Lincolnshire Quality Care Services Ltd

Lincolnshire Quality Care

Inspection report

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Date of inspection visit:
04 April 2018
05 April 2018

Date of publication:
19 June 2018

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

This announced inspection took place on 4 and 5 April 2018.

Lincolnshire Quality Care is a domiciliary care agency that supports people to live in their own homes. The agency also provides care and support services as the preferred provider for an extra-care housing scheme, Strand Court in Grimsby. This includes providing an emergency response to all the people living in the complex. The office is situated in a central area of the town.

The service supports younger adults and older people as well as people who may be living with dementia, a learning disability or autistic spectrum disorder, a physical disability, sensory impairment or mental health needs. At the time of the inspection 200 people were receiving personal care from the Lincolnshire Quality Care.

The service had a registered manager in post at the time of our inspection. 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 registered manager was also the director of the organisation and the nominated individual.

At our last inspection of this service in March 2017, we gave the service a rating of 'Requires Improvement' as the provider needed to make some improvements to aspects of staff development, support and quality monitoring. At this inspection, we found sustained improvements had been made and the rating has improved from 'Requires Improvement' to 'Good.'

Overall the service had a safe recruitment system in place, although we found two instances where staff had not always followed the provider's policies of obtaining two written references for new staff prior to employment. This was addressed during the inspection. There were enough staff to safely provide care and support to people.

People were supported safely and protected from harm. There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Incidents and accidents were monitored and action was taken to mitigate risks to people. Positive outcomes included a reduction in falls and hospital admissions.

People received their prescribed medicines. Audits were being used to identify and address shortfalls and errors in recording on medicine administration records.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff had completed a range of training to ensure they had the skills and abilities to effectively meet people's assessed needs. Improvements had been made with staff development to provide staff with more regular supervision and an annual appraisal.

People's privacy was respected and they were treated with dignity, kindness and compassion. People told us they were supported by caring staff. They received care from small dedicated teams who knew their needs and understood their preferences.

Staff supported people with their nutritional needs. Staff signposted and supported people to participate in social activities within the community and at home.

People's needs had been assessed and where possible they or their relatives had been involved in formulating their support plans. Staff knew people well and provided person-centred care. Staff worked closely with other social and healthcare professionals to ensure people received a service that met all their needs.

People told us they knew how to raise any concerns and said they felt comfortable doing so. When concerns had been raised we saw the correct procedure had been used to record, investigate and resolve them.

The governance systems had been further developed and strengthened to ensure effective improvements across the service. Questionnaires were completed by people who used the service, their relatives, staff and healthcare professionals and shortfalls followed up. Staff meetings were held regularly which provided staff with a forum to raise concerns and discuss changes to people's needs. Staff felt well supported and people spoke positively about the service and how staff delivered care.

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.

Staffing levels were sufficient. Overall, recruitment systems were safe.

People were protected from harm and they received the support required to keep them safe and manage any risks to their health and safety.

People received the right medicines at the right time. Improvements had been made to the management of falls with good results.

Is the service effective?

Good

The service was effective.

Staff received a range of training and their professional development had been improved and strengthened with more competency assessments, regular supervisions, appraisals and spot checks to improve their practice.

Staff sought people's consent. People's rights were protected.

People told us staff prepared food to their preferences and ensured they had drinks available. People were supported access relevant healthcare professionals.

Is the service caring?

Good

The service was caring.

We received positive feedback about the kind and caring support staff provided.

People told us staff treated them with dignity and respect.

Staff supported people to maintain their independence and have choice and control over their care and support.

Is the service responsive?

Good

The service was responsive.

People's care plans were reviewed regularly and updated when required. Care and support was person-centred.

The service was flexible and responded to people's changing needs. People were signposted and supported to participate in social activities.

People understood how to raise complaints or concerns. Complaints were responded to appropriately and used to develop the service when possible.

Is the service well-led?

Good

The service was well-led.

Since the last inspection the provider had strengthened the audit systems to improve monitoring of the quality of the service provided. Areas for improvement had been identified and action taken to address them.

The culture within the organisation was described as open and positive. The registered manager had a clear oversight of the service. Staff told us they felt supported by management and worked well as a team.

Systems were in place to gain people's opinion of how the service operated.

Lincolnshire Quality Care

Detailed findings

Background to this inspection

The inspection included visits to the agency's office on 4 and 5 April 2018. We also visited Strand Court, the extra care facility on 5 April 2018. The registered manager was given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies.

On the first day of the inspection, the team consisted of three adult social care inspectors. The second day of the inspection was completed by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The PIR was well completed.

Prior to the inspection we spoke with the local authority commissioning and safeguarding teams to gain their views on the service. We contacted 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 also looked at the notifications we received from the service and reviewed all the intelligence held by the Care Quality Commission.

During the inspection we spoke with 16 people who used the service, five relatives, the registered manager, the deputy manager, two care-coordinators, two senior carers, six members of care staff and office and administrative staff. We also spoke with three health and social care professionals.

We looked at a selection of documentation pertaining to the management and running of the service. This included quality assurance information, action plans, staff rotas, training, supervision and appraisal records, minutes of meetings, accident and incident records, complaints, recruitment information and a selection of the provider's policies and procedures.

We looked at ten people's care plans along with the associated risk assessments and their medication administration records (MARs).

Good

Is the service safe?

Our findings

People told us they felt safe with the staff who visited them. Comments included, "I trust the staff. I have regular carers and have got to know them over time" and "Yes, I feel very safe with the staff, they are always good about locking the door when they leave."

Recruitment checks helped ensure suitable staff were employed. Staff filled in an application form, had an interview, provided references and completed a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and are designed to prevent unsuitable people from working with adults who may be vulnerable. We checked recruitment records for eight members of staff and found the records for two staff recruited in recent weeks, contained only one written reference. We discussed the shortfall with the registered manager who confirmed they would address this. Following the inspection, we received evidence which showed the outstanding references had been obtained. Records showed any concerns raised by previous employers had been fully discussed and followed up by the registered manager, and appropriate measures put in place where necessary to ensure people were fully protected.

The medicine policy and procedure had been reviewed and provided guidance to staff on how to safely manage and administer people's medicines. Staff responsible for administering medicines completed training and this included regular competency checks of their practice every four months. These checks ensured staff had learnt the necessary skills to safely support people with their medicines.

Some people were managing their own medicine, while other people required varying levels of support from staff. People's care plans recorded who ordered their medicines, where they were stored and the level of support required to take their medicines. Staff used medication administration records (MARs) to document the support provided with people's medicines. These were regularly returned to the office and audited to identify and address any shortfalls in practice. Our checks on these records showed they were well completed. People gave positive feedback about the support staff provided to take their prescribed medicines. One person said, "They [staff] are always careful with the medicines and have never got anything wrong yet."

Care and support was planned and delivered in a way that aimed to ensure people's safety and welfare. An assessment of people's home environment was completed to ensure both staff and the person were as safe as they could be. Assessments were in place regarding a variety of risks to the person including safe moving and handling, taking medicines, nutrition, a urinary catheter, pressure damage and falls. Assessments were clear and contained specific details. For example, we reviewed the care records for two people who required a hoist, each record provided sufficient detail regarding the equipment needed including how to fit and apply the sling, to ensure the risk of harm to the person or staff was reduced.

Staff had been issued with identity badges which they were expected to carry with them while on duty, so people could verify who they were. People told us key safes were effectively used to enable staff to enter

people's homes safely. We also saw people's personal information, including key codes, were well protected.

A lone working policy was in place and an on-call system was available to staff outside office hours to seek help and support. Plans were in place to deal with emergency situations such as adverse weather conditions, staffing issues or local incidents. Staff were also aware of their responsibility in ensuring the safety and whereabouts of a person in the event they did not answer their door or they were not home when staff arrived for a scheduled call.

We found the registered manager had ensured that lessons were learned and improvements made when things had gone wrong. Records showed arrangements were in place to analyse accidents and incidents so they could establish how and why they had occurred. Actions had then been taken to reduce the likelihood of the same thing happening again. A new falls protocol had been put in place and the registered manager confirmed there had been a significant reduction in falls at Strand Court in recent months.

Staff had received training regarding keeping people safe from abuse and reporting any incidents appropriately. This topic was included during their induction to the organisation, followed by periodic refresher training. None of the staff we spoke with had any safeguarding concerns and said they were confident people were safe. They understood how to identify and report safeguarding concerns. We saw where concerns had been raised the management team had worked with the local authority to investigate them. Internal disciplinary procedures were followed and appropriate action was taken to ensure the safety of the people who used the service.

The service helped to protect people from the risk and spread of infection; the provider had detailed infection prevention and control policies and procedures in place. Staff told us they had completed infection prevention and control training, and confirmed they were supplied with the personal protective equipment (PPE) they required.

The registered manager confirmed staff turnover had reduced. Recruitment had been more positive in recent months, although there was a current shortfall of care co-ordinators. In the main people were supported by a small team of staff who knew them well. All the people we spoke with were happy with staffing arrangements. Comments included, "My carers are very punctual and reliable. If they are going to be late for any reason they let me know" and "The staff are nearly always on time, they are very good like that and always inform me about delays."

The provider had an electronic system to allocate staff. Staffing rosters showed support workers were generally given sufficient time to travel between visits. The registered manager confirmed they were due to complete a comprehensive piece of work to review the current staff allocation as there had been so many changes to the staff teams and rotas overtime. The geographical area would be considered and also the worker's mode of transport when allocating clients, so they did not have to travel long distances between care calls. Staff received rotas in advance and these were sent electronically to their mobile telephones, via post or they collected them from the office. Changes to the rota were automatically updated and staff notified. One member of staff said, "Sometimes we have changes to our rotas due to staff sickness or people going into hospital, but they [office staff] always let us know."

The provider had an electronic system to monitor staff reliability and punctuality. We reviewed call monitoring data and saw that missed calls were a rare occurrence. People told us staff usually arrived on time and stayed for the agreed length of their visit. Comments included, "The carers are all very good and come around the same time each day", "Maybe five minutes late occasionally, but that's all" and "Very

punctual staff. If there was a problem and they were going to be late, the office would ring me."

Good

Is the service effective?

Our findings

At our last inspection in March 2017 improvements were needed to ensure staff received effective levels of professional development. During this inspection we found improvements had been made and staff received regular supervision, an annual appraisal and regular competency checks of their practice. Staff also had opportunities to discuss work practice at group meetings with their line manager. Spot checks were used to assess staff on their punctuality, appearance, politeness, knowledge and skills. They included constructive feedback from the observer and feedback from the person being supported. These processes helped to ensure staff remained accountable and supported in their job roles.

Staff told us they were well-supported, enjoyed their work and received regular supervision and appraisals. Their comments included, "We have a lot more support from the seniors now, they do regular spot checks and we have regular one-to-one and group meetings" and "The seniors give us lots of support and are more available in the community. We can also call the office if we need advice."

New staff completed an induction programme and shadowed more experienced members of the team to develop their skills and confidence. A new member of staff told us they were very impressed with the induction programme. They hadn't worked in a care setting before and the training had been very thorough. They told us they were really enjoying their work. Where applicable new staff had completed, or were completing, the 'Care Certificate'. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Records showed staff had completed a range of training to equip them with the skills and abilities to support people effectively. This included dementia awareness, emergency first aid, equality and diversity, medication, nutrition and well-being, health and safety, infection control and safeguarding vulnerable adults. Staff confirmed they had completed all the essential and specialised training they required to meet people's needs and develop their knowledge and skills. We also saw staff had been encouraged to undertake nationally recognised care courses, such as a diploma in care.

People who used the service were very happy with the way staff supported them with their needs and felt that staff had the training and skills needed. One person's relative told us, "The staff are very capable. They have had training and understand when [Name of person] needs their oxygen. I am happy to leave [Name of person] in their safe hands."

Staff assessed people's nutritional needs and care plans contained information about the support staff provided with meals and drinks. This incorporated basic information about people's likes and dislikes as well as any special diets or allergies they had. Staff supported people to prepare meals and drinks. People told us staff made sure they had enough to drink during their visit and also by leaving drinks in accessible places. Records showed all staff completed food safety and nutrition training to enable them to provide effective support at mealtimes. One care worker explained how they had worked with a client to improve

their protein intake, to support more effective healing of their pressure ulcers. Staff had provided more high protein home cooked meals, which had contributed to significant improvements in the person's skin integrity. We spoke with the person who confirmed they had enjoyed the meals and valued the dedication and commitment from their care team. They described the support as 'outstanding'.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive people of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. People who used the service had signed to record they consented to the care and support staff provided.

Staff completed training on the MCA and DoLS and understood the importance of supporting people to make decisions. People's care plans recorded when a power of attorney (POA) existed. A POA is someone who is legally authorised to make decisions on people's behalf when they lack mental capacity. Staff completed MCA assessments and best interest decisions when necessary. This showed us people's rights were protected in line with relevant legislation and best practice guidance.

People's health care needs were well supported. Care plans clearly identified the kind of support people needed with their health and that staff liaised with health professionals where needed and kept families informed.

The management and staff worked proactively with other services and agencies to support a positive transition to the service. A person with complex needs had recently transferred from a residential care service to Strand Court. Records showed staff had attended multi-agency planning meetings, worked with community health professionals and accessed specific training for staff, to ensure the person's needs could be effectively and safely met in the community. Assistive technology was also in place to support the person's independence. A health professional told us, "The transition has gone very well and staff are competent in meeting the individual's complex needs. It is very positive the person's choices about living more independently are being met."

The registered manager explained how they were working with the commissioning and care management teams to develop more formal information sharing protocols across all agencies, to ensure effective communication systems. The service was in the process of preparing an information record which would inform any new provider about a person's level of service and current care needs.

Good

Is the service caring?

Our findings

People who used the service, and their relatives, were very positive about the kind and caring approaches of the staff. Everyone we spoke with told us people were treated with respect, dignity and according to their individual needs. Comments included, "[Name of person] loves their visits and I hear them laughing and giggling together. Its lovely", "I'm very happy with the way they engage with me. All the staff are very caring indeed" and "My carer is lovely and she is very gentle when she washes me and puts on my creams."

We observed staff being polite and courteous with people during our visits. They knocked on doors before they entered and double checked that people were happy for us to join them. Staff responses to our questions showed they understood the importance of respecting people's dignity, privacy and independence. One care worker told us, "I always encourage the person to do as much as possible for themselves, some people need more time and I never rush them." Other care staff said they never talked over people and always involved the person in conversation, closed doors and curtains, and asked relatives to step out of the room while providing personal care.

The registered manager told us the service was always seeking to improve its care in situations where people were most vulnerable to experiencing a lack of dignity and respect, particularly in the carrying out of intimate personal care, continence management, immobility and where people may have communication difficulties. They intended to train and have a number of "dignity champions", whose expertise and commitment would be used to cascade to all staff. The plan was to set up a series of rolling monthly discussion or 'action learning' groups, as part of the staff development and supervision programme led by the dignity champions.

We saw there was a good rapport between people who used the service and staff. People looked relaxed and comfortable in the company of staff and they looked well cared for. Staff engaged people in conversation and there was a friendly and warm atmosphere. Our discussions with staff showed us they genuinely cared about people and wanted to improve their quality of life. They spoke in a kind and compassionate way about their role and knew the needs and preferences of the people they supported and respected their opinions.

The care coordinators told us how information from assessments was used to ensure people were matched with staff who had the same interests or personalities where possible. They also confirmed they deployed staff with experience and skill to meet people's individual needs. Staff worked in small teams in specific areas and were scheduled to complete regular 'rounds'. This meant that wherever possible they visited the same people on a regular basis. Although staff's rounds changed to cover holidays, sickness and absence, this system helped to ensure consistency for the people who used the service. Comments from people included, "I have my regular carers and couldn't do without them, marvellous support" and "I'm very happy with all the staff. They once sent someone who was a bit too loud for me and I contacted the office and they sorted things out and changed the carers round."

Staff described how regular contact enabled them to get to know people and develop familiar caring relationships with them. One staff member told us, "I have been visiting some people for a number of years and this means we can build up good relationships."

An equality and diversity policy was in place. Staff had completed training in this topic on induction and through annual refresher courses. The culture of the service was based on providing support that was tailored to meet each person's unique needs. Care records highlighted any cultural and spiritual preferences. The registered manager told us, "All staff work to our Equality and Diversity code of conduct, working in a way which is not discriminatory and providing person centred care in a non-judgmental manner."

The service supported people to express their views and be involved in making decisions about their or their family member's care and support. Staff we spoke with were keen to make sure people made their own choices and respected the decisions they made. People were supported to be involved in planning and reviewing the care provided as things changed. People felt their views and choices were respected.

The service supported people to use advocacy services. The registered manager told us people had been supported to access this type of support when important decisions needed to be made and during their care reviews. We saw evidence to confirm this.

Staff understood about keeping people's information private. Records were kept securely in the office and people had care plan files that they could access within their own home. Each person was given information, such as the complaints procedure and the 'Service Users Guide', which told them how the service intended to operate. The registered manager understood their responsibility to meet the Accessible Information Standard. People with sight, hearing or language difficulties were assessed regarding their communication needs and this was documented in their files to ensure they received information in the appropriate format, if required.

Good

Is the service responsive?

Our findings

Detailed assessments of people's needs were usually completed before their individual package of care commenced. The care coordinators confirmed that where referrals for urgent support had been received, staff used the information in assessments provided by the care management team until care plans were put in place. Records showed senior staff had established what assistance people required and support was provided accordingly. Records also showed initial assessments had considered any additional provision that might need to be made to ensure people did not experience any discrimination. An example of this was establishing if people had cultural or ethnic beliefs that affected the gender of staff from whom they wished to receive personal care.

The new care plan format we saw at the last inspection had been fully implemented. The care records system was more comprehensive, well-organised and easy to follow. Staff told us the care plans had improved and were easier to understand. We looked at ten people's care records and found the care plans covered the areas identified in the assessment and contained detailed person-centred information, to fully guide staff in how to support people. Important information was recorded in red to help staff identify this, for example changes with a person's moving and handling support. The care plans had linked risk assessments to maintain people's safety.

Staff documented the care and support provided at each visit and the next worker read these notes before providing care. Staff told us they were provided with sufficient information about people's needs and were updated when anything had changed.

The registered manager confirmed reviews were conducted after one week, then six weeks and every six months following that, to ensure people could provide feedback about their care and changes could be made as required.

People who used the service provided positive feedback about the person-centred care and told us staff were responsive to their needs. One person said, "They always do what you want them to and if they have time they will do little extras like hang the washing out."

Staff we spoke with showed a good understanding of people's needs, preferences and how best to support them. They explained how they read the person's care records, spoke with them and their relatives as well as other staff to understand people's preferences and how to meet their needs. A member of staff explained how they supported a person from a different faith, who preferred to remain covered during their personal care. They told us how they always respected the person's wishes, which were clearly detailed in the care plan.

The care coordinators told us how they liaised continually with the hospital discharge planning team and ward staff following a person's admission to hospital, to ensure they had everything in place to resume the care package when necessary and meet people's changing needs. They said this had cut down on delays

and had received positive feedback from people, relatives and the discharge coordinators.

The registered manager worked closely with North East Lincolnshire Clinical Commissioning Group to meet the changing social and healthcare demands of the local community. A new model of domiciliary care had been piloted in one local area by another service provider. This project was a move away from the 'time and task' model of care delivery, to providing a more flexible care support approach, from a dedicated team of care workers. The registered manager expected the pilot to be rolled out throughout the area in the coming months and was prepared to work with staff and people to ensure its success. New 15 minute checking calls were now commissioned and working well to provide additional support for people where necessary.

The service provided end of life care for people. They ensured where possible the same small staff group were involved with the person and their family. Staff had access to policies and procedures and had skills and experience. There were good links with the continuing health care team who contracted these care packages.

We found staff encouraged people's social inclusion by supporting them to access and participate in recreational or social engagement opportunities where appropriate, this was included in some people's care packages. We saw at Strand Court people could have their meals in the dining room and participate in group activities in the lounge. There were links with the local community which helped people to maintain their general well-being by keeping active. The registered manager explained how they were hoping to access more voluntary support in future, for those people living in the community they had recognised were socially isolated.

The provider had a complaints policy and procedure. This was given to people who used the service and included information about how to raise concerns and how these would be dealt with. We saw complaints were used to develop the service whenever possible and people who used the service told us their concerns were listened too and acted upon. Comments included, "We know how to complain. I've rung the office a couple of times and things were sorted straight away" and "No complaints. They always treat me well and I'm very satisfied with the service."

The registered manager kept records of complaints and how these had been dealt with. Records showed complaints were thoroughly investigated and actions taken to resolve issues appropriately. The registered manager had recently been involved in meetings with the local commissioners to discuss concerns about aspects of care delivery at Strand Court. An action plan had been produced to manage people's expectations of the service, working with all relevant agencies including the housing provider. This included the development of a job description for the 'static' [based at the service] care worker and the assistant manager spending dedicated time at the facility overseeing the care delivery.

Good

Is the service well-led?

Our findings

At our last inspection in March 2017 improvements were needed to ensure the governance systems could effectively and consistently drive improvements across the service. During this inspection we found the audit system had been further developed and strengthened to effect sustained improvements in key areas.

The registered manager explained how they had identified medicines administration as an area for improvement, through the audit findings. As a result they had reviewed all the medicines policies, procedures and senior staff now visited each person who received support with their medicines on a monthly basis. This was to check their medicines, check medicine administration records (MARs) and write the new MARs. A new programme of medicine competency assessments had also been implemented. These were completed on induction for all new care workers and then again every four months. Records showed all staff had completed their initial competency assessment in February 2018. The registered manager confirmed the incidence of medicine errors had reduced and told us the target was to have zero medication administration errors attributable to their staff and total assurance that people who used the service were taking their medicines safely.

We also saw improved systems and practices to manage discharge planning and falls following the analysis of audit results. A new falls protocol had been introduced and this clearly directed staff on the immediate and further action to take. Any person who experienced a fall had their care reviewed, which included a referral to health professionals for assessment, where appropriate. The service now provided four check visits in the first 24 hours if a person had experienced a fall. The registered manager explained how the new protocol had produced positive outcomes. There had been a reduction in hospital admissions from falls and a small number of people had been supported to move into a residential care placement for their safety.

Regular audits were also completed on accidents and incidents, care plans, log books, staff training and supervision. We discussed the need for audits of personnel records to be completed, given the shortfalls we found during the inspection and the registered manager confirmed their intention to do this.

The registered manager used reviews, surveys, monitoring calls and spot checks to ensure the service continued to meet people's needs. We saw feedback was used to develop the service whenever possible. People who used the service, relatives and staff gave us positive feedback about the registered manager and the leadership of the service. One person told us, "This agency is so much better than the one we had before. The office staff go out of their way to help you and get things right. It's very organised and we are happy with everything."

The registered manager led by example, they were visible to staff and people who used the service and clear about what they expected from the staff. Care and office staff spoke positively about the registered manager. Their comments included, "The service is much more organised, there have been a lot of improvements over the last 12 months" and "The management team are very supportive and approachable. In the meetings they are honest and open. They listen to our suggestions and respect our opinion. It's a

good organisation to work for and our team is brilliant."

The culture in the service was open, honest and transparent. The registered manager wanted to drive improvement and also acted upon suggestions made during the inspection process. A health care professional said, "The management are very responsive and we are confident in the standard of care the service provides. We have had excellent feedback from our patients."

The registered manager held regular meetings with care staff to share information. Topics discussed included people's needs, staffing issues and the development of the service. The meetings provided an opportunity for the registered manager to feedback on issues identified through audits and showed there were shared lessons learned. Meetings were also held for office staff who explained how they had sessions on sharing ideas, where the registered manager asked for their suggestions on improved ways of working. The management team also sent out regular newsletters to staff to provide updates and information. There was a staff award scheme to support staff recognition.

The registered manager told us they considered effective delegation was at the heart of a well-led care service. Their aim was to provide staff with responsibility in the context of their job descriptions and their professional development goals. They were in the process developing a champion strategy by encouraging and enabling some experienced staff to build up expertise in different areas of care practice. These included dignity, dementia care, end-of-life care, safe use of medicines and management of specific conditions such as diabetes, epilepsy, Parkinson's disease and strokes. Because of the increasing numbers of people with Parkinson's disease using the service, they were concentrating on their carers and had planned to provide advanced training and develop links with the Parkinson's Society. They were aiming to have at least one Parkinson's disease champion in each of the four operational areas in the next 12 months.

A wide range of policies were available to inform and guide staff. The registered manager confirmed they were in the process of reviewing and updating these where necessary. The registered manager attended forums and was involved with local organisations so they could keep themselves abreast of developments within the social care sector. This included Accord, a community membership body which gives the people of North East Lincolnshire a way to get involved in making decisions about local health and social care spending.

The registered manager had notified the Care Quality Commission of important events as required. The office was well organised and the records were up to date and readily available.