

Sans Soucie Home Care Ltd

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Inspection report

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Date of inspection visit:
23 September 2022
29 September 2022
07 October 2022

Date of publication:
17 November 2022

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

Sans Soucie Home Care Ltd is a homecare agency and supported living service provider providing care to people in their own homes. The service is registered to provide care to older people, children, people living with sensory impairments, mental health needs, dementia, physical disabilities and learning disabilities and/or autistic 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. There were 21 people receiving personal care at the time of the inspection. We did not inspect the supported living provisions operated by the provider as nobody was being supported with a regulated activity. The service was also not providing a regulated activity to children at the time of the inspection. As a result, we did not inspect this element of the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support:

Staff supported people to live as independently as possible and be in control of their daily lives. People were provided with a choice in their day-to-day decision-making and families were involved where they wished to be involved. People's risks in relation to their care were managed and staff understood how to maintain and encourage people's independence. There were sufficient staff to cover visits and people told us that they were generally on time. Where staff were running late, they ensured that they stayed for the scheduled time of the visit. We were assured that the service were following good infection prevention and control procedures to keep people safe. Healthcare professionals told us that staff worked well with them to achieve positive outcomes for people.

Right Care:

People and their relatives told us they felt supported by staff in a kind, caring and dignified way. People's differences were respected by staff and they had undertaken relevant training to effectively support people. This included training for learning disability and autism awareness.. People told us that the care was consistent and that staff knew them well. People's right to privacy was respected and staff encouraged people to provide feedback about the care provided. Care plans were personalised and included information on people's healthcare needs, preferences and social history. Staff told us they understood the importance of good oral hygiene and the steps they took to encourage people's independence with this. People were supported to enjoy the diet of their choice and staff encouraged them to ensure they had sufficient fluids to drink. People had individual goals and objectives which were regularly reviewed by staff.

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.

Right Culture:

The culture of the service was open, inclusive and empowered people to live independent lives where they were able. People and their relatives were complimentary about the service and felt their ideas and concerns would be listened to by the registered manager and provider. People told us they felt they could approach the management of the service with ideas and suggestions they had. Management had undertaken audits to look at ways of improving the service and identifying issues. Staff were generally complimentary about the registered manager and told us they were able to raise concerns.

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

Rating at last inspection

The last rating for the service at the previous premises was good, published on 6 November 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Sans Soucie Home Care Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of one inspector who visited the office and one further inspector who supported the inspection remotely.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living and nobody was being supported with personal care; and as a result, this inspection did not look at the provider's supported living settings.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 September 2022 and ended on 7 October 2022. We visited the location's office on 23 September 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and five relatives to hear about their experience of the care provided. We spoke with ten members of staff including the nominated individual, the registered manager and carers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included five people's care records including care plans and risk assessments; and two people's electronic medication records. We looked at six staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe from the risk of abuse when staff undertook care visits in their home. One person told us, "They always make sure I am safe. I feel safer with them here." Another person told us, "Yes, I do feel safe." A relative told us, "Definitely, they do it in a way that is safe."
- Staff told us they understood what constituted abuse and the steps they would take if they suspected abuse. One member of staff told us, "A type of abuse is physical abuse. Physical abuse includes being rough with someone. You're supposed to report and mark it on the chart." Another member of staff told us, "I would report it to the council or CQC."
- There was a whistleblowing and safeguarding policy in place and staff told us they had undertaken the relevant training. One member of staff told us, "I had safeguarding training. It helped me to understand what I should and shouldn't do."

Assessing risk, safety monitoring and management

- People and their relatives told us staff had taken appropriate steps to manage risks to people. This included the risks arising from behaviours that may challenge staff and the risk of falling. They told us staff did this whilst maintaining people's independence when supporting them. One person told us, "I am more than happy. They treat me as a human being and they allow me to be as independent as I can be at the moment." A relative commented they felt staff knew what to do to keep their loved one safe and told us they knew this because, "I go in every day and I see what they do."
- Staff told us they knew how to reduce potential risks to people. One member of staff told us, "When we leave him on the bed, we put it right down and we put crash mattresses down. All the support plans include everything including minimising risks of falls."
- Where people had specific risks in relation to their care, there were instructions recorded within risk assessments for staff to follow. For example, where a person could become distressed, there were clear likes, dislikes and triggers recorded for staff to be aware of and follow.
- Staff had undertaken assessments in relation to a person's risk of developing urinary tract infections. This included information such as ensuring adequate hygiene and prompting fluid intake. Where a person chose to smoke in their bed, staff had recorded this clearly in their care plan and included steps they should take to reduce the risk of injuries. This involved the use of appropriate bedsheets and that fire alarms were regularly tested.

Staffing and recruitment

- The provider operated safe recruitment practices when employing new staff. This included requesting references from previous employers, identity checks, right-to-work checks for staff from abroad and checks

with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- People using the service and relatives told us they had not experienced missed visits and that visits were usually on time. They told us that staff stayed for at least the duration of the scheduled visit. One person told us, "They are generally on time. There's never been a problem." A relative told us, "They always ask if there is anything else they can do before they leave. They never rush out of the door." Another relative told us, "They're always on time. There've been no issues. They always give us notice in advance."
- Where staff were late for their visits, there were systems in place to inform people who used the service. Where staff required to be flexible due to short-notice appointments or hospital visits, they were able to accommodate people's needs. One person told us, "They've got my phone number. They'll let me know if they're late. They always make more than the time up." A relative told us, "Every time we need something they come. They provide everything."

Using medicines safely

- There were systems in place to ensure the administration of medicines was recorded appropriately. For example, there were electronic medication administration records (EMARs) in place for people's medicines to be recorded in. EMARs included information on the dosage and the route of administration. One person told us, "They help me with my medications if I need help." One relative told us, "The carers give [person] medicines. They are good."
- Where people were prescribed 'when required' medicines (PRN), there were instructions in place for staff to follow on how to recognise that an individual may need their PRN medicines and the maximum they were able to have in a certain period. For example, we saw staff had recorded when they had administered pain relief to people and that they had observed the individual taking the medicine.
- There were medication policies in place including for the administration, recording and safe disposal of medicines. There were arrangements in place in relation to who was responsible for managing aspects of medicines. For example, where a family wished to continue to order and administer medicines, this was respected by staff.
- Staff had completed training and undergone competency checks for the safe administration of medicines to ensure they had the skills required to give medicines. One member of staff told us in relation to medicines training, "We did the online classes and competencies."

Preventing and controlling infection

- People and their relatives told us staff followed good infection prevention and control (IPC) practices when they supported them. One person told us, "They always have masks on. They seem to know what to do." A relative told us, "Definitely, they wear all the right protective gear as far as I know."
- The provider told us they had adequate supplies of personal protective equipment (PPE) to ensure staff always had sufficient stock for their care visits. There were systems in place to ensure stock was supplied to carers. One member of staff told us, "We have enough PPE everytime."
- The management team undertook regular spot checks to ensure staff were following national IPC guidelines. This included ensuring that staff were using the appropriate PPE and sanitising their hands when they entered the property.
- Staff told us they had undertaken relevant training and understood national guidelines in relation to the appropriate use of PPE. We saw training records which showed staff had undertaken relevant training. One member of staff told us, "I think all staff had to do infection training. I did mine."

Learning lessons when things go wrong

- There were systems in place to ensure accidents and incidents were recorded and any lessons learnt

shared. Staff told us they understood their responsibility to raise concerns and record incidents and accidents appropriately. One member of staff told us, "I report everything that is out of the ordinary."

- The provider completed an analysis of accidents and incidents with the aim to see where risks could be reduced in order to reduce the likelihood of recurrence.
- The registered manager understood their responsibility in reporting incidents to appropriate agencies, such as the local authority or the Care Quality Commission.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- The provider had assessed information about the individual prior to agreeing to take on a package of care. Assessments were completed through a combination of in-person visits and telephone calls. Assessments included involving an individual's family and other loved ones. Relatives we spoke with confirmed this.
- Assessments included information about the prospective service user's communication methods, general preferences, goals and objectives, religious needs and medical conditions.
- The provider was aware of their responsibility to deliver care in line with national standards, guidance and the law. The service had provided training for staff which included Right Support, Right Care, Right Culture. Staff had undertaken specific training to support people with a learning disability and/or autistic people.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff had the skills and experience to provide effective care. One relative told us in relation to staff managing equipment, "They do get trained. They always send a trained person."
- Staff told us they had received induction training, training refreshers and competency checks. Training was delivered partly in-person, such as moving and handling training. Other training was delivered as online training. One member of staff told us in relation to undertaking training to support people with a learning disability and/or autistic people, "I did the training. There was a test at the end."
- Training modules and subsequent tests included autism awareness and training to support people with a learning disability. Staff were required to shadow a more experienced colleague prior to working on their own.
- The registered manager had undertaken regular supervisions and spot checks to monitor staff performance and provide support. We saw spot checks had been completed which included ensuring that staff conducted themselves in line with the organisation's core values. One member of staff told us, "They do spot checks and tell us what we did wrong." We saw staff had regular supervisions which were an opportunity to address shortfalls and for staff to indicate where they required further support.

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

- People and their relatives told us staff supported them to maintain a balanced diet when they asked for support. The majority of people were supported by their relatives or were independently preparing their meals and staff supported them to maintain their independence. One person told us, "They always make me hot drinks and they do remind me to drink." One relative told us, "[Person] gets drinks throughout the day. [Person is] not really eating at the moment, but the carers will prepare something for [person] when

[person] feels like eating."

- We saw records which showed staff had undertaken relevant training in relation to nutritional needs, such as food safety training.
- People's care plans informed staff of the level of support provided by carers. For example, where a person was living with dementia, the care plan instructed staff to check the fridge for expired food as the person had a history of forgetting to dispose of this.

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

- Whilst the majority of people had systems in place to organise their own healthcare appointments with the support of their relatives, they told us that they felt supported by staff should they change their minds or if their health was to deteriorate. One person told us, "They work well with the district nurses especially as the district nurses can turn up anytime. My district nurses have also said this." Another person said, "I would make an appointment and then I would say I have made it for x time and then they do it (support to go to the appointment)."
- Staff understood their responsibilities in relation to ensuring that people had access to healthcare services when they needed this, for example in an emergency. One member of staff told us, "I would call 999 or 111. After I've notified emergency services then you will call the office."
- There were systems in place to ensure changes in healthcare needs were communicated effectively with the relative responsible for people's care in line with the person's wishes and abilities. One relative told us, "They communicate with me and I communicate with them as well. They're always reachable even after hours as well. They do update us."

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 MCA 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.

- Whilst the majority of people had capacity to make decisions in relation to their day-to-day care, staff had undertaken mental capacity assessments where this was appropriate. If a person appeared not to understand a particular decision then a mental capacity assessment was completed.
- Staff had undertaken relevant training and understood the principles of the MCA. One member of staff told us, "When a decision seems unwise, everyone has the right to make an unwise decision unless they have been proven that they don't have capacity."

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were respectful and caring. One person told us, "I have told the manager the ones that I think are very thorough and very good." Another person told us, "100%, they are kind and caring. That's not even a concern I have had ever." A relative told us, "The carers are kind and caring. They are really lovely." Another relative told us, "We are happy. The carers don't rush and they are very caring. They are very good."
- Staff had undertaken training for equality and diversity and told us they understood their role and responsibilities in relation to this. We saw staff had also undertaken training for awareness of mental health conditions, epilepsy, dementia, learning disabilities and autism during their induction. This meant staff were provided with the knowledge to effectively support people in a dignified and respectful way. One relative told us, ""They (staff) are all very polite." One member of staff told us, "Equality and diversity is very important and they (management) make sure we understand what it means for our clients."
- Staff understood the importance of respecting people's right to privacy and had undertaken relevant training such as for the Data Protection Act. Where people had specific religious or cultural needs, staff respected this. One person who used the service told us, "They come every day except Sunday because I go to church. They respect that." One member of staff told us, "Respecting the clients' confidentiality is a serious matter."
- People were supported by the same care staff where this was possible in order for people to feel as comfortable as possible and to respect their right to privacy and consistency. One relative told us, "[Person] is quite attached to the person who looks after [person]."
- The provider understood their responsibilities in relation to ensuring people were supported to maintain their independence and the importance of people having goals and objectives which were regularly reviewed. One person's journey included working for the provider in paid employment having previously been supported by staff through their journey of going to college and university.
- Staff understood the importance of maintaining people's independence and increasing this where possible. One member of staff told us in relation to oral care, "We asked [person], 'would you like to brush your teeth on your own?' She now does her teeth everyday by herself. All you do is put on the toothpaste."

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

- People and their relatives told us they were involved in making decisions about their care and were empowered to be in control of their day-to-day care. One person told us, "It's how I would like the support to

be and I can get it changed when I want." Another person said, "I make the final decision, so I would say that I am in control." A relative told us, "They keep us informed and they ask us what we would like to do."

- We saw in care records that people and their relatives had been involved in their care and their preferences had been respected. For example, it was recorded in care plans which relative was to be contacted in relation to decision-making which was in line with people's preferences.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained 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; 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

- Care plans were person-centred with guidance for staff to help meet their care and support needs and wishes. Care plans included information on people's medical history, social history, religious needs, mobility needs, personal care needs and activities. One relative told us, "They amend the care plan based on changed needs and they let us know."
- Where people were supported with activities to avoid social isolation, they told us they felt appropriately supported and that staff were flexible to meet their needs. One person told us, "One of the most important things is that they make me laugh and relax." One relative told us, "They come every day and they stay with [person] at the day centre. It's important to us."
- Staff told us they had the time to read care plans and felt able to inform the provider if there had been changes to people's needs so that care plans could be updated. One member of staff told us, "Before you see anybody, you have to read their care plans otherwise you may not know what they want. We believe in person-centred care at Sans Soucie." Another member of staff commented, "Yes [I have enough time to read care plans], they (management) check that you know the person's routine."
- Staff told us they had the information required to effectively support people with their oral care needs. One member of staff told us, "Most of the service users are independent brushing their teeth. I just observe to make sure. It's in the care plans."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in their care plans and there was information on how to effectively communicate with the individual. For example, care plans informed staff whether people were able to express themselves and the level of ability they had. Care plans included other relevant information such as whether a person had access to a mobile phone or other electronic devices to seek assistance. Where people did not have access, the contact details of people involved in their care was clearly recorded for staff, such as relatives or assisted living providers.
- Policies and procedures were available in different formats such as large print and easy-read. There was

nobody using large print or easy-read formats at the time of the inspection, but the documentation was available for people to access should they require it.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain, and they felt confident action would be taken by management in response. One person told us, "I have no complaints with them. I've got both their phone numbers." Another person told us they knew where to go to complain, "I've got [registered manager's] number to phone." A relative told us, "We do know where to go to, to complain. They (management) came personally to look into it properly."
- The service had a complaints policy and procedure in place in various formats so that people were able to access this whenever they wished to. The registered manager tracked complaints and how they were remedied to look at lessons which could be learnt to stop them from happening again.
- We saw where complaints had been received, these had been investigated by the registered manager and steps were taken to prevent these from happening again. For example, where a person's electrical appliance was accidentally damaged by staff, we saw that the provider had taken steps to offer a replacement.

End of life care and support

- At the time of the inspection, there was nobody being supported with end of life care. Where people wished to discuss arrangements for their end of life care, staff supported them with this. One person told us, "They've asked me about it but I'm not quite ready yet."
- We saw in care records that end of life care had been considered where people wished to discuss this.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People and their relatives told us the culture of the service was inclusive, person-centred and empowered them. People were complimentary about the management of the service. One person told us, "100% most definitely, I have recommended them to friends." Another person told us, "They're great. I'm happy." A third person said, "I think they're managed very well. They do a good job." A relative told us, "Definitely, I'd recommend them. We've been with them for a while."
- Staff told us the registered manager and provider were approachable and generally spoke positively of them. One member of staff told us, "I have no issues with the management. They are always there when you need them." Another member of staff said, "[Registered manager's] door is always open. There's a free line of communication." A third member of staff commented, "Management are open and accessible."
- The registered manager told us they operated an open-door policy in the service and were available for staff to contact them should they require support. Staff we spoke with confirmed this.

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) about important events that happen in the service. The provider had informed CQC of events including significant incidents and safeguarding concerns.
- Relatives and the local authority had been informed of incidents and concerns, and the registered manager had notified CQC in line with their legal responsibilities. A relative told us, "They always report if [person is] not feeling well or if something has happened."

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

- There was a structure of governance in place and staff told us they knew what their role was and where to go if they were unsure. One member of staff told us if they were unsure of something, "I would ask my coordinators or I would tell the manager." Another member of staff told us, "I do feel supported because they are good at explaining the job." A third member of staff said, "I get lots of support. There are good support systems at large."
- The provider had undertaken regular audits of the quality of care provided and understood their responsibilities in relation to regulatory requirements. This included auditing and action plans as a result of

issues that were identified. Where actions could be addressed immediately, this was done. Where there were longer-term actions, there were plans implemented to address these.

- Audits included reviewing people's medicines, health and safety, checking care records, staff training and spot checks.

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

- People and their relatives had the opportunity to provide feedback on the service and told us they felt the registered manager was approachable. One person told us in relation to providing feedback, "They contact me every now and then. It really is a personal service." One relative told us, "They ask if everything is okay." Another relative told us, "I have spoken to the [registered manager] a few times. She comes around when she has new carers to give them their instructions."
- Staff told us they felt engaged in the running of the service and worked as a team to achieve positive outcomes for people. One member of staff told us, "We support each other. The team spirit is evident." Another member of staff said, "I don't have any issues. They listen to you." A third member of staff said, "The team are very nice and very supportive."
- The provider told us they had ensured all staff had undertaken training to understand how to support an individual from the lesbian, gay, bisexual and transgender community (LGBT+). This included listening to the individual and staff on how best to support them.
- The registered manager held meetings with staff and there were systems in place for effective communication between staff. This included an opportunity for staff to speak up and share their ideas. Where staff were unable to attend a meeting, minutes were shared. One member of staff told us, "We have meetings once a month. We are allowed to mention anything we are not happy about."

Continuous learning and improving care; Working in partnership with others

- People and their relatives told us they felt the registered manager would listen if they had an idea of how to improve the service for them. One person told us, "They wash me beautifully but I am more than happy to let them know if there are any issues." One relative told us, "I feel comfortable with the service. They seem to be covering everything."
- Staff told us they discussed areas of improvement during meetings and that management would listen if they had suggestions on how to improve the service. One member of staff said, "If we have any ideas, we are encouraged to come through and tell [the provider]."
- The majority of healthcare professional appointments were organised by relatives. Where staff had been asked to liaise with healthcare professionals, this was recorded in their care plans and we saw staff had contacted social workers where people's needs had changed. One healthcare professional told us, "No concerns with this agency, they seem to go above and beyond with some of the cases that are complex."
- Healthcare professionals told us that staff had been quick in identifying concerns and initiating contact, for example with occupational therapists. One healthcare professional told us, "When they have had issues come up with this particular client they have been quick to alert me and other services accordingly. When I have requested joint visits with them, the service co-ordinator has also attended along with care staff which has been very helpful as [staff member] will [then] disseminate any info that [staff member] needs to, to all care staff involved with that client."