

LV Care Limited

Caremark Bournemouth

Inspection report

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Date of inspection visit:
23 July 2021
27 July 2021

Date of publication:
13 August 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Caremark Bournemouth is a domiciliary care agency. It provides personal care and support to people living in their own homes. Not everyone who used the service received personal care. At the time of this inspection 21 people were receiving the regulated activity of personal care from the service. 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

We have made a recommendation for the provider. The recommendation covers improving some areas of governance systems and processes.

People were protected from abuse and avoidable harm. People felt safe with staff, who had the appropriate training and skills to provide care safely and effectively.

Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of infection.

Safe recruitment practices were followed, and appropriate checks completed to ensure that only suitable staff were employed. There was an ongoing process of staff recruitment to ensure people were supported safely and effectively. Staff received a detailed induction and were well supported through a programme of regular supervision and training.

People, relatives and health and social care professionals spoke positively about the service Caremark Bournemouth provided. People received personalised care which was responsive to their individual needs. Staff had a good understanding of the care and support people needed and provided this with kindness, care and compassion, whilst respecting their privacy and dignity.

Staff supported people to take medicines safely. Staff were trained in medicines management and knew how to ensure that people received their medicines on time and as they had been prescribed.

People received their care from a small, consistent team of care staff who knew people's care and support needs well. People were involved in their care and consulted when planning and agreeing their care and support needs.

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.

Close working partnerships with other agencies and health and social care professionals had been formed

which ensured people received appropriate care and support.

People and relatives knew how to raise any concerns and felt they would be addressed appropriately.

People, relatives and staff expressed confidence in the management team. People felt the service was well led, friendly and professional. Staff felt well supported in their roles and appreciated the open, supportive and caring approach taken by the management team.

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 18/12/2019 and this is the first inspection.

Why we inspected

This was a planned 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Caremark Bournemouth

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means 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 24 hours' notice of the inspection visit. This was because it is a small service and we needed to be sure that the registered manager would be in the office to speak with us.

Inspection activity started on 23 July 2021 and ended on 27 July 2021. We visited the office location on 23 and 27 July 2021.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people and their relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, a field care supervisor, a care co-ordinator and five care staff.

We reviewed a range of records. This included seven people's care records and three people's medication records. We looked at three staff files in relation to recruitment, induction, supervision and spot checks. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We sought written feedback from four health and social care professionals who regularly liaised with the service. We considered their feedback when making our judgements in this report.

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 and relatives told us they felt safe with the care staff. One relative said, "There is no question of safety, my relative is very safe and relaxed when his carers come. I was there a few times when staff arrived, very pleasant people. He is absolutely safe with them."
- One person told us, "I feel very safe with the carers. I learned to know all of them, and they feel like good friends to me. They come and do the job well." Another person said, "I feel absolutely safe with the carers because they are very caring people. They know what to do and what not to do and they help me get back on my feet."
- Staff understood their role in protecting people from abuse and knew how to identify and act on any concerns. Staff had received appropriate training on safeguarding adults.
- Safeguarding incidents had been reported appropriately to the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks for people were individually assessed and managed. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. Staff understood the actions they needed to take to minimise the risk of avoidable harm.
- Assessments were carried out to identify any risks to people and to the staff supporting them. This included environmental risks in people's homes and any risks associated with people's care needs. Risks were managed in consultation with people and their relatives.
- Staff had received training in how to use specialist equipment safely.

Staffing and recruitment

- Recruitment practices were safe. The relevant checks such as employment references, health screening and a Disclosure and Barring Service (DBS) check had been completed before staff supported people in their homes. The DBS checks staffs' suitability to work with people in a care setting.
- Support was provided by a consistent, small team of experienced staff who knew people well and knew how they preferred their care and support to be given. One person told us, "The carers are more or less the same. They rotate a small team of five or six carers. I know them all well. They do come on time and stay the whole length of the visit. I don't think I've ever had a carer that did not come."
- People were supported by enough staff to meet their needs. Staffing arrangements provided the flexibility to meet people's changing needs whilst ensuring consistent care. A person said, "I have one visit a day and I have a group of carers that come. I do have a rota in advance so I know who will come on a certain day. I've never had a missed call and they do come on time. They know everything they need to do."
- Rotas showed suitable times for travelling between visits was given. Staff confirmed travelling times were

adequate and they were given enough time to complete their visits without being rushed. A member of staff said, "We get enough time on visits. It does depend on the client, sometimes it takes a little longer to support them... Travel time is generally ok but not always enough, purely because of the traffic levels at the moment. We tell each other via the group chat if traffic is a problem. If we are more than ten minutes late, we call the office and they call the client to let them know."

Using medicines safely

- Medicines were managed safely. People received their medicines when they were needed and in ways they preferred.
- A person told us, "They [staff] support me with my medicines, they make sure I have taken them. They do have to check as I do not have a good memory."
- A member of staff said, "I always double check to make sure I have got people's medicines right. I have done all the medicine training, any concerns at all I call the office and they help me straight away. I called the office recently for support, they talked me through the process, it was brilliant." Another member of staff told us, "I double check every medicine and always go from the medicine administration chart, check their dosage, the times they have their medicine and sign it off. All done one at a time and administered to the person. I check every medicine every time, very carefully."
- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly.

Preventing and controlling infection; Learning lessons when things go wrong

- Staff spoke knowledgeably regarding infection control processes and understood how to protect people from the risk of infection.
- Staff were trained in infection control and were supplied with personal protective equipment (PPE) to prevent the spread of infections. Staff were able to collect PPE from a stock held at the office. Everyone we spoke with told us the care staff wore personal protective equipment (PPE).
- One staff member told us, "There has always been plenty of PPE, no shortage at all, there has never, ever been a supply issue. I always have more than I need, always had plenty." Another member of staff said, "There is always enough PPE. It's available and all kept at the office. It has been hot, but we wear it all the time, and use our hand sanitisers as well."
- There was a system in place for recording and reviewing accidents and incidents. This meant any emerging themes or trends could be identified and lessons learned.
- Learning was shared through communication updates, team meetings and supervision sessions.

Is the service effective?

Our findings

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

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

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

- People's care and support was planned and delivered in line with current legislation, standards and good practice guidance.
- People's care needs, and choices were assessed before the service started to provide any care or support and were then regularly reviewed. A person said, "I do think Caremark employ the right kind of staff and they are well trained. I feel well involved and they ask me would I like this or that? They keep me involved all the time." A relative told us, "When the district nurse would come, they would wait for her to finish so they could hear if there were any changes needed. The care plan reflects his current needs."
- Another relative told us, "I would describe the carers my relative has as helpful, reassuring, efficient and the care they provide is exactly what she needs."
- Assessments included information about people's cultural, religious and lifestyle choices and also included any specialised equipment they needed to ensure they received effective care.

Staff support: induction, training, skills and experience

- Care staff had the correct levels of skills to support people effectively. People told us the staff were well trained, knew them well and supported them in ways they preferred.
- One person told us, "They are very professional and know the job well. They seem solid, it's not easy to explain how it really feels for us, but we simply trust them because we see they are doing the job well and professionally. I trust their knowledge about elderly care." A relative said, "I would say they are well trained; they certainly knew what to do when [person] had a fall. Carers called the emergency services and waited with [person]."
- Care staff spent time shadowing existing staff in order to get to know people before they started to care and support them independently. A member of staff said, "I shadowed for about three weeks. Everything was new to me and I didn't want to go out on my own before I felt ready. I was never pressured, and I was asked if everything ok and allowed to learn at my own pace, this enabled me to establish my confidence, they made sure I felt 100% comfortable."
- Staff told us they received training that was effective and felt sufficiently skilled to carry out their roles. A member of staff told us, "I've completed the training and induction, it was all ok. The trainers were good, and it was all quite understandable... There were interesting topics, so it was easy to learn and delivered at the right pace."
- Staff told us they felt well supported by their management team. Staff received regular supervision meetings which allowed them to discuss their performance, concerns or training and development needs.
- An ongoing programme of refresher and development training was in place. A member of staff told us, "Caremark is supporting me to get my level two National Vocational Qualification. My manager asked me

what I would like to do next, so they are supporting me to get my level two. She has already put me forward for the training."

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

- People were supported by staff who understood their food and drink needs and preferences. People and relatives told us staff provided support where necessary. One person told us, "They also greet my Dad even though he has a different agency. When they make tea for me, they also support him with one, it's very nice of them. The carers check my fridge and make notes for the next carer to bring stuff from shops if I am short. It helps because it means I don't have to go out for small shopping."
- A member of staff told us, "Some people use an independent meal provision company for delivering their meals. One person has difficulty swallowing their food and we found the independent company could supply pureed meals to them, this meant they could eat safely."
- Care plans reflected the support the person needed to eat and drink. Staff had received training in how to support people with eating and drinking. If required, referrals were made to appropriate health care professionals for further advice and guidance.

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

- The service worked collaboratively with other agencies, such as GPs, district nurses and occupational therapists, this ensured people received effective care and improved their quality of life.
- One person told us, "Carers are pleasant and friendly. They always make sure they ask if I need anything else. They did help me once to go for a check up to hospital as nobody in my family was available. It was organised very quickly."
- Staff spoke knowledgeably about people's health needs and when they would seek advice from a health care professional. They gave examples of when they had to act quickly to call for an ambulance in the case of an emergency.

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

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

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

- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible.
- People's care records continued to identify their capacity to make decisions. People had been involved and had signed their care records to show they consented to their care and support.
- Staff had received training in MCA and spoke knowledgeably regarding how it applied to the people they supported.

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, relatives and health and social care professionals provided positive feedback regarding the staff and service as a whole. A health and social care professional said, "They are well led, caring and go over and above to meet client needs."
- People told us staff provided care and support in a kind, friendly and professional way. Each person we spoke with told us they felt comfortable with the staff team and enjoyed their visits. One person told us, "I have lovely carers who are considerate of my capabilities and respect who I am as a person. This is very important for me as I was not keen on any extra help. I now see that it's possible to have all my independence and still have the help I need."
- Staff understood and respected people's lifestyle choices. Staff had received equality and diversity training and spoke knowledgeably about their responsibility to ensure people's rights were upheld and they were not discriminated against.
- Staff had developed positive relationships with people and demonstrated they knew people well, how they preferred to receive their care and support and what interactions worked best for each person.

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

- People were involved in making decisions about how their care was planned and delivered. One person told us, "I would say my carers are consistent in their work, reliable, knowledgeable and in the same time lifting me up with talking to me. They cheer me up and I look forward to seeing them. They give 110% in their work, never in a hurry. I like it when they say they are keeping their eyes on me."
- People and relatives told us they were kept well informed and felt fully involved in their care and support. People received regular telephone monitoring reviews which covered topics including, how responsive the service was, the attitude of staff, the standard of care they received and the appearance and punctuality of the care staff. Comments from people included; "I am very happy with the service" and "Everyone is very kind, you are all on time and organised."

Respecting and promoting people's privacy, dignity and independence

- A person told us, "Care is excellent. I am always asked by the carers if I would like them to do this or that or I can do it myself. It shows respect and makes me feel important."
- Staff completed training modules concerning dignity, respect and equality and the provider had policies relating to these topics.
- Staff respected people's dignity and acted to ensure their privacy was protected. Care and support was provided in a discreet, respectful and sensitive way by a small consistent team of staff who knew them well.
- One member of staff told us, "We keep everything private, curtains pulled, and doors closed. If we have to

transfer a person using a hoist, we always wrap something over their legs or place a towel over them to preserve their dignity."

- People were supported to be as independent as possible. Care plans reflected what people were able to do for themselves and how to encourage them to do this.
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

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

- A health and social care professional told us, "We have found the agency particularly good at responding to requests in a timely and safe manner."
- People and relatives told us they had regular, consistent staff who arrived when they were expected. Written feedback from one person said, "Everyone is very smart and always here. No missed or late calls."
- People told us they felt well cared for. One person said, "I do think they grasped all about me, very well and quickly. They seem well organised. I did help answering all the questions about my care plan so they will know all about me."
- People had personalised care plans that provided information about their needs and the tasks staff were to complete at each visit. Staff told us they found the care plans and supporting records clear and easy to follow. Care plans were reviewed and updated as and when people's health needs changed.
- Staff also used an independent electronic messaging application to ensure they were kept up to date with any daily changes such as high traffic volumes, collecting small amounts of shopping for people and any changes in appointment times.

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.

- Information was shared with people in formats which met their communication needs.
- Assessments and care plans detailed people's communication needs and guided staff on the best ways to communicate with people.

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

- People were encouraged to pursue interests and participate in hobbies and activities that were important to them. Staff took time to get to know people and encouraged and supported them to maintain contact with family and friends.
- A person told us, "I would recommend Caremark as an agency because they really look after people like me, they really improved my health. They are considerate people. Not long ago I had my birthday, I almost forgot, but my carers came in one by one to wish me a happy birthday. I was overwhelmed by attention. Such a nice gesture, nice people."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place. People and relatives knew how to make a complaint and were confident any concerns would be addressed. Clear contact and how to complain information was included in people's welcome packs to ensure they knew who to contact at any time.
- We reviewed the complaints the service had received. These had been actioned in accordance with their complaint policy, however there was not a process in place to review and analyse these complaints to enable lessons to be learned. We discussed this with the registered manager, who took immediate action during the inspection and put an appropriate process of analysis in place.

End of life care and support

- The service was not supporting anyone with end of life care needs at the time of our inspection.
- The registered manager told us how the service had supported one person with end of life care. A small, specific team of three care staff had been allocated all visits to ensure the person had familiar staff around them which provided consistency with all aspects of care.
- A mobile hair wash kit had been purchased which enabled staff to wash people's hair whilst they were being cared for in bed. This provided a source of comfort to people at this time of their life. For many people this would improve their sense of well-being and serenity.
- The registered manager told us they were planning to schedule specific end of life training for care staff. A member of care staff told us, "In the care certificate there is an end of life care section. However, we were talking about getting specialised end of life care training. We always make sure people's end of life care wishes are respected." Another member of staff told us, "I would welcome training on end of life care... any additional training would be helpful, it's the emotional side we would like help with."

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 as good. This meant the service management and leadership was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had started to support and care for people during December 2019 and had had the challenge of establishing itself during the COVID-19 pandemic. A system of audits and quality assurance processes had been implemented. However, some of these processes had not always been completed or were overdue, they needed further improvements to ensure they became fully embedded and effective. For example, lone working risk assessment were due to be reviewed during June 2021 these had not been completed, some staff training records had not been signed off and some recruitment records audit processes had not been completed and signed off.
- We asked the registered manager if the staff files were audited. They were not able to tell us whose role included auditing the staff files. Improvements were needed to ensure staff were clear about their roles, and to ensure the registered manager had effective oversight of the service as a whole.

We recommend that quality assurance systems and processes are reviewed to ensure the quality and safety of the service.

- Without exception people, staff and relatives expressed confidence that the service was well-led. One relative told us, "I think this is a well-run business. They show complete determination to help and listen to families and clients... I don't think they could do much more for us, just to keep up with the good work."
- A person told us, "I think they are a very well organised company and they do show a lot of respect to clients and families. We would recommend this agency with no problems." Another relative said, "I would say they are well organised, and the carers are good at what they are doing... It's reassuring for us as a family that they are this good and we can rely on them."
- A member of staff told us, "It is well led. We work as a team; it runs smoothly a really good team. I applied for many jobs and had offers but wanted to work for Caremark, they are a wonderful team."
- There was a system of unannounced spot checks and observations to ensure staff were carrying out their roles correctly. Spot checks covered all areas of people's care and support delivery and ensured staff were following the correct guidelines and were delivering people's care in accordance with their care plans.
- Providers are required to notify CQC of significant incidents and events. The registered manager understood the requirement to notify CQC of significant incidents and events and appropriate notifications had been submitted as required.

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

characteristics

- People were encouraged to express their views and suggestions about the service via face to face meetings with staff, telephone calls, surveys and reviews of their care. This information was used to improve the service and to highlight good practice or care.
- One person told us, "What I like from Caremark is that they really work with me. I like to stay active and do things for myself and this is what Caremark is letting me do. I would recommend them with no problems as they know how to recognise people's needs well. I don't think they could do any better for me"
- The service had just sent out their first client questionnaires. The questionnaires sought the views from people and relatives regarding the service they received from Caremark Bournemouth. Returned questionnaires had been positive. The registered manager told us once all questionnaires had been returned they would complete a review and analysis on them and ensure any queries would be taken forward and actioned.
- Staff told us there was an open, friendly and supportive culture, they felt comfortable to put forward any ideas they may have to improve the care, support or well-being for people. Staff told us, "We talk all the time to each other. . . face to face staff meetings will be starting again soon which will be good." Another member of staff told us, "Our staff team all get on, really gel and work well together. I feel very supported in my role. It was really daunting the first week, but I've had all the training and it's really good. It really does feel like you have that connection and are well supported. We all sort it together; I feel I could chat to any one on the team and I would be listened to."
- Staff had access to a secure mobile phone application which was used effectively for all staff to communicate. Staff had a good understanding of equality issues and valued people as individuals ensuring they received individualised, person-centred care at all times.

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

- Staff said they felt very well supported and told us they enjoyed their roles. Staff spoke of an open, supportive, professional and friendly culture with a clear ethos of placing the client at the heart of the service. A member of staff told us, "I am enjoying it. I never thought I would be a care worker, but I want to make a difference for people. I like to help people who cannot always help themselves. It's very rewarding."
- Another member of staff told us, "We have the same small group of clients to support so we build rapport and know their preferences. We know their preferences such as, how they like their toast buttered and jammed and don't have to keep asking them. They can build trust with us as individuals."
- People and relatives gave positive feedback regarding the open, honest and caring culture of the service. A person told us, "They do seem to have a fairly good knowledge of all my conditions. I would say they help me to eat better, they make sure I have two glasses of water on my nightstand to avoid getting up. They know I get comfort in routine and they learned that quickly."
- Another person said, "I was well impressed how they learned quickly what they needed to do with me and how much they put into teaching new staff. . . A new carer started and they told her so much, asking me at the same time, if I would like to correct anything or had anything to add. I felt part of the team."
- There were effective communication systems, staff felt comfortable to raise any concerns or ideas and were confident they would be listened to and actions taken as required. One member of staff said, "There is good communication at this company. Communication is the most important tool in business. They are very open to new ideas and criteria. As the company grows the staff grow with it. It's such a good environment, it's tough to find such a good company these days."

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 duty of candour was understood by staff and managers. The duty of candour is a legal obligation to

act in an open and transparent way in relation to care and treatment. The registered manager understood their duty to be open and honest if things went wrong with people's support and care.

- People and relatives told us they found the service to be open and honest and were very happy with the standard of care and support that was provided from Caremark Bournemouth. Comments from people included, "They follow what we agreed, it's working well for all of us", "We are very pleased with the carers. [Person] is well looked after, they are all professional."

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff team had a commitment to learning and making improvements to the service people received. Regular spot checks and observations were conducted on staff to ensure they were following their training and meeting people's needs.
- There was evidence of learning from incidents. Investigations took place and appropriate changes were implemented.
- The service had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported.
- Before the COVID-19 pandemic started, the registered manager had taken part in local forums and provider events, where they were given opportunities to share best practice. The registered manager told us when these events re-commenced, they would look forward to being able to attend.
- The provider had been approached by Dorset Police to take part in a special project to support people who may be at increased risk in the community.