they chat generally. She's comfortable with them. They are always careful about things like closing doors and curtains when they help her with washing and dressing. It's not easy having to be helped, but they manage to put her at ease. I think they are very respectful, but in a friendly way".

We were told how staff promoted people's independence. People told us that wherever possible people were encouraged to maintain their independence and undertake their own personal care. Where appropriate, staff prompted people to undertake certain tasks rather than doing it for them. One person told us, "They know what I can do as they've known me a long time. I get on well with them, they've all been very nice". Another person said, "The lass [care worker] who comes to me is so lovely, she always has a smile on her face and nothing is ever too much trouble. She's a born carer. Respectful, but friendly and always asks me what I want and gives me time to decide. I never feel rushed. She lets me do what I can for myself and encourages me to try and do more, to keep going".

People and relatives told us they could express their views and were involved in making decisions about their care and treatment for their relative receiving care and support from the service. One person told us, "They know me well and how I like things done, but they still ask and check whether everything is okay. I'm definitely in control of what happens". Another person said, "They always ask me what I want to do and they organise the time they are with me around that". For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available. Advocacy is a way of supporting people to enable them to have their voice heard, and their views and wishes made known to others. Staff were aware of who they could contact if people needed this support.

Good

Is the service responsive?

Our findings

People and relatives told us they received personalised care that was responsive to their needs. One person told us, "It's all working smoothly at the moment". A relative said, "We were put with this agency at short notice on my [relative's] discharge. We have been allocated a team of four carers. Two didn't work out, but they have changed them". A further person added, "There's always going to be some problems with care companies, but I've no complaints, they meet my needs".

Staff told us that on the whole there was always enough time to carry out the care and support allocated for each person. A member of staff told us that the hours needed for care would be changed on review if needed to ensure people received a service that was flexible to their needs. People told us that they got their care visits when it suited them. One person told us, "They are very kind and do a pretty good job. On the whole they show up on time. They try to accommodate changes". Another person said, "There are a few days they are late, but there is usually a good reason". A further person added, "I go out on a Wednesday night, so I have changed the time of the call, mostly they get it right. They do try and look into changes for me. I get a rota each week and it usually stays the same". A member of staff showed us the provider's electronic call monitoring system (ECM). This system required staff to 'log in' using people's telephones at the start of their care visit, and 'log out' at the end. The system gave the provider real time data to allow them to track care visits, their timing and duration.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The care records were easy to access, clear and gave descriptions of people's needs and the care staff should give to meet these. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and moving and handling. Care plans were person centred and details included a family history, personal preferences and activities they liked to participate in. We found details recorded were consistent in the care plans that we looked at in people's homes. One person told us, "I was fully involved in my care plan and most of the time it works well". Some people had complex needs and required very specific care. We saw that these care plans were detailed enough for staff to understand fully how to deliver care. This meant people were supported and encouraged to remain independent to enable them to remain in their own homes for as long as possible. Staff told us they found the care plans to be detailed and informative to provide care and support to people and meet their needs. One member of staff told us, "I read the care plans and ask for any further information. I don't want to walk in blind". Another said, "The care plans have the information in them I need".

We were told how care staff did their best to support people with activities and to enjoy their interests. The registered manager gave us examples of care staff spending time with people doing things they enjoyed, such as visiting the cinema and supporting people to access the local community to pursue their interests. Care staff also spent time engaging with people in their homes and discussing their pastimes and the things they enjoyed. One person told us, "I enjoy classical music and so do some of my carers, we listen to it together". Another person said, "I have my favourites and they go the extra mile for me. We have a lot in common and the same sense of humour".

Where appropriate and required, people's end of life requirements and wishes were discussed with people, relatives and professionals. These had been documented in people's care plans to ensure staff were aware of their needs and wishes for the future.

People told us they were encouraged to give their views and raise concerns or complaints. One person told us, "I made a complaint and they acted on it". A relative added, "I've complained and the listen to me. They don't have a choice, I'm headstrong". A member of staff confirmed any concerns or complaints were taken seriously, explored and responded to, and we saw documentation that supported this.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Individual communication needs were assessed and met, as the registered manager was aware of the Accessible Information Standard (AIS). The AIS aims to ensure information for people and their relatives could be created in a way to meet their needs in accessible formats, to help them understand the care available to them.

Good

Is the service well-led?

Our findings

People, relatives and care staff told us that they were happy with the service and how it was managed. One person told us, "I think the standard of care is very good, they are polite, attentive and observant". Another person said, "The standard of care is excellent and I have found the office staff very helpful. I'm not sure I know the manager, but I would happily recommend the company". A relative added, "It is early days, but at the moment my feeling is that this is a good company that I would be happy to recommend". Other comments included, "My feeling is that the carers are very good indeed and their professionalism shines through" and "Many of the staff on the ground are absolutely brilliant, first class".

The registered manager promoted a positive and inclusive culture within the service. They monitored the day to day culture of the service through, amongst other things, open communication with people, their relatives, community professionals and staff. Staff made regular visits to people's homes to obtain their feedback, to provide direct care and support and to ensure the care was of a good standard. One person told us, "A supervisor comes out to see if I'm happy. On the whole we are, they take the pressure off my [relative] and help us both". Another person said, "The manager was also a carer and I have a good rapport with her. I think if I have any problems she would do her best to sort them out for me". Staff spoke about their work with enthusiasm, they felt supported, valued and fairly treated. One member of staff told us, "We give good care to people. I like working here, I'd leave if I didn't". Another member of staff said, "The care staff who work here are brilliant. I get on well with everybody". Staff were clear what was expected of them at work, and felt able to request any additional support or advice needed from the registered manager or the office staff. One member of staff said, "They listen to me at the office and the support I've had off my manager has been amazing". Another member of staff said, "If I've got a problem, they support me". A care manager added, "All care staff can come and talk to me in person or on the phone. We get feedback from staff around any issues". Staff meetings were also held to consult with staff as a group. Staff felt a sense of shared purpose with the provider, and experienced successful teamwork with colleagues.

Staff had a good understanding of equality, diversity and human rights gained through training and detailed policies and procedures. Feedback from staff indicated that the protection of people's rights was embedded into practice. We met with the registered manager who was responsible for the day to day management of the service. The registered manager had a clear understanding of the duties and responsibilities associated with his role. He recognised the importance of treating staff in a fair and equal manner, and the need to promptly address any staff conduct issues.

Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included health and safety and care planning. The results of these audits were analysed in order to determine trends and introduce preventative measures. For example, audits of care plans ensured that up to date information was in place to guide staff. The provider also carried out quality audits on the performance of the service. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.

They reported that managers would support them to do this in line with the provider's policy. We were told that whistleblowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. Promoting a culture of openness and honesty can provide better protection for people using health and social care services'

The registered manager continually looked to improve the service and had liaised regularly with the relevant Local Authorities and Clinical Commissioning Groups (CCG), in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff. The registered manager told us that he also attended forums and care showcases to increase knowledge and learning in relation to the sector. Furthermore, the registered manager looked to forge links with the local community and raise money for local charities. For example, a family fun day had been organised, which was attended by staff, people using the service and their families. Additionally, staff at the branch raised money for The Terrence Higgins Trust, MacMillan Cancer Support and a children's road safety charity.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.