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Care With Dignity Partnerships

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We undertook an announced inspection of Care With Dignity Partnerships on 25 May 2017. We told the provider two days before our visit that we would be coming. Care With Dignity Partnerships provides personal care services to people in their own homes. At the time of our inspection 33 people were receiving personal care from the service.

People receiving support from Care With Dignity Partnerships benefited from staff who had a caring approach to their work and were totally committed to providing high quality care.

Everyone we spoke to, without exception were extremely complimentary about the caring nature of the management and staff. People described the positive impact this exceptionally caring approach had on them and how it made them feel valued. Relatives were equally complimentary about the caring culture of staff who often went the 'extra mile'.

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

Staff and the registered manager shared the visions and values of the service. The service had systems to assess the quality of the service provided. Learning from audits took place which promoted people's safety and quality of life.

People told us they were safe. Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff had completed safeguarding training. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Where risks to people had been identified risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicines as prescribed. Records confirmed where people needed support with their medicines, they were supported by staff that had been appropriately trained.

The registered manager and staff understood the Mental Capacity Act (MCA) 2005 and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves.

People were supported by staff who had the skills and training to carry out their roles and responsibilities. Staff spoke positively about the support they received from the registered manager. Staff had access to effective supervision.

The service sought people's views and opinions and acted upon them. People and their relatives told us they were confident they would be listened to and action would be taken if they raised a concern.

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People told us they felt safe.

Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had been trained in the MCA and applied it's principles in their work.

Staff had the training, skills and support to meet people's needs.

The service worked with other health professionals to ensure people's physical health needs were met.

Is the service caring?

Outstanding ☆

People were supported by a service that was extremely caring.

People receiving support from Care With Dignity Partnerships benefited from staff who had a caring approach to their work and were totally committed to providing high quality care.

Everyone we spoke to, without exception were extremely complimentary about the caring nature of the management and staff.

People described the impact of how an exceptionally caring approach had on them and how it made them feel valued.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed to ensure they received personalised care.

The service was responsive to peoples changing needs.

Staff were knowledgeable about the support people needed.

Is the service well-led?

The service was well led.

The manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistle blowing policy in place that was available to staff. Staff knew how to raise concerns.

The service had a culture of openness and honesty.

Good ●

Care With Dignity Partnerships

Detailed findings

Background to this inspection

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

This inspection took place on 25 May 2017 and was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. This inspection was conducted by one inspector and an expert by experience (ExE). An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

We spoke with 16 people, six relatives, five care staff, the operations manager and the registered manager. We looked at six people's care records, five staff files and medicine administration records. We also looked at a range of records relating to the management of the service.

Is the service safe?

Our findings

People told us they were safe. Comments included; "I wasn't particularly keen to have a stranger in my house, but I have to say I have been really pleased with the service I get, and I can see why my daughter wanted me to have a carer", "A supervisor will call in on me probably every two to three weeks to make sure I'm alright", "[Staff member] pops in to see me regularly and she always asks me if I'm alright and if there's anything I'm unhappy about, so I'd have a talk with her if I was concerned. So far, I've never had any issues to talk to her about anyway" and "My carer has to let herself in with my Keysafe. She knows I get a little concerned about not knowing who is coming through the front door, particularly first thing in the morning, so she will always ring the doorbell anyway and then as soon as she's through the front door she will call out her name so I know it's her and I'm not worrying at all".

Staff were aware of types and signs of possible abuse. Staff had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff we spoke with told us that if they had any concerns they would report them to the registered manager. One staff member told us "I would report my concerns to my manager". Another staff member said "I would go straight to my manager". Staff were also aware they could report externally if needed. Comments included; "I would contact social services and the safeguarding team", "I would consider reporting it to the persons G.P" and "I would come to you guys (Care Quality Commission) and the safeguarding team".

Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, where people had been assessed as being at high risk of falls. Their risk assessments gave guidance for staff to mitigate the risks by ensuring that people's walking aids were always within reach. People we spoke with told us staff followed this guidance.

One person was at risk of demonstrating behaviour that may challenge if their routine in relation to personal care was not followed. This person's care record gave step by step guidance on supporting the person with their routine to mitigate the risk of the person becoming anxious. Staff we spoke with understood and followed this guidance and what action to take if the person became anxious

Staffing rotas confirmed there were enough staff to meet people's needs. People told us there were enough staff to meet their needs. Comments included; "I've had no issues at all with the timing of the visits and they are really as regular as clockwork. Very impressive", "I can't say that I always watch the clock when they are here, but I've never felt as if they're rushing around at all and they always make sure everything is done and that I am comfortable and have a drink before they go" and "The carers stay for as long as it takes to get all of the jobs done. If anything they stay over their allotted time rather than going off before the time is up and they always ask me if there is anything else I need help with before they go".

A relative we spoke with told us, "I have to say, that I don't know how they do it, but this agency's timekeeping is excellent and my carer has never been any more than 10 minutes over the time that she was due". One staff member told us "I have no concerns about staffing. If we need to then we all pull together".

Another staff member said "I feel we have enough staff". We spoke with the registered manager about staffing levels and they told us "Our policy is that we recruit additional staff before agreeing to take on new care packages".

Where people needed support with taking their medicines we saw that medicine records were accurately maintained and up to date. Records confirmed staff who assisted people with their medicines had been appropriately trained and their competency had been regularly checked. One person we spoke with told us "My carer passes me my medication out of the dosset box and gets me a drink so that I can take them and then she writes in the book to say that I've had them for the day. I've never had a problem with the time I've taken them because my carer is on time virtually all of the time". Another person said "My carer is always on time, so I always manage to get my tablets at the time I'm supposed to have them in the morning and evenings".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised in people's homes. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

Is the service effective?

Our findings

People we spoke with told us staff were knowledgeable about their needs and supported them in line with their care plans. One person told us "My regular carers will usually tell me when they've been on a training course and they do seem to go on them quite often. Certainly, for the few things I need help with I think they know what they're doing". Another person said "In relation to things like helping me with the shower and putting my cream on and helping with my tablets, I think they're very knowledgeable".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff completed training which included; moving and handling, health and safety, medication, equality and diversity, MCA, safeguarding, infection control, food hygiene and person centred care.

Staff told us that the training supported them in their roles. Comments included; "The first aid training was brilliant", "I can't fault the training", "I feel the training is thorough, I have never left a training event thinking that I did not understand it" and "The training is good. When we did the moving and handling training we got to be in the position of the client. The training was very informative".

Staff told us and records confirmed that staff had access to further training and development opportunities. For example, staff had access to national qualifications in care. One staff member we spoke with told us "We have training all the time. I am doing my NVQ level 3 at the moment" and "We are always encouraged to ask for different training".

Staff told us, and records confirmed they had effective support. Staff received regular supervisions. A supervision is a one to one meeting with their line manager. Supervisions were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. Staff comments included; "I get regular supervision. I feel really supported. I cannot fault the support that I receive", "We get supervision every six months. We discuss how I am getting on and how I feel about the service. You know that [registered manager] has got your back, if you need support" and "I feel supported 100%".

Staff were also supported through spot checks to check their work practice. The registered manager and senior staff observed staff whilst they were supporting people. Observations were recorded and feedback to staff to allow them to learn and improve their practice. Observations were also discussed at staff supervisions. One staff member told us "They do spot checks without letting us know. We have them to make sure we are doing what we are supposed to do".

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. 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.

The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected. They told us "We must assume capacity until proven otherwise. Our service users have the right to make their own choices and decisions and we need to ensure their rights are protected in line with the act".

People were supported by staff who had been trained in the MCA and applied its principles in their work. All staff we spoke with had a good understanding of the Act. Comments included "We must never assume someone lacks capacity", "We must always act in a person's best interest which also promotes peoples fundamental human rights" and "Never assume someone lacks capacity until proven otherwise, just because a person makes an unwise decision, it does not mean they lack capacity. Decisions made on someone's behalf must be done in the persons best interests".

Newly appointed care staff went through an induction period. This included training for their role, shadowing an experienced member of staff and having their competencies assessed prior to working independently with people. The induction program for new staff was matched to a national certificate in care. One staff member told us "The induction was really good".

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People that did need support told us they were supported effectively. Comments included; "My carers help me with all of my meals, from breakfast cereal in the morning, to a cooked meal in the afternoon, and I will usually have some soup or something light at lunchtime. They are all very good and never mind making me whatever I would like", "My carer in the morning makes me some toast for breakfast and then when they come back at lunchtime I have a meal which they heat up for me in the microwave, and whilst that is cooking, they usually ask me what I would like for supper" and "The carers are excellent and always put the kettle on as soon as they walk through the door so that I always have a hot drink every time they are here. They then always make sure I've got a small jug of water and a glass that I can reach between their visits".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, occupational therapists and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans.

Is the service caring?

Our findings

Everyone we spoke with, without exception were extremely complimentary about the caring nature of the management and staff. Comments included: "My daughter always says to me how impressed she is that I'm always wearing clean clothes which match. I don't know quite what that says about me, but I have to confess that my carers are much better at spotting when my clothes are dirty and need changing than I am these days and they certainly won't let me get dressed in anything that really needs a wash", "I know that I am quite fussy in my old age and I'm sure a few of the young carers do struggle to understand why I like things done the way I do. However, I have to say they all humour me and I never have to remind them how I like things done", "It's just nice to have people here who have got the time and want to have a chat with you about normal things. The day can be really long when you don't see anybody, so just to have a chat with someone can make all the difference to the day", "Although I'm quite hard of hearing these days, the carers are very patient", "I honestly think that they all know me as an individual rather than as a number" and "I've never been taken ill when my carers have been here, but knowing how they are, I am sure that if I was ever ill they would do whatever was necessary to assist me".

Relatives were equally complimentary about the caring culture of staff. Comments included: "I have to say I have been very impressed with the carers that this agency employ. I used to be in healthcare myself, and I can really see that they put my husband first and they really try to do everything they can to make what time he has left as comfortable as possible. I honestly cannot fault them", "My daughter has one regular carer, and she is exceptional. My daughter, because of her disabilities can sometimes be difficult to persuade to do things and when you add to that quite a tight timescale for getting her ready every morning for her transport, you can see that it takes a special person who she knows really well and trusts, to sometimes persuade and cajole her into doing things that she is not necessarily wanting to do. I have to say that her carer sometimes finds better ways of interacting with her than I do" and "We know them really well and to be honest, they are like members of the family, and actually I think they probably understand my wife more than some members of the family do these days".

Health and social care professionals were complimentary about the quality of care. One professional wrote to us stating "They follow a care plan with the service user plus service referrer. But what has been helpful, and why I feel they are very effective in delivering care, is they will always be reassessing the person's treatment and support plan. They have liaised with us to recommend changes that benefits the client and will improve the clients quality of life. For example a client received allocated time for personal care, as he became more independent in this task they identified that support would be beneficial in supporting to food shop. Feedback from clients receiving support from Care With Dignity has been positive and demonstrates their caring nature. I have not received any negative feedback".

People benefited from staff who had a caring approach to their work and were totally committed to providing high quality care. Comments from staff included: "I love having a chat and forming relationships", "The best compliment I have had is when [person] said. You're not just my carer, you're my friend. That's why I do this job" and "Since I have been here I could not honestly see myself doing another job. I love it".

People described the impact that this exceptionally caring approach had on them and how it made them feel valued. For example, one person we spoke with described how the service had supported them through a difficult time by arranging for a carer to visit them and give them a beauty makeover. The person told us "It felt like the best day of my life. I wasn't particularly having a good time in my life and things were difficult. It did so much for my self-worth and made me feel so much happier and special. I felt so confident that day. I even went out and had my picture taken, I don't usually like having my picture taken or going out". Another person described the positive impact that a makeover from staff had on them. They told us "It made me feel good and it helped me with my self-worth. I cannot speak highly enough of them they are absolutely wonderful people".

One relative we spoke with described a situation where a person's medical condition was worsening and the person was approaching end of life care. They told us "The care was exceptional. They are brilliant. They always considered our needs as well as mum's. They have always considered how we felt. They have supported me and my husband no end, they have truly gone over and beyond anything we expected. If I ever needed a day out or extra visits then they were there to support us without any questions or reasoning. No matter what time of day it was they were always there for all of us".

Care With Dignity Partnerships provided additional support to people when they had experienced situations that impacted on their well-being, these services were frequently provided without charge to ensure people were well-cared for. For example, one person we spoke with told us "I had been ill all week and was feeling down. It was mother's day and my kids were out of the country so I was feeling a bit sorry for myself. Then out of the blue some flowers arrived, it was so unexpected and wonderful. I couldn't believe it, it was such a lovely considerate thing to do. They are like this all the time they are truly wonderful people".

There was a strong caring culture at all levels. From the operations manager to care staff, everyone we spoke with put the needs of the people they supported at the centre of everything they did. For example following our inspection one person who had communication difficulties wrote to us saying "I have an elderly incontinent Labrador who means the world to me. But because of her incontinence I struggle to have her looked after if I have to go into hospital. [Operations manager] has made it possible for me to leave her at home. He will call in and feed, water and take her for short walks. This relieves my anxiety'. The person also told us 'I live on my own so to have [operations manager] turn up on Christmas day with his flashing bright tie and (Christmas) hat was wonderful. But not as wonderful as the homemade Christmas dinner that he had brought with him".

People were supported by a service that recognised the need to support people who were at risk of social isolation further by providing additional support to access the community, appointments and events. For example the service had recently obtained a disability vehicle to support people to access the community.

People felt valued and involved in their care. People told us they were listened to. Comments included "In fact I don't think there was anything I wasn't involved in around planning the care", "I have always felt fully involved" and "We have long chats about how I like things to be done which is in the care plan, I have always had the opportunity to change anything if I felt it was necessary."

Everyone we spoke with, without exception, had regular reviews and were confident to call the management team at any time if they wanted to discuss their support needs. The registered manager contacted all people using the service on a regular basis to ensure they were happy with their care and that their needs were being met.

Relatives told us people were treated with dignity and respect. One relative told us "When my wife's carer

gets here in the morning, she always says hello to me and then heads up the stairs. I always hear her knock on our bedroom door and she'll call out her name and then wait to get a response from my wife before she goes in. She always closes the door behind her which doesn't bother me in the slightest, because I would rather my wife had privacy and I know that there will be nothing happening that I wouldn't be happy about".

We asked staff how they promoted people's dignity and respect. Staff comments included "We make sure windows and doors are closed when we deliver personal care", "I like to think I treat people in a way that I would like to be treated", "We need to treat people the same way as we would treat our own parents", "Delivering good care is about not leaving people feeling exposed, but feeling comfortable and that their dignity is intact. It's about trust".

Staff we spoke with told us the importance of informing people of what was going to happen during care. One staff member said, "It's important because it keeps people safe". Another staff member told us, "It keeps our clients and us safe". One person we spoke with told us "They always ask me if I'm ready in the morning for having a wash and getting dressed, but if I have just woken up when they come in, they will usually make me a cup of tea first and let me come to, while they do a bit of tidying up in the kitchen for me".

People's care plans guided staff on promoting independence. For example, one person's care records highlighted parts of the person's personal care routine which they were still able to carry out themselves. Staff we spoke with were aware of this and told us they followed it.

Staff we spoke with told us how they supported people to do as much as they could for themselves and recognised the importance of promoting people's independence. One member of staff told us, "As long as people keep their independence then they will also keep their happiness". Another staff member said "If you stop people from being independent they start giving up". A relative told us "I'm really grateful for all the care they give [person], because it allows her to still lead an independent life of her own".

Relatives we spoke with told us they felt confident that action would be taken if they made a complaint. One relative told us "I can honestly say that I've never had anything to make a complaint about. It has been like a breath of fresh air since changing agencies and I have to say, that neither of us have any worries about anything to do with his care anymore". Another relative said "I couldn't even begin to think about any, even tiny issue, that I might have, about the care. I honestly think it's exceptional".

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice.

Is the service responsive?

Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment. Care plans contained details of people's preferences, likes and dislikes. For example, care plans captured person specific information that included people's personal care preferences, social interests and favourite pastimes.

Staff we spoke with were knowledgeable about the person centred information within people's care records. For example, one member of staff we spoke with told us about a person's favourite pastimes and what the person liked to watch on TV. The information shared with us by the staff member matched the information within the person's care records.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person's care records described how they wished to be supported during meals times and their preferences in relation to fluid intake.

Care records contained details of people's medical histories, allergies and on-going conditions. Care plans had been developed from the information people provided during the assessment process. Care plans were updated regularly to ensure the information was accurate. People we spoke with told us their care was regularly reviewed by the service. One person told us "I see them all the time and we are always going through things and if I'm happy or not".

People told us the service was responsive to their changing needs. One person we spoke with told us "I do sometimes need to phone the office to see if they can change the time of one of my visits if I have a hospital appointment. I have to say the office have always been very good and managed to arrange for my carer to arrive at a time that means I'm not having to rush around and miss an appointment." A relative we spoke with said "Knowing that on just a couple of occasions when my wife's carers have been held up, that they were looking after clients that were suddenly taken ill, gives us the confidence that if the same thing were to happen here they would look after us in a similar fashion".

We saw evidence of how the service had responded to changing needs in relation to a person's food and fluid intake. The service and persons relative became concerned that they were at risk of malnutrition due to a change in appetite. As a result the service put in place a food and fluid chart to monitor this. The service then used this to support a referral to the persons G.P. as a result the person was diagnosed with a medical condition and received the appropriate healthcare that they needed.

People told us and records confirmed that the service sought people's views and opinions through satisfaction surveys and when carrying out reviews of people's care. People told us; "We have been so impressed with this agency because there is always somebody coming in to see if we are alright and if there is anything they can help us with", "I think I remember filling in a survey a few weeks ago which was asking me all about how I find the service and the care" and "I'm not a great lover of survey filling in, but I think I do

remember that my husband and I did actually sit down and fill this one in, because we felt it was important to give feedback about how pleased we were with the care he is getting".

People knew how to raise concerns and were confident action would be taken. The service's complaints policy was available to all people, and a copy was kept within people's care records. Records showed there had been no complaints since the service started. People we spoke with told us; "I would absolutely raise any issues we had with either the supervisor that we see or one of the managers. We certainly wouldn't just bottle it up and do nothing about it", "Everyone here is so honest and open about everything, that I wouldn't hesitate for a moment to raise any concerns that I had and I'm sure I would be treated fairly and the matter would be resolved without any fuss being made", "There is definitely some information in my folder about how to make a complaint and who to address it to. But I honestly haven't looked at it since the day it was given to me" and "I'm sure there's something about it in the file where the carers sign every day, but I don't think I've looked at it in a very long time because I just haven't needed to".

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager and the service. Comments included; "I would absolutely recommend them to anybody. I have been so impressed with everything to do with the agency", "The office staff are lovely and very helpful", "I wouldn't hesitate to say to anybody to give them a try", "Because one of the supervisors pop's in to see us quite often, I've never actually had to phone the office to speak to anybody there. If we did have an issue that was urgent, then I would call the office but we like the fact that we get called on every few weeks just to check up on how we are because it's nice to feel that there are people there who actually care about us" and "When I first met [registered manager] from the service, I was able to chat about what help I needed and when I would like that help".

Staff spoke positively about the registered manager. Comments included; "[Registered manager] is lovely, she really friendly. She works with us in the community and is always getting involved", "We are like a big family here. It doesn't feel like [registered manager] is the boss. She makes us feel like we are all equal", "[Registered manager] knows everything about the clients. She always gets back to you when she says she will. She's a great manager" and "[Registered manager] cares about the clients and the staff".

The registered manager told us their visions and values for the service were, "To keep small and family orientated. We want to provide continuity to people so they can stay in their own homes for longer" and "We want to focus on continually improving on what we do. To do this we must seek and act on feedback". The staff we spoke with shared these visions and values.

Accidents and incidents were recorded and investigated. The manager used information from the investigations to improve the service. For example, one person had a minor fall whilst leaving their own home. This was caused by a step outside the property that was in need of repair. As a result the registered manager sought consent for the operations manager to repair the person's step. As a result the person was no longer at risk of falling.

Regular audits were conducted to monitor the quality of service. These were carried out by the registered manager. Audits covered all aspects of care including, care plans, risk assessments medicines and the day to day running of the service. Information was analysed and action plans created to allow the registered manager to improve the service. For example, a recent audit of medicine records had identified shortfalls in the recording of MAR charts. The registered manager followed this up with the staff team immediately and as a result the standard of records improved. The registered manager also offered additional training to staff to support them in this area.

Staff commented positively on communication within the team. Team meetings were regularly held where staff could raise concerns and discuss issues. The meetings were recorded and made available to all staff. One member of staff told us, "Staff meetings are good. We get to share information about our clients and any up to date changes".

The registered manager had introduced a 'carer of the month award' to highlight good practice within the

staff team. Each month a staff member received the award. The registered manager told us, "I think it's important to show appreciation to those who go the extra mile. We spoke with one member of staff who had recently been awarded with a 'carer of the month'. They told us, "It makes you feel appreciated".

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the service had informed the CQC of reportable events.

The service worked in partnership with visiting agencies and had links with G.P's, district nurses and occupational therapists. One visiting healthcare professional wrote to us following our inspection. They stated "I'm very pleased with the service provided by Care With Dignity" and "The managers of Care With Dignity are always accessible, they are personable with the clients they meet and demonstrate from their treatment plans high quality care".