

Miss Leah Scowcroft

Leah Victoria Cares

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection took place on 27 July 2017. Leah Victoria Cares Ltd provides personal care to people in their own homes. The service provided companionship services and other support activities to people which the Care Quality Commission does not regulate. At the time of the inspection, the service was delivering care to five people.

This is the first inspection of the service since registering with the Care Quality Commission in June 2016.

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

We found the service to be exceptionally caring. People using the service and their relatives and healthcare professionals provided highly complimentary feedback about how compassionate and dedicated the staff were. People's care often went beyond expectations and what was required of staff. Staff were exceptionally kind and understanding of the needs of people using the service.

People using the service were involved in planning and making decisions about their care. Staff were creative in how they provided care and ensured people felt valued by the service. The registered manager and staff extended call visit times if a person was unwell or could benefit from companionship.

People gave consent to care and treatment. People had their care and support delivered in line with the requirements of the Mental Capacity Act 2005. Staff treated people with respect and maintained their privacy and dignity.

People received safe care provided by the service. Staff understood how to protect people from potential abuse. Training in safeguarding adults enabled staff to identify abuse and understand their responsibilities to report any concerns about people's welfare.

People using the service received care from a sufficient number of qualified and suitably vetted staff. Staff identified risks to people's welfare in partnership with them, their families where appropriate and healthcare professionals. Staff followed guidance in place to support each person safely and in line with their individual needs.

People using the service received care from staff who had the support required to undertake their roles. The support provided to staff included an induction, regular training and supervisions which equipped them with the skills and knowledge required for their roles.

People using the service received support to maintain their health and to access healthcare services when

needed. Staff supported people to eat and drink healthily and safely and to have their nutritional needs met.

People's feedback about the service enabled the registered manager to improve on the quality of care delivered. People using the service and their relatives knew how to make a complaint if they were unhappy about the standard of care provided.

Checks and audits carried out on the service empowered the registered manager to identify and act on shortfalls identified to improve people's care. People using the service and staff knew the registered manager and were happy with the managing of the service and delivery of care. A positive culture at the service focused on people's individual needs. There was a close partnership with external agencies to improve the quality of service provision.

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 received safe care because staff assessed and managed risks to their health and well-being. Staff knew how to identify abuse and report any concerns to protect people from harm.

People took their medicines safely from staff who were trained and competent to do so. There were sufficient numbers of suitable staff deployed to meet people's needs.

Staff followed good hygienic practices to protect people from the risk of infection.

Is the service effective?

Good 

The service was effective. People had their care delivered by staff who received ongoing training and supervisions to enable them to undertake their roles.

People gave consent to care before staff supported them. Staff understood and provided people's care in line with the requirements of the Mental Capacity Act 2005.

People received support with their nutritional and dietary needs. Staff supported people to access healthcare services when they needed to.

Is the service caring?

Outstanding 

The service was very caring. People received exceptional care that went over and above their expectations. Healthcare professionals made highly positive comments about the compassionate manner in which care was delivered and the life changing experiences to people's lives.

Staff made each person feel they greatly mattered and stayed longer on their shifts when people felt lonely and comforted them when they worried about things.

People were involved in planning and reviewing their care. Staff respected people's views and found innovative ways to support them.

Staff knew people very well and developed positive relationships with them and their relatives. People were treated with respect. Staff maintained people's privacy and dignity when they delivered care and support.

Is the service responsive?

Good ●

The service was responsive. Staff assessed and reviewed people's individual needs and delivered care as planned. People received person centred care that responded to their changing needs and preferences.

People using the service and their relatives contributed to the planning of their care and support.

People using the service knew how to raise a complaint about the service. The service encouraged people to provide feedback about their care and acted on any concerns raised.

Is the service well-led?

Good ●

The service was well-led. People using the service, their relatives and staff found the registered manager approachable and visible at the service.

A person centred culture at the service enabled staff to provide care that met people's individual needs.

The registered manager continually made improvements to the service through regular checks and audits on the quality of care provided.

The involvement of other agencies ensured staff followed up to date practice when providing people's care.

Leah Victoria Cares

Detailed findings

Background to this inspection

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

This inspection took place on 27 July 2017 and was announced. One inspector and an expert-by-experience undertook the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to support our inspection.

Before the inspection we reviewed the information we held about the service including notifications we had received. A notification is information about important events, which the service is required to send to us by law. We used this information to plan our inspection.

During the inspection, we spoke with three members of care staff and the registered manager. After the inspection, we spoke with four people using the service and two relatives.

We reviewed care records for five people using the service including their medicines administration records. We looked at records relating to staff that included recruitment, supervision and training. We also looked at quality monitoring reports and other records relating to the management of the service.

After the inspection, we spoke with three people using the service and two relatives. We received feedback from two health and social care professionals involved with the service.

Is the service safe?

Our findings

People received safe care at the service. One person told us, "I feel safe here." A relative told us, "The staff are very good. They will do all that is needed and leave [my family member] happy." Another relative said, "[My family member] feels incredibly safe at all times and the knock on effect is confidence in the [member of staff] and everything that goes with that."

People received support to keep as safe as possible. A relative told us, "The best we could hope for and always safe." Staff assessed risks to people's health and well-being. Risk assessments looked at aspects of people's daily lives where they needed support to remain safe in such areas as mobility, eating and drinking, personal care and any hazards in the home environment. Support plans provided staff with information about how to support people safely in line with the identified risks whilst supporting them to maintain their independence. Staff were aware of risks to people's well-being and one told us, "We have to cut up the food into small pieces to reduce the chances of [person] choking." Risks to people's welfare were reviewed regularly and support plans updated to ensure staff knew how to provide appropriate support in line with people's changing needs.

People's care provision at the service minimised the risk of avoidable harm to each person. Staff received training about protecting people and knew the types and signs of abuse to look out for when providing care. Staff understood the safeguarding procedures and their responsibilities to report any concerns about a person's welfare. The registered manager was able to describe to us the safeguarding policy and how they would involve the local authority safeguarding team if they had any concerns to ensure people's safety. At the time of inspection, there were no safeguarding issues at the service.

Staff had sound knowledge about whistle blowing and told us they would not hesitate to alert the registered manager and external authorities of abuse cases or poor practice when needed. Records showed the registered manager discussed the topic of safeguarding during team and individual meetings with staff to ensure they remained alert to potential abuse.

People had their care delivered in a manner that reduced the risk of a recurrence of accidents. Staff knew that incidents and near misses were to be reported and understood the recording process to be completed. A record of an incident at the service showed the registered manager took immediate action and updated the person's support plan to ensure their safety. The registered manager had a discussion with staff about the incident and how to prevent the situation happening again.

People received the support they required to take their medicines safely. Staff assessed and recorded each person's ability to self-administer their medicines and supported them as required. Care records in people's homes contained information about the medicines they were taking and the registered manager maintained a copy at the office. This enabled the registered manager when carrying out audits to establish if staff administered people's medicines as prescribed. Staff followed the provider's procedures by ensuring they administered medicines that were in the original package with clear labels detailing the dispensing pharmacy, person's name, dose and time. Staff had access to an up to date medicine policy for guidance

when needed. Medicine administration records were completed accurately.

A sufficient number of staff provided safe care that met people's needs. One member of staff told us, "Nothing is cramped at all. We have ample time to travel between calls." Rotas were planned in advance and all calls were covered with sufficient time for travel between visits. Only the same staff were assigned to support each person to ensure people received consistent care from staff who understood their needs. People told us that staff were punctual for their calls and only left when they had supported them with their needs and usually stayed longer to make sure they were comfortable. The registered manager also provided care to people and the service did not use any agency staff. Staff updated the registered manager after visits and at the end of day if they were any concerns about people.

People using the service received safe care from staff working at the service. The provider carried out robust selection and recruitment checks on the fitness and suitability of staff to provide care to people. Staff told us and records confirmed the provider completed and verified pre-employment checks before confirming them in post. Records contained explanations about gaps in employment, written references, criminal record checks and evidence of new staff's photographic identity and the right to work in the UK.

People using the service were safe from the risk of infection. Staff followed the provider's infection control procedures to minimise cross contamination and spread of infection among the people they supported. The registered manager told us and staff confirmed they had access to protective clothing such as gloves, aprons and hand gels. Staff said they washed their hands before and after providing personal care and handling foods and medicines. The registered manager checked staff's infection control practice during spot checks to ensure they maintained good hygienic practices.

Is the service effective?

Our findings

People had their care delivered by staff who received appropriate support to do so. One person told us, "[Staff] are very good at what they do." One relative told us, "The care is wonderful. You can't wish for anything better." One member of staff told us, "[Registered manager] is always there to guide you. She is always there to support us when needed." Staff received regular one to one supervisions with the registered manager and were in daily contact to catch up about people's welfare and any additional support they might require. Supervision records showed issues discussed included good practice, challenges staff faced in their roles, learning needs and any additional training they required to improve their ways of working.

New staff received an induction into their role before they started to provide care on their own. One member of staff said of the induction, "I was given as long as I needed to get to know people before setting off by myself." The induction included new staff meeting people using the service, completing the provider's mandatory training, shadowing an experienced colleague and reading each person's care plan and the provider's policies and procedures. The registered manager observed and assessed staff's practice before confirming them in post.

People received effective care because staff were trained and skilled to undertake their roles. Staff told us and records confirmed they received ongoing training to develop their skills and to keep up to date with current practice. This included the provider's mandatory training in safeguarding adults, moving and handling, medicines management and infection control. The registered manager ensured staff had access to the training and refresher courses they required to enable them to provide appropriate care to people. Staff had not received an annual appraisal as they had been in post for less than the 12 months required to do so. However, each member of staff had a learning and development plan in place which identified their training and support needs for the coming year and the progress they had made.

People with behavioural needs received appropriate care. Staff knew how to support a person who displayed behaviours that challenged and had received the relevant training to do so. Staff understood triggers to the person's behaviours. Support plans in place detailed how they were to minimise these and to maintain a difficult situation such as removing a person from a noisy environment and reassuring them.

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.

People were involved in making choices about how they wanted their care and support delivered. One person told us, "[Staff] ask how I want things done and support me as I wish." One relative told us, "[My

family member] is always consulted about choices on either the food they have or anything that involves having options." People using the service received support from an advocate to make decisions about their care.

Staff understood the MCA and were able to describe how they applied its principles when providing care. One member of staff told us, "We give people information to support them to make informed decisions about their care." Staff informed the registered manager about concerns they had about a person's choices for example when they continued to decline personal care. The registered manager had involved healthcare professionals and reviewed the person's care plan. Mental capacity assessments in place showed a person's ability to make a specific decision about their care arrangements. Care records showed the areas the person required support with and the choices people made on the daily aspects of their support. Daily observation records showed staff provided people's care in line with their decisions.

People received adequate nutrition and hydration to sustain their well-being. Staff supported people to eat and drink in line with their identified needs. For example, a person's care plan stated, "Heat up food and serve in the dining area." Care records detailed people's food preferences, allergies, likes and dislikes and the support they required to maintain a balanced diet and a healthy lifestyle. Staff told us and records confirmed they supported people as planned and served their meals and stayed on until they had eaten in order to give encouragement when needed. At the time of our inspection no one had complex nutritional needs. Staff indicated they would contact the GP if they had any concerns regarding a person's eating habits, swallowing difficulties or a significant change in weight to enable them to receive appropriate care.

People received the support they required to maintain their health. One person told us, "[Staff] are quick to get help for me." One relative told us, "Staff inform us if [my family member] is unwell. They help in collecting prescriptions and picking up medicines from the pharmacy." Another relative said, "GP and support agencies would be contacted if needed by [staff]." Staff monitored people's health and contacted healthcare professionals when a person was unwell to enable them to receive appropriate care. Records confirmed staff supported people to see their GPs and to attend hospital appointments to keep as healthy as possible. We saw that staff had access to information about people's health conditions that included symptoms, treatment, causes and if applicable, ways to prevent it. Staff told us this enabled them to understand, identify and raise concerns about people's health in a timely manner for intervention by healthcare professionals.

Is the service caring?

Our findings

People using the service and their relatives were extremely happy with the kindness and compassion shown by the staff. Comments included, "It feels like family. Staff will go out of their way to make sure everything is ok before they leave." "There is a human face to everything they do. [Staff] are so kind, committed to their work and friendly." "I miss them as soon as they go out of the door. They are so generous with their time." And, "[Staff are] always kind and caring and going the extra mile without wanting praise."

Staff engaged positively with people, showed interest in their well-being, and routinely went beyond the call of duty to support people using the service. One person told us, "Staff visited me in hospital and looked after me." Staff told us and records confirmed they visited people when they were admitted to hospital to reduce any anxieties by seeing familiar faces. The registered manager commented, "[The service] is an extension of the person's family and we would not wait for them to be discharged from hospital. We visit them in hospital and spend time with them, listening to what they have to say and just being there for them really." When one person passed on, the service continued to be supportive to their partner who was not their customer and helped by arranging and attending the funeral. Another person had moved on to a care home because of an increase of their care needs. Although not part of the service provision, the registered manager and staff visited the person, which helped them to settle in the care home.

Positive messages received from relatives of people using the service and healthcare professionals included, "The staff helped [my family member] get back [her/his] life." This was after a medical procedure and the subsequent support and encouragement staff gave them to help with their recovery and to become independent again. Staff went over and beyond people's expectations of care delivery. For example, a person, prior to receiving care at the service, was assessed by a healthcare professional as at risk of being malnourished and suffering from self-neglect. A healthcare professional had commented, "Without the gentle and determined staff, the [person's] health would have continued to deteriorate." The person's relative told us the registered manager was committed to the person's recovery and had thanked the registered manager for their "dedication" in ensuring the person received the care they required regardless of the time they had to spend on a call. Records confirmed the person's health had improved because of the care provided by staff.

People benefitted from a strong person-centred approach at the service designed to meet their needs. One person told us, "The staff will make me a cup of tea and let me talk just about anything." One relative told us, "[Staff] always left a handover note so I could see what had happened or been discussed." Staff provided care in a manner which had a positive impact on people's well-being. For example, staff dedicated the first and last 15 minutes of each call to sit down and talk to the person about their well-being and if they needed any particular task carried out for them. These 15 minute slots were outside the allocated time for care delivery and showed the staff went over and beyond their role expectations. Staff told us this enabled people to feel valued and relaxed by the time they provided personal care.

People were supported with rehabilitation after a stay in hospital. For example, staff had provided personal care to a person whilst encouraging them to develop their independent daily living skills over a period. The

person had gradually regained their skills and they no longer required the support of the service. Another person was at risk of social isolation and had a mistrust of going out. Staff encouraged the person to take the first step by encouraging them to go outside their house and sit on a bench. Gradually they supported the person to venture into nearby parks for walks. The person using the service and their relative were very happy because they had previously lived an isolated life.

People were supported by staff who knew them well. One person told us, "[The member of staff] was kind and gentle and took time to explain things and did not rush away." People looked forward to the care visits because staff showed genuine interest about their well-being. One person told us, "The carers have changed my life for the better. I am not as lonely as I was before. The [registered] manager will pop around just to check if things are alright." Staff had supported a person with short-term memory loss to maintain a diary about any activities or tasks they planned to undertake. A relative commented that this had a positive impact on the person's life as they now had a routine and structure to their day which they enjoyed. Staff also made entries about the call visit times and the name of the member of staff visiting which reduced the person's anxiety. Staff had delivered a person's shopping when this was not part of their care package because they were too unwell to go out.

Staff knew people well and used the information about people's background to provide care sensitively. One person told us, "[Staff] are so thoughtful and kind." This was because on the anniversary of the person's spouse passing on, staff had spent additional time with them. They reminisced about the couple's past and their favourite songs. The registered manager had bought a music album the couple liked listening to and when they played the songs, the person was overjoyed. Staff also picked up the late spouse's favourite flowers when they came into season and brought them to the person using the service. One person loved pets and did not have any of theirs. The registered manager took their dog along which made the person happy. Staff maintained a diary of dates important to people and supported them to celebrate birthdays and anniversaries as they wished.

People told us they enjoyed the time they spent with staff because they left them happier than when they arrived. The service encouraged each member of staff to share a joke with a person on every visit and leave them with a chuckle. One person told us, "I enjoy having a laugh with the staff and the joke of the day is my favourite part of the visit." Staff said they were able to monitor people's well-being when they shared jokes, for example, when a bubbly person was quiet and they did not laugh, they would explore what was wrong with them.

People received the support they required to maintain their routine. Care records stated people's preferences such as when they preferred to have their bath, their food likes and dislikes and how they wished to spend their day. Staff knew what people liked to have for their meals and ensured they had the appropriate foods. People could request that staff change the times they came in to provide care and the registered manager ensured staff worked flexibly around people's needs. For example, one person had their call visits changed to allow them time to spend with their visitors. Records confirmed that a person who required a wound dressing several times a day including nights received the extra support flexibly as they needed until they recovered.

People using the service and their relatives were involved in planning and reviewing their care needs. One person told us, "I know all about my care plan and it is updated all the time." The reviews enabled staff to identify the areas people required support with and where family members would carry out some tasks. For example, some people required full support with personal care and medicines management whilst others had family members assisting them with their shopping and meal preparation. Staff discussed with people and their relatives any changes they would like to see and any concerns. For example, when a person's

needs had increased, staff had agreed to offer more support with personal care and meal preparation.

People received care that was respectful. Staff maintained people's dignity and privacy when they provided care. One person told us, "The staff are well-mannered. They will ring the door-bell to announce their arrival. They also call out to find out where I am." One relative told us, "When personal care was involved I was asked to leave until it had been completed so avoiding the need for my relative to ask me to go." Another relative told us, "Staff are respectful to [my family member]." Staff understood how to provide care with dignity and were able to explain how they supported people. For example, they said they covered people up when giving them care and did not expose them unnecessarily, offered explanations on what they were going to do and asked people if they were happy for them to proceed. Staff told us they delivered people's mail unopened unless they requested that they open it. Staff called people by their preferred names and daily records confirmed this.

Staff kept people's information and records confidential. Staff told us they shared people's information on a need to know basis and in line with the provider's confidentiality and data protection procedures. The registered manager regularly collected care records from people's homes and delivered them to the office for safekeeping. They kept the documents in a locked cabinet that was stored in a lockable office.

Is the service responsive?

Our findings

People received care that met their individual needs. One person told us, "I have all the help I need and more. [Staff] will tidy up my house and make sure everything is ok before they leave." The registered manager carried out a needs assessment when they received a self-referral or one from the local authority. This ensured the service reviewed their ability to meet the person's needs. Care plans in place identified the areas people required support with which included people's mental and physical health, managing finances and medicines, eating healthily, maintaining personal hygiene and accessing the community safely.

People using the service, their relatives where appropriate and healthcare professionals were involved in care planning. This enabled them to identify each person's needs and put appropriate support plans in place. One relative told us, "We were involved in designing the care package and staff considered our views." Support plans had information about how staff were to meet people's needs. People told us and records confirmed staff delivered their care as planned.

People received care that was responsive to their needs. One relative told us, "We do attend review meetings. Staff contact us if there are changes to [my family member's] care plan." People's needs were monitored and reviewed monthly in the first quarter after they started using the service, followed by quarterly and half-yearly reviews to determine if the care being provided remained appropriate for the person. Regular reviews of people's welfare ensured staff continued to provide people with the support suitable for their needs. Staff monitored people's health and updated support plans when their needs changed. For example, a person's mobility had declined and staff had involved an occupational therapist, who then ensured they got a walking aid. This had resulted in the person regaining their independence as they could walk about safely. Daily observation logs indicated staff delivered people's care in line with their changing needs.

People received care tailored to their individual needs. Each person had an assigned member of staff who acted as a keyworker. A keyworker had the additional responsibility of ensuring that they coordinated the person's care with healthcare professionals, their families and the service. Each person and their keyworker held monthly meetings and records showed people were able to state how they wanted their care provided and that staff considered and respected their choices. Staff contacted relatives of people using the service by means of a telephone call or a home visit. People told us the registered manager responded to any questions they asked in a timely manner. Care records confirmed the discussions about how staff delivered care and any changes people would like to see. People using the service and their relatives were happy with the standard of care provided by the service.

People using the service knew how to make a complaint about the service and raise a concern if they were unhappy with any aspect of their care. One person told us, "I would talk to staff because I see them every day or the [registered] manager who is here at least four times a week." One relative said, "It's so easy to talk to the staff. I would say if anything was bothering me." People received the complaints procedure when they started to use the service and staff explained the process in review meetings. The service had not received any complaints since their registration with the Care Quality Commission. The registered manager was able

to tell us how they would use the provider's procedures to resolve any complaints.

Relatives of people using the service were complimentary about how staff responded to and met people's needs. Comments we read included, "Thank you for being so kind and understanding when you cared for [my family member]." And, "You helped me to get my life back on track. I am very grateful."

Is the service well-led?

Our findings

People using the service and staff were happy with the leadership and management of the service. One person told us, "[Registered manager] knows her job. She is brilliant and comes out to check on me." Another person said, "[Registered manager] is very capable and committed to her work." One relative told us, "Leah Victoria Cares has transformed [my family member's] life. I would not hesitate to recommend the service to anyone."

A registered manager was in post and held in high esteem by the staff. One member of staff told us, "The [registered] manager is approachable and very hands on." Another member of staff said, "She is passionate about caring for people and wants each person to get the best care possible." All staff we spoke with said they were comfortable talking to the registered manager about any issue relating to care delivery or any personal circumstances that could affect their practice.

A positive and open culture centred on people using the service enabled staff to deliver person centred care. Staff told us the registered manager promoted an open door policy and encouraged them to learn from their mistakes. One member of staff told us, "I can talk to the [registered] manager at any time and just about anything and feel listened to. She is supportive and gives guidance when needed."

Staff shared their views to develop the service and the registered manager adopted their ideas when necessary. We saw positive interactions between the registered manager and staff and that they had a good rapport. The registered manager said they wanted their service to remain small, which enabled them to provide hands on support, and to undertake care visits regularly. This allowed the registered manager's continued presence in people's lives and a direct observation of the quality of care each person received. People using the service and their relatives were happy about this arrangement because it assured them that their care was subject to checks.

People had information about their welfare shared in a manner that promoted their health and well-being. Staff told us information sharing was good and that the registered manager and their colleagues kept them informed about changes to people's care and support needs. Staff meetings, handover sessions, email alerts and telephone contact were effective in sharing information on developments about the service. Good teamwork enhanced the quality of care people received because staff placed each person at the centre of the service. Staff held meetings to discuss any training attended and to reflect on their practice as a team.

Staff shared and applied the provider's values when delivering care. The registered manager and staff understood that they had, "To treat everyone as [they] would like [their] parents or grandparents to be treated; with bespoke care, love and dignity." This was evident from the examples highlighted in the caring section of this report. Staff ensured people were happy with the care provided before leaving. Staff understood their roles and supervision notes showed the registered manager discussed with them their job descriptions to ensure they were clear of the service's expectations.

People received support from staff who had timely access to advice and support. An on call system in place

allowed staff to request additional support or guidance when needed. Staff told us and records confirmed the registered manager responded promptly to their calls for support. For example, they had responded quickly and turned up to support a member of staff who needed assistance with a person who had displayed behaviours that challenged.

People benefitted from continual improvements made to the delivery of their care. Effective systems were in place to monitor the quality of the service provided. Monthly audit of care plans, review of daily observation logs and record keeping and checks of medicine administration charts ensured people received a high standard of care. The audits we read for the six months prior to our inspection showed staff followed current best practice and that there were no concerns about how they delivered people's care.

People could expect to receive high quality care. The registered manager carried out spot checks on staff's practice. They used the home visits to ask people about the quality of care they received and checked if the environment remained safe. Records confirmed that staff delivered people's care in line with the provider's procedures. Staff told us and records confirmed they received feedback about their practice around areas such as infection control, moving and handling and how they promoted people's dignity.

People received care that was in line with best practice guidance. The registered manager attended meetings with external organisations and also discussed health and social care developments with other registered managers in their locality. They said this provided them an opportunity to discuss best practice and ideas about how to develop the service. Healthcare professionals were involved when appropriate to ensure people benefitted from expert knowledge. For example, staff made a referral to ensure a person living with dementia received specialist support to meet their complex needs.