East Midlands Crossroads-Caring For Carers

Crossroads Care North Nottinghamshire

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Crossroads Care North Nottinghamshire is a service providing personal care to people living in their own homes. It provides long term, short-term rehabilitation and respite care to people within the local community. At the time of our inspection, the service supported a total number of 48 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
The risk of people experiencing avoidable harm was reduced because the provider had processes in place to act on concerns raised and informed other agencies where required. Risks to people's health and safety were appropriately assessed, reviewed and changes to care made when risks increased. The provider had experienced staff shortages due to the impact of COVID-19. These shortages were covered by staff from other branches within the provider group. No calls were missed. Contingency plans meant the most vulnerable were protected from harm during this period.

People's medicines were, overall, managed safely. However, we noted a medicine administration record had gaps and the change to a person's prescription had not been recorded. Action was taken to address this. Robust infection control and COVID-19 policies meant the risk of the spread of infection was reduced. The provider ensured staff learned from mistakes with increased training and supervision where needed.

People received care that was in accordance with their assessed needs. People were protected from discrimination. Staff received training that was mandatory to their role as well as additional training where required. We noted two areas of training that staff had not completed that were required to ensure care was provided safely. Immediate action was taken to address this. We did not find any evidence people had been harmed as a result.

Staff received supervision of their role. Records showed some staff 'observations' were overdue. The registered manager stated the impact of COVID-19 had restricted their ability to carry out the required observations but will be increasing the number of observations completed.

People were supported to maintain a healthy lifestyle and balanced diet. Staff worked in partnership with other health and social care professionals to provide timely and effective care.

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.

People felt staff were kind and caring and they were treated with respect and dignity. Most people felt their choices about their care were respected and acted on. People's privacy was respected, and most people and relatives felt their or their family member's impendence was encouraged.

People received care that was personalised to their needs, choices and preferences. The provider had systems in place that enabled them to provide documentation in alternative formats; making information accessible for all. Specially adapted facemasks had been purchased to ensure people who communicated through lip reading due to being hard of hearing could still communicate with staff. The provider responded to formal complaints in accordance with their complaints policy.

People and relatives had raised concerns about the way office staff communicated with them earlier in the year; however, most felt this had recently improved. Action had already been taken by the provider to address this.

Quality assurance processes were in place. Although they had not identified the issues we raised in this report, immediate action was taken to improve systems and to address the concerns. The registered manager was knowledgeable about the regulatory requirements of their role and they were supported by the provider to carry out their role effectively. Staff were provided with a variety of resources to assist their learning and to improve the quality of care provided. The registered manager and provider worked well with other agencies and local authority commissioners.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 16 September 2019 and this is the first inspection.

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? he service was not always effective. Details are in our effective findings below	**Requires Improvement**
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**

Crossroads Care North Nottinghamshire

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors and an Expert by Experiences (EXE). An EXE is a person who has personal experience of using or caring for someone who uses this type of care service

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 means that they and the provider are 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 48 hours' notice of the inspection. This was because due to COVID-19 restrictions we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 June 2021 and finished on 7 July 2021. We visited the office location on 24

June 2021.

What we did before the inspection
We reviewed information we had received about the service since registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

We used all this information to plan our inspection.

During the inspection-
We spoke with four people who used the service and 15 relatives about their experience of the care provided. Some of those relatives lived with the person receiving care. We spoke with 10 members of the care staff, three office-based staff, the registered manager, the area manager and regional manager.

We reviewed a range of records. This included eight people's care records, medication administration records and the daily notes recorded by care staff. We looked at three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures and training records.

After the inspection
We asked the registered manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

Good

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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of avoidable harm and abuse.
- People and relatives told us they or their family members felt safe when staff provided care and support. One person said, "I'm happy and I trust them. We have a laugh and a natter." A relative said, "They have to hoist [my family member] in and out of bed. They are very good at checking that [my family member] safe in the sling."
- Processes were in place that enabled staff, people who used the service and their relatives to raise concerns about people's safety. These concerns were then investigated, and, where required, reported to the relevant agencies such as the Local Authority Multi Agency Safeguarding Hub and the CQC.
- Staff spoke knowledgeably about how to report concerns and were confident any issues raised would be acted on by the registered manager and/or the provider.
- Senior management had oversight of any incidents that could result in a person experiencing avoidable harm. This enabled them to ensure they were investigated, and actions taken to prevent recurrence. This helped to keep people safe.

Assessing risk, safety monitoring and management

- The risks to people's health and safety were assessed, monitored and care provision amended when people's needs changed.
- Most people and relatives told us staff understood how to provide safe care. This included when helping to move a person who required the assistance of staff and equipment. A relative said, "They [staff] have to hoist [my family member] in and out of bed. They are very good at checking that [family member] is safe when using the equipment."
- Guidance was in place to inform staff how to care for and support people who may present behaviours that challenge others. Training in 'Challenging Behaviour' had been completed by staff. This helped to keep staff and the people they supported with a learning disability or mental health condition safe from harm.
- Environmental risk assessments were completed and reviewed to ensure that people's home environment was safe for staff to provide the required care and support. This also included guidance on how to make people safe in an emergency, such as a fire in their home.

Staffing and recruitment

- We received mixed feedback from people and their relatives about punctuality and consistency of staff.
- Some told us they knew who the staff were, were introduced to them before they provided care and were, in the majority of cases, on time for calls. Others however, told us calls were not always on time and some received numerous staff, some of which they had not met before and they believed to be from other

branches of this provider.
●We asked the provider to carry out research to show for the past eight weeks what percentage of calls were either too early or too late, were missed and were carried out by staff not employed to work directly for this branch. The results showed that the majority of these calls were carried out on time and no calls were missed.
●The research also concluded that 14% of calls were completed by staff not employed directly to work at this branch. The regional manager told us that whilst staff were used from other branches to cover staff sickness, annual leave and COVID-19 staff isolation; they regarded this as a positive as agency staff had not had to be used. The regional manager told us they would work with the registered manager to write to all people and their relatives to reassure them that the staff that were sent to provide care, were, in their opinion, suitably qualified and experienced.
●Staff were recruited safely. No staff member could enter a person's home until a satisfactory criminal record check had been completed and received. This ensured people's and other staff's safety was always respected.

Using medicines safely
●People were protected from risks associated with medicines.
●People and their relatives told us they were happy about the way they or their family members received support with their medicines. A relative told us their family member's skin condition had improved due to the support staff gave with applying creams when needed.
●Systems were in place to assess the level of support each person needed with the administration of the medicines. Some had been assessed as being able to do this for themselves, others needed prompting and/or supervising, some needed full support from staff. This was made clear for staff in people's care records.
●Medicines administration records (MARs) were used to record when staff had provided support for people with their medicines. These records were paper-based and were sent to the provider's office every month review. We did note most records were appropriately completed and reviewed.
●Using a paper-based process can mean identifying any errors or omissions can be delayed. For example, we noted one person's MAR had three omissions for one medicine and also had not recorded that there had been change in the person's prescription for another medicine. We assessed this had minimal impact on the person. However, the registered manager told us there were plans in place to transfer to an electronic MAR system which would help identify any errors/omissions immediately. This will help to reduce the risks of errors associated with medicines.
●The registered manager told us poor staff performance in relation to medicines was dealt with via retraining, further assessments or if needed, disciplinary actions.

Preventing and controlling infection
●There were safe and effective measures in place to reduce the risk of the spread of infection and Covid-19.
●Most people told us they felt assured that staff understood how reduce the risk of the spread of infection.
● We were assured that the provider was preventing visitors to their office from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Concerns about people's safety were investigated and acted upon to reduce the risk of recurrence and risks to people's health and safety.
- Staff felt able to report concerns and incidents to the registered manager and provider without fear of recrimination.
- The registered manager understood their requirement to ensure relevant authorities and agencies were informed if people had experienced an injury whilst care was provided.

Requires Improvement

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not always completed training that was required for their role.
- We noted some people were referred to as having diabetes in their care plans and risk assessments. However, at the time of the inspection staff had not received diabetes training, other than training completed in their induction. For some staff that meant no refresher course had been completed for over five years and in some cases longer. After the inspection the registered manager told us they had addressed this issue and training was now booked for all staff to complete in July 2021.
- We noted a similar issue for catheter care. Records showed some of the staff had not completed catheter care training and they were supporting someone who required their catheter to be cleaned and changed. There was clear guidance in place in this person's care records for staff to follow; however, the absence of formal training in this area could have placed the person's safety at risk.

There was no evidence of people being harmed as a result of these issues. However, we recommend the provider reviews the training provided and ensures all staff complete the required training to care for people effectively and in accordance with their assessed needs.

- Staff received at least three forms of performance review per year; an observation of their practice, supervision and appraisal. Records showed observations for some staff were overdue. The registered manager told us they were aware of this and would be taking action to ensure they were completed. This will help to ensure that people received consistent and effective care and support from staff.
- Most people and relatives spoken with felt staff had the skills required to care for them or their family members effectively. A relative said, "They understand [my family member's] anxieties and are very respectful. They make sure that [my family member] knows what's happening next and take real care of them."
- Over half of the employed staff had either completed or were working towards a diploma (formally known as an NVQ) in adult social care. The continued development of staff helps to provide people with care from highly trained and experienced staff.

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

- Assessments on people's health and safety needs were completed prior to them commencing with the service.
- Care records contained assessments of people's needs and guidance for staff to provide care in accordance with current standard, guidance and the law.

●We did note that guidance for staff on how to support a person with diabetes was limited to providing a 'balanced/healthy' diet. The registered manager acknowledged that more guidance was required for staff to ensure they could act quickly should the person become ill. They told us care records would be amended to address this.
●People's protected characteristics, such as their age, gender and ethnic origin were also considered when care plans were formed. This reduced the risk of people experiencing discrimination.

Supporting people to eat and drink enough to maintain a balanced diet
●People received the care and support needed to maintain a balanced diet and to reduce the risks to their nutritional health.
●People's meal preferences, likes and dislikes were recorded. Where people had a condition that could be impacted by food and drink choices; guidance was in place to inform staff. This meant people received effective care and support with their meals to maintain a healthy lifestyle.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
●People were supported to receive effective, timely care with other agencies where needed.
●Records showed referrals to other health professionals were also made where people's health had deteriorated and risks to safety had increased.
●People were provided with information about how to access other healthcare agencies. Where needed, staff attended appointments with people. This helped to ensure that people were able to receive reviews of their health from other health professionals. Changes to people's health were discussed with professionals, and care plans and risk assessments were amended to reflect these changes.

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.

●Where people were unable to make decisions for themselves detailed mental capacity assessments were in place. This included best interest documentation which ensured decisions were made with the appropriate people such as a relative and health professional.
●People told us they were able to make decisions and did not feel decisions were forced upon them by staff.

●People's care records also contained examples where, if able, they had signed to give their consent to certain elements of care provided. This meant people's right to make their own choices about their care was sought and acted on, protecting their rights.
●The registered manager and staff had a good understanding of the MCA and was aware of the processes to follow should an application be made to the Court of Protection to restrict people's liberty within their own home.

Good

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 were well treated, respected and staff had a good awareness of equality and diversity legislation.
- The majority of people and their relatives felt staff treated them or their family members well. A relative said, "To my mind, the care is brilliant. [My family member] has to have a lot of manual handling – bed to walker, to stair lift, to chair and so on. I can't fault them." Another relative said, "They understand [my family member's] anxieties and are very respectful. They make sure that [my family member] knows what's happening next and staff do take real care."
- The provider had policies and procedures in place to ensure people and staff did not experience discrimination. When starting to use the service people were asked their religion, sexual orientation and other protected characteristics to ensure care could be provided for them in their preferred way.
- Staff were also offered the same protection as the people they cared for. We noted the provider had met with staff from a Black Asian Minority Ethnic (BAME) background to discuss any concerns they may have about the impact of COVID-19. The registered manager spoke passionately about providing an inclusive working environment for their staff.

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

- There was mixed feedback when we asked people and/or their relatives if they had been involved with decisions about care.
- We saw examples in people's care records of them being asked decisions about their day to day to care needs and action being taken. A small number of relatives told us they had not been involved in recent reviews of their family members' care plans and would like the opportunity to contribute.
- The registered manager told us due to COVID-19 formal reviews of care plans had been more difficult to carry out; however, they were now seeking safe and effective ways to carry out these reviews. This will ensure care continues to be provided in people's preferred way.
- People were provided with information about how they could access an advocate if they wished for an independent person to speak on their behalf when decisions were made about their care. This ensured people could be confident that decisions made, always took their rights and views into account

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected; they were treated with dignity and their independence was encouraged.
- Most people and relatives praised the approach of staff. One relative said, "They're very respectful and very gentle with [family member], especially when putting creams on and rubbing them in."
- Care records contained guidance for staff to encourage people to do as much for themselves and to actively promote their independence.

●Most people and relatives we spoke with told us they were pleased with the way staff encouraged them or their family member to do more for themselves. One relative said, "[My family member] tries to be self-sufficient but they are not very steady on their feet. Staff encourage [family member] to do what they can for themselves but are always ready to intervene if needs be, they are having a falls assessment soon."

Good

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 received care that was personalised to them.
- People's preferences and choices about their care provision were used to provide them with person-centred care. Most people and their relatives told us they felt care was provided in the way they wanted. One relative said, "The good ones all go that extra mile, do what they have to do but make a cup of tea and have a natter which cheers [my family member] up. [My family member] loves to have warm towels to get dried with – the 'usual' carers put them in the tumble drier for a few minutes."
- Each person's care records contained detailed guidance for staff on what people required them to do at each call. This included support with; meals, personal care, medicines, cleaning and socialising. The care plans were reviewed and amended as people's needs changed.
- People and relatives commented on the consistency of staff and the reassurance of knowing the staff member who arrived to provide care understood the person's needs.
- The registered manager told us they understood there had been difficulties in providing consistency of staff at times, but due to the COVID-19 pandemic this had not always been possible. However, they told us they were proud of not missing any calls and felt the provider's current recruitment programme would see the consistency of the team of staff attending each call would improve further.
- Staff supported people to rehabilitate following stays in hospital. The aim was to assist these people with being able to gradually do more themselves and to lead more independent lives, becoming less reliant support from staff.
- People's diverse needs and cultural beliefs were always considered when care was planned and delivered. If people had a specific religious or cultural belief that could affect the way they wanted care to be provided, then this would be updated on the care records. This ensured that people were not directly or indirectly discriminated against.

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.

- The registered manager had a good understanding of the AIS. The registered manager told us people could have access to their records in a variety of formats including larger and differing fonts. They told us during the COVID-19 pandemic they had made special provisions for people who were hard of hearing. They had purchased facemasks where people could see the mouth of the person. This meant those who were able, could still lip read when staff were talking to them. This meant that people would not be discriminated

against if they had a disability, impairment or sensory loss

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

●Where able, people were supported to remain active in their communities, meet friends and family and to take part in activities that were important to them.

Improving care quality in response to complaints or concerns

●People and relatives were provided with the information needed to make a complaint.

●The complaints procedure explained the process, how long it would it take to review and what action people could take if they were not satisfied with the outcome.

●We noted the complaints policy stated that if they were not satisfied with the outcome of their complaint, they could report this to the CQC. This is not correct. Whilst the CQC will listen to people's complaints about care provision, the CQC does not have the statutory powers to investigate these complaints on people's behalf. This is the role of the Local Government and Social Care Ombudsman (LGSCO). The registered manager told us they would address this to ensure people had the correct information.

●A complaints procedure was provided for people. This gave people guidance on the process, and who they could contact, such as external health and social care agencies, if they were not satisfied with the response.

●Records showed that formal written complaints were responded to in accordance with the provider's complaints policy.

End of life care and support

●No people were receiving end of life care and support at the time of the inspection. The provider had the processes in place to be able to care for people within their own homes should this type of care be required.

Good

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

- Most people and relatives told us they found the care provided by staff helped them or their family member to achieve positive outcomes.
- People and relatives told us they felt the service had improved in the last few months. Some told us it had been difficult to speak with office-based staff at times, but this had improved. The registered manager told us they had a new phone line installed to give people greater access to office-based staff.
- Most people and relatives told us they would recommend this service to others.

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 provider had the processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood the regulatory requirements of their role. Notifications were sent to the CQC to inform us of incidents that could affect the health and safety of people and the safe running of the service.
- Staff received regular updates that were relevant to their role. This included; the 'inclusion and diversity policy and updates', 'COVID-19 risk assessments', updates/changes to policy and guidelines and a staff handbook. The staff handbook explains what is required of staff to carry out their role effectively and in accordance with the provider's policies, but also how they can access support for their role if needed.
- Staff had access to on-line learning materials and databases if they felt they needed extra guidance or learning in specific areas of care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were asked for their feedback about the quality of the service provided.
- The most recent satisfaction survey was completed by 36 people and/or relatives. Out of 36 responses, 100% said they were usually happy or always happy with the care provided. 98% felt their or their relative's life was better as a result of the care provided. 84% said they were satisfied that the care plans reflected their

current needs and no changes were needed. 94% stated that staff stayed for the length of time they wanted them to on each call.

●However, 23% had stated they were not contacted by staff to ask them for their views about the care provided.

●The registered manager has started to address this feedback. Since the survey was completed, 15 'Well-being' calls had been completed to check that people were safe and well but also to see if they wished to discuss aspects of their care. Actions from these calls have resulted in changes to rotas, more support with meals and helped a person obtain a medicines prescription. This showed the provider is willing to act on people's feedback.

●Most of the staff we spoke with told us they enjoyed their jobs. Some told us they had experienced increased workloads and travelling to cover some calls. It was acknowledged that the COVID-19 pandemic had impacted on staff numbers and most staff accepted this but hoped staffing numbers would soon increase. A recruitment programme was currently on-going to help to address this issue.

●A staff feedback form was soon to be introduced to give staff a formal process to give feedback about their role, the people they cared for and the service as a whole. The registered manager told us they welcomed this so they could ensure staff continued to have an enjoyable place to work.

●An employee of the month award was in place. Staff were encouraged to nominate each other if they felt a staff member had done something they felt was above and beyond the expectations of their role, and/or had a significant impact on a person or people they cared for.

Continuous learning and improving care

●The registered manager had quality assurance processes in place that were designed to inform them of any emerging or increased risks. This would enable them to learn from mistakes and to improve care.

●They acknowledged that their quality assurance processes had not identified the issues we raised regarding MAR charts and training. They assured us immediate action had been taken to ensure this was addressed before it started to impact on people who used the service.

●The provider and the registered manager worked together to ensure they and their staff had the resources and skills to continue to provide people with the required standard of care and to keep them and staff safe.

●A COVID-19 taskforce was established to offer guidance and support to staff on how to stay safe during the pandemic. Fortnightly meetings with area managers were in place to enable the registered manager to discuss any concerns and seek guidance to ensure care was provided in accordance with the provider's current policies and procedures. The Chief Executive Officer (CEO) had also made themselves available to all staff where they could attend an on-line meeting and ask questions.

●National resources were also available. Suitably qualified staff carried out lead roles in areas such as infection control, training and compliance to assist managers and staff if they had specific questions about key areas.

●These measures helped to reassure staff and managers that the provider was there to support them with their continued learning and improving care.

Working in partnership with others

●The provider worked in partnership with a variety of health and social care professionals from several different agencies. These included social workers, occupational therapists and GPs.

●Prior to the inspection we contacted the local authority and asked them for their views of this service. They told us in 2021 they had not received any complaints or concerns. They also told us when they had requested information from this service previously, this had always been responded to quickly.