CASA Care Limited

Casa Care Ltd t/a Carewatch South Warwickshire

Inspection report

45 Russell Street
Leamington Spa
Warwickshire
CV32 5QB

Tel: 01926882888

Date of inspection visit:
05 August 2016

Date of publication:
22 August 2016

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

We inspected this service on 5 August 2016. The inspection was announced. The service is registered to deliver personal care in people's own homes and also provides a live-in service.

There was a registered manager in post. 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.

The service is provided for adults who may live with learning disabilities, autistic spectrum disorder, mental health, a physical disability or sensory impairment. At the time of our inspection, 110 people were receiving the service.

People were safe and were protected from the risks of abuse. Staff were trained in safeguarding and understood the action they should take if they had any concerns that people were at risk of harm. The registered manager checked staff's suitability to deliver personal care in people's own homes during the recruitment process.

Care plans included risk assessments for people's individual health and wellbeing and described the actions staff needed to take to minimise the identified risks. Staff understood people's needs and abilities because they read the care plans and shadowed experienced staff when they started working for the service.

The registered manager assessed risks in each person's home and advised staff of the actions they should take to minimise the risks. People's medicines were administered safely because the provider's medicines administration policy included training staff and checking that people received their medicines as prescribed.

Staff received training and support that enabled them to meet people's needs effectively. Staff had opportunities to reflect on their practice and consider their personal career development.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Records showed that people, their families and other health professionals were involved in making decisions about their care and support. Staff understood they could only care for and support people who consented to being cared for.

Staff referred people to healthcare professionals for advice and support when their health needs changed, and supported people to follow the health professionals' advice.

People told us their care staff were kind and understood them well, so they felt like friends. The provider asked people about their preferences, likes and dislikes for care and support during their initial assessment

of needs.

People told us staff respected their privacy, dignity and independence, and they were supported to live the lives they wanted. People knew any concerns or complaints would be listened to and action taken to resolve any issues.

People were encouraged to share their opinions about the quality of the service through surveys and one-to-one conversations with a member of the management team.

The staff and management team shared common values about the aims and objectives of the service. People were supported and encouraged to live as independently as possible, according to their needs and abilities.

The provider's quality monitoring system included regular checks of people's care plans and staff's practice. When issues were identified the provider took action to improve the quality of the service people received.

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. Staff understood their responsibilities to protect people from the risk of harm. Risks to people's individual health and wellbeing were identified and care plans explained how to minimise the risks. The provider checked staff were suitable to deliver care and support to people in their own homes. The provider minimised risks to people's safety in relation to medicines.

Is the service effective?

Good

The service was effective. Staff were skilled and trained to meet people's needs effectively. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and supported people to make their own decisions. People were supported to maintain their health and staff involved healthcare professionals in people's care when needed.

Is the service caring?

Good

The service was caring. Staff knew people well and understood their likes, dislikes and preferences for how they wanted to be cared for and supported. People told us staff were caring and respected their privacy and promoted their dignity and independence.

Is the service responsive?

Good

The service was responsive. People decided how they were cared for and supported and staff respected their decisions. People and staff were confident that complaints or concerns were dealt with promptly and resolved to their satisfaction.

Is the service well-led?

Good

The service was well led. People were encouraged to share their opinion about the quality of the service, to enable the provider to make improvements. The registered manager led by example and promoted an open culture. Care staff felt supported and motivated by the registered manager, which empowered them to provide a good quality service.

Casa Care Ltd t/a Carewatch South Warwickshire

Detailed findings

Background to this inspection

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

The inspection took place on 5 August 2016. The registered manager was given 48 hours' notice of the inspection, because they provide personal care in people's own homes and a live-in service. We needed to be sure that someone would be available at the office to speak with us. The inspection was undertaken by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We reviewed the information the provider shared with us prior to the inspection in the provider information return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make.

We spoke by telephone with 12 people about how the service supported them and with seven relatives of people who received care and support. We also spoke by telephone with four care staff and a supervisor. We

spoke face-to-face with the registered manager and provider.

We reviewed four people's care plans to see how their care and support was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe because they trusted staff and were 'at ease' with them. People told us they had regular care staff who arrived when they were expected. People told us they felt safe when staff assisted them to move using specialist equipment.

People were protected from the risks of abuse because staff understood their responsibilities to keep them safe from harm. Staff told us they had no concerns about people being harmed, but they knew what to do if they had, because they had training in safeguarding. Staff told us they knew the provider's whistleblowing policy meant they could report any concerns about staff's practice in confidence. A member of staff told us, "At the end of the day the clients come first. If it isn't right, staff need to be told. I wouldn't like my mother or father to receive poor care." The registered manager notified us of referrals they made to the local safeguarding team when concerns were raised, in accordance with the regulations.

Records showed the registered manager completed risk assessments that were relevant to people's individual needs and abilities. For example, risks to people's mobility, nutrition, communication and emotional well-being were identified and their care plans included guidance for staff to minimise the identified risks. The guidance included the equipment needed to support people to mobilise and how to complete the required tasks safely. Staff told us they read the care plans and daily records, shared information with other staff and worked with the same people regularly, so they knew how to support each person safely.

Care plans included risk assessments related to the person's home and the equipment they needed. For example, the assessor checked there was sufficient space and even floor surfaces to use equipment safely and whether people kept pets. Staff were reminded of the provider's lone working policy to ensure they took appropriate action to stay safe when working alone with people. Staff were trained in using moving and handling equipment and in health and safety and first aid. People told us they had not had any accidents while being supported by staff.

There were clear instructions and guidance about the actions staff should take in an emergency. We saw contact numbers for emergencies included people's GPs, district nurses and equipment suppliers. Staff told us the equipment needed to support people safely was organised and in place before they started a new call. The risk assessments and care plans were clearly effective as the registered manager had not needed to notify us of any accidents in the previous 12 months.

There were enough staff available to support people safely. People told us their care staff arrived when they were expected and stayed for the length of time agreed. They told us their needs were met. People said, "They are on time and they let me know if they are a bit late", "They are never very late and they stay the full time" and "They are generally regulars now and they are good at the care."

The registered manager told us, "We tell people at the outset there is a 20 minute 'window' as start time, to allow for delays at the previous call or a late 'sick call' from staff. If they are going to be later than 20 minutes

the supervisors ring to let people know." They told us some care needs were time specific to ensure people maintained their health. For example, if people needed support with managing diabetes, calls were prioritised on staff's rota and were 'locked in' to the system so the times could only be changed by a manager.

Staff had no concerns about being short-staffed due to unplanned absences, such as sickness absence. They told us there was always someone around for support and guidance in an emergency. The provider explained they made sure there were enough staff available to cover unexpected absences due to staff sickness by implementing a 'stand-by' system. They told us some staff had chosen to have 'guaranteed hours' contracts, which included 'standby hours'. This meant staff went into the office first thing in the morning and 'waited' to cover any urgent gaps in staff availability. Staff told us the 'stand-by' and on-call systems were effective and ensured people received the support they needed.

The provider's recruitment process included making sure people were protected from the risks of being supported by unsuitable staff. The registered manager checked staff's suitability to deliver personal care before they worked for the service. Records showed the registered manager checked with staff's previous employers and with the Disclosure and Barring Service (DBS), to make sure they were suitable to work in people's own homes. The DBS is a national agency that keeps records of criminal convictions. The provider's electronic staff allocation system did not allow a member of staff to be allocated to calls unless all the checks were made and showed a 'completed' date.

People's medicines were managed and administered safely. Care plans included medicines risk assessments, which determined whether people were able to administer their own medicines, whether they received support from relatives or whether staff needed to support them to take their medicines safely. People who received support told us they had 'no concerns' and were supported to take their medicines at 'the right time'.

Staff told us that all staff received training in medicines administration, so they understood the importance of administering them in accordance with people's prescriptions. Records showed staff recorded the time of day and how much medicine people took, or the reason they did not take them. This enabled staff to monitor the impact of people declining to take their medicines as prescribed. Staff told us the supervisors checked that medicines were administered safely during their regular unannounced checks that people's needs were being met.

Good

Is the service effective?

Our findings

People told us staff were effective, because they were supported in the way they wanted. They told us staff understood the things they could do for themselves and the things they needed support with. People told us, "They all seem well trained", "They just do what I need" and "They seem to know what to do when they call."

Staff told us they felt confident and fully prepared to work with people, because their induction programme included classroom training, shadowing experienced staff and getting to know the people they would work with. People told us they knew staff had a thorough introduction to the service, because they were introduced during their shadowing period. New staff's three-month probationary period included training, known as the 'footsteps' programme. This included workbooks, which were assessed by senior staff, and a weekly meeting with their line manager to check staff's understanding and competence in their role.

All new staff received training that was relevant to supporting people. Records showed all staff received training in, for example, moving and handling, food and nutrition and dementia awareness. Staff received specialist training to meet people's specific needs, such as, in epilepsy and end of life care. Staff's skills were kept up to date by 'safe to practice' refresher training, which included a pre-learning book, followed by training and a revisit of the workbook to identify any gaps and learning. Staff told us, "I tell the manager what training I want and they sort it out" and "We have client specific training, for stockings and patches, for example, by the district nurses. They are all different with different needs."

Staff told us they received regular support and supervision by calling in at the office, by being observed in practice and at one-to-one meetings from the team of field care supervisors and team leaders. The registered manager kept a record of the scheduled meetings with staff, to make sure they had regular opportunities to discuss any concerns. Staff told us, "I have a six monthly review meeting and 'spot checks'" and "They are very approachable if you call in, they make time for you."

Staff were encouraged and supported to consider their own professional development and to study for nationally recognised qualifications in health and social care. The provider had set up a room at their office known as 'the learning zone'. The room included moving and handling equipment for staff to learn and practice their skills, reminders about best practice, computers with on-line access and reference books to support their studies. A member of staff told us the registered manager made sure they were able to be assessed in practice for their qualification by an external assessor. A member of staff for whom English was not their first language, told us they were able to access support for presenting written information in formal English for their coursework.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager understood their responsibilities under the Act. Care plans included assessments of people's capacity to understand and weigh information to make decisions about their physical health and wellbeing. For one person who had been assessed as not having the capacity to decide how they were cared for, their relative made decisions on their behalf. The registered manager had obtained a copy of the order from the Court of Protection to make sure the relative had the legal authority to make decisions on the person's behalf.

Staff received training in applying the principles of the Act. Staff understood and acted within the principles of the Act, by supporting people to make their own decisions. People told us "They make sure I am properly dry and tell me what they are doing" and "My regular care staff takes time to do it all right." Staff told us the Act supported their personal belief and work ethic of ensuring people were able to choose how they were supported.

People were supported to eat and drink enough for their needs and to minimise risks associated with poor nutrition or hydration. For people who needed support with preparing meals or with eating and drinking, their care plans included their likes, dislikes, preferences and any allergies. This included, for example, whether they preferred vegetarian or culturally specific meals, and the times they liked to eat. People who needed support with meals told us, "They set my meals out nicely and wash up" and "My meals are nicely prepared and presented, and they tidy up". People told us staff ensured they had a drink close to hand before they left, such as offering to make a cup of tea.

People and relatives told us people were supported to maintain their health and to visit healthcare professionals when needed. People's care plans included their medical history and information about the early signs of ill-health in the guidance for staff. People told us, "They alert me if I need the doctor or nurse to look at something" and "They alerted me to get the doctor recently. I had to get it attended to and they still keep an eye on it." A relative told us they were pleased that staff were observant and they were confident staff followed the health professionals' advice because, "Staff record all that as well" in the daily care records.

Good

Is the service caring?

Our findings

People told us the staff were thoughtful and were all 'very nice'. One person told us, "They have a chat, which is really nice. Some of my regulars like [Name] have been fabulous. They even remember what shoes I wear." A relative told us, "It's people we know. They are very nice. They even get me a birthday card". A member of staff told us, "You have to love this job and enjoy being with people and to want to make a difference."

The registered manager allocated staff to the same people regularly to make sure people were supported by staff they were familiar with. For example, one member of staff had been supporting the same person for almost eight years. Their relative told us the staff member was 'good' with them. Staff told us they got to know people well because they supported them regularly and were able to build good relationships with them over time.

People's care plans included a personal profile, which explained their history, medical conditions needs, abilities and preferences. The information included people's cultural and religious beliefs and traditions, so staff knew what was important to people and how best to support them to follow their religious practices. A member of staff told us, "We make people feel like we've 'come to see them' and have a chat. We are interested in them as people. They make jokes and we have a laugh. They look forward to us coming back."

People told us their regular care staff were kind and understood them well. One person told us, "They are very good and very friendly and obliging and they ask me if they can do anything else before they go." A relative told us, "[Name] is very content with the carers and relaxed with them. There's a good rapport between [Name] and them and it all does take a lot of pressure off me." Relatives told us staff were well known and liked by their wider families, because staff made them feel included. One relative said, "I'm very happy and they have really helped us."

People told us a senior member of staff came to their home to assess their needs and to plan how they were cared for and supported. One person assured us, "It was set up with me and we agreed the care plan." People told us they received the care and support according to the agreed plan and staff understood their preferred routines and lifestyles.

People told us staff respected their privacy and dignity and understood what was important to them. People told us, "They take the time to do it right. They are careful and they make sure I'm dry and sorted", "It's all done safely and with dignity" and "They don't rush me." A relative told us, "The care is provided with dignity and the carers now are exceptional. They respect me and the house. They don't come in with muddy boots and they ask if they want the loo."

Staff told us they talked about dignity, respect, equality and diversity at induction and at refresher training. A member of staff told us, "We talked about the definitions and examples in given situations. It's about your approach, how you treat people. You need to talk properly to people and be discreet." The registered manager told us, "I tell staff to remain professional at all times, 'assume you are on camera' and ask

yourself, 'would you do this to your parents'. If you finish the tasks quickly, have a cup of tea and a chat with people."

Good

Is the service responsive?

Our findings

People and relatives told us the service was responsive and flexible to their needs and was adaptable to changes in their lifestyle or routines. One person said, "If I'm having my lunch they get on with things but they let me do things if I also want to be busy." Another person told us, "They take the time to do it right. When they have finished they still ask if they can do anything else and they make me a cup of tea."

People and relatives told us their care and support was regularly reviewed by a supervisor and changes were made if their needs or abilities changed. They told us, "They do a review quite often", "They check my needs at reviews every few months" and "I was just having someone to clean, then recently I have also had someone doing personal care twice a week and that's been very reliable." Records showed that the registered manager scheduled regular six monthly checks of people's care plans to make sure they continued to meet people's needs. A member of staff told us, "If a person asks for something different, I say, 'is it ok if we check it out with the office first?'"

The registered manager told us, "Care plans are reviewed after six weeks, which is time enough to get used to each other and changes are made if needed. Issues might be wrong information from the funding agency or a person might not be happy with a carer." They told us care needs were reviewed every six months thereafter and "After a hospital visit, or when care staff note changes in people's needs or abilities." Supervisors used an electronic 'tablet' to record reviews, so information was instantly uploaded to the system. This meant changes in call times and tasks were changed on the electronic planning and monitoring system straight away. Staff told us they were advised of immediate changes in people's care by their supervisor, via mobile phones.

Some people received support with managing their daily lives as well as with personal care. Their care plans identified their preferences for how they spent their days and regular trips out were included in their care plans. For example, people's preferences for how often they were supported to go out to local shops and cafes. The registered manager told us, "If people go out regularly, to the day centre for example, calls are 'locked in' to the system". This meant the times could not be changed without notice and staff understood the importance of maintaining people's preferred routines. A member of staff who delivered a live-in care service told us, "We went to town for a look around and shop. [Name] remembers the trip and it was a new talking point. It is nice for [Name] to see their friends and we go out walking around the village."

People told us they were encouraged to express their views about their care and action was taken in response to their comments. People told us, "They do check with me how it's going from time to time" and "They were not coming at the right times and they put that right. One staff was 'not right' (for me) and they stopped him calling at all." Other people said, "It's pretty good. They have taken things I say on board" and "I've used them for years. Over the time, I've just had one complaint." Seven people told us they had 'no complaints' about the service in the previous 12 months.

The provider had made their complaints policy accessible to people by including a copy in their service user guide. No written complaints had been received during the previous 12 months. However, the registered

manager kept a record of all verbal complaints and issues they were aware of, to make sure they identified any trends or patterns. They told us, "If concerns or issues are raised with the office before 12 noon, the supervisors do an initial investigation the same day. If it is after 12:00, they investigate the next day. We have not had any serious complaints. Sometimes people just appreciate the opportunity to get things off their chest and to share issues."

Good

Is the service well-led?

Our findings

The provider's quality assurance process included asking people what they thought of the service. This was during an initial follow-up call six weeks after starting with the service and at six monthly care plan review meetings. Supervisors visited people in their homes to ask whether their care plan continued to meet their requirements and to check they were happy with the service. One person told us, "One of the supervisors comes to see me at times to check it out. It has got better. Now it's good, but they need to keep to that" and "They do check with me how it's going from time to time. I have no complaints."

People were invited to say what they thought of the service anonymously through the provider's annual survey. A third of the people surveyed had responded to the most recent survey, but the results had not been analysed at the time of our inspection. The registered manager had been monitoring trends over the previous years and had identified an ongoing improvement in people's levels of satisfaction with the service, and had taken action to maintain the improvement. Actions included using IT systems for more effective monitoring of the punctuality and duration of calls, to concentrate on recruitment of the 'right' staff and to improve communication with people to better manage their expectations of what the service can deliver.

Some people told us the quality of the service had improved recently. They told us their care staff were more punctual and they had noticed a more consistent pattern in the staff that supported them. Care staff told us the office staff responded more promptly to their calls and requests for support. The registered manager showed us some compliments they had received from relatives about the service. The compliments helped them to understand what people liked about the service and what was important to them. Relatives said they appreciated the personal touch and genuine interest in and kindness shown to their relations. The registered manager used this feedback in planning improvements to the service to be more person-centred.

The provider had analysed the challenges and opportunities to the service and made changes to improve the quality of the service. The registered manager told us they analysed the workload, staffing, timing and location of calls and compared this with people's views of the service obtained during their regular care plan reviews and feedback from staff. They had identified that they would be able to deliver a higher standard of care if they focused on delivering a more frequent service to a smaller number of people, in a discrete geographic area. They had already reduced the number of people they delivered the service to and decreased the number of 15 minute calls they were prepared to deliver. The registered manager found that complaints and concerns from staff had decreased.

Staff told us the provider had responded to concerns raised: "They listened. They made changes" and "People have said sometimes the office response is a bit slow, but they are getting better" and "I used to have too many calls, but they have cut back. Now I have proper travel time and time to chat with people." The registered manager showed us the electronic call allocation and monitoring system was now linked to a navigation system that calculated the mileage between calls. The system only allowed calls to be allocated to staff if there was sufficient travel time from the location of staff's previous call. Using the electronic call monitoring system had also reduced the need for staff to complete paper timesheets, because their time

spent at work was already known.

The whole staff team shared the provider's values and aims to deliver person-centred care. The registered manager and staff told us they worked in the care sector because they wanted to 'make a difference' to people's lives. One member of staff told us, "You can trust the provider. You can see it in their eyes, they really care." Staff told us they loved working with people and felt a sense of satisfaction from their work. Staff told us, "It is a good team. We have good relationships with people. Everyone seems happy with the service and information sharing with the office is good" and "Staff do their utmost to keep people happy and the majority are happy."

The provider and registered manager led by example. They maintained their skills in delivering care and were on the on-call rota. This meant they had insight into the type of issues and concerns that staff dealt with on a daily basis, and were able to offer effective and, occasionally, hands-on support. Staff told us the on-call system was available 24 hours a day, seven days a week, because some people received support from live-in carers, which meant the service was continuously responsible for the people's care and support.

Staff told us the provider and registered manager were approachable and made time to listen to any concerns. Staff told us, "The management are very hands on for me" and "They are very approachable. If you call in, they make time for you and the office staff are there to help you." Another member of staff told us, "I would not work for a poor company, because I take pride in my work."

The quality monitoring system included checks by supervisors that people received the care they needed and that staff were competent to deliver the care. Monitoring visits at people's homes were 'unannounced' and included observing staff's practice, talking with people who received the service and checking records of care. Supervisors checked the records matched the care plans and that people's medicines records were completed in full, to confirm people received their medicines as prescribed.

The call monitoring system enabled the registered manager to check that staff spent the time they had been allocated at each call. If records showed the call time was shorter than planned, the registered manager investigated the reasons with the care staff concerned. This enabled the registered manager to check people received the care they needed and whether there were any changes in people's needs or abilities that should result in a care plan review.

The registered manager understood their responsibilities and the requirements of their registration. For example, they knew what statutory notifications they were required to submit to us and had completed the Provider Information Return (PIR) as required by the Regulations. We found the information in the PIR reflected how the service operated. They planned to change the wording of their next survey to better reflect the fundamental standards of care, which demonstrated the provider's ability and willingness to adopt new practices in line with changes in the Regulations.

The provider had told us about their plans to improve the quality of the service in the PIR and during our site visit, the registered manager explained the progress they had made with some of their plans. They told us they had identified that there was not always a consistent approach by staff in recording and auditing visit logs. They planned to introduce a new electronic call monitoring system that would record attendance, punctuality, and the care delivered. This system was being rolled out at the time of our visit. Some care staff had downloaded an application on their mobile phone to record arrival and departure times and to confirm specific actions had been completed, such as, administering medicines. The registered manager showed us how the application enabled 'real-time' monitoring of people's care.

The registered manger told us they ensured the service was delivered in line with the latest guidance and legislation. They told us one of the benefits of operating a franchise was access to regular updates about changes in legislation that might have an impact on the business, recommended staff training and the availability of advice. Records showed staff were kept up to date with proposed changes in the way the service was run at team meetings.

The provider took action to continuously improve the service. The registered manager told us they had piloted two new initiatives. One was aimed at enabling people to have a say in how the service was run, by inviting people to sit on interview panels for new staff. They told us people agreed to attend, but frequently had to decline on agreed dates, which delayed the recruitment process. They were currently trialling meetings with people and new staff after recruitment.

The second initiative was aimed at encouraging people to develop links with their community, by arranging a regular lunch club with a professional chef and rented premises. This had proved to be uneconomical due to transport issues and people's variable health, which meant there was an unmanageable variation in the numbers of people attending. The provider had stopped running the lunch club, but was open to new ideas to engage people in community events.

Staff were encouraged to consider their career and professional development and the whole management team maintained their own professional development. The provider and quality manager had recently completed a nationally recognised qualification in leadership and management in health and social care. The registered manager aimed to complete this same qualification by the autumn of 2016, and to begin studying for a higher degree qualification.

The registered manager took an active interest in the wider social care environment and had taken part in a research group with the Political Studies Association, based at a local university. Their report, entitled, "A perfect storm: Care and Caring in the Age of Austerity in England" will be presented to the House of Lords in November 2016, and the registered manager had been invited to attend the presentation.