

RDSS Care Limited

Caremark (Slough and South Bucks)

Inspection report

Unit G1 Ground Floor, Fairacres House
Dedworth Road
Windsor
Berkshire
SL4 4LE

Tel: 01753201116

Website: www.caremark.co.uk

Date of inspection visit:

18 June 2019

19 June 2019

20 June 2019

Date of publication:

13 August 2019

Ratings

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

Summary of findings

Overall summary

About the service:

Caremark (Slough and South Bucks) is registered to provide personal care to people living in their own homes. At the time of the inspection 39 people were being supported with personal care. The main office is based in Windsor.

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.

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

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests. However, management did not always complete mental capacity assessments and document all best interest decisions. We have made a recommendation about this in the report.

People were overwhelmingly positive about the care and support received. Comments received included, "I like Caremark's service. Very good and the carers are very helpful", "The care has been outstanding, appreciate the flexibility when needed", "Caremark are very helpful, good and caring" and "All the carers are lovely and treat me well. Thank you for all they are doing for me." Staff demonstrated a good understanding of how to deliver personalised care.

People and those who represented them said they felt safe from harm and were given information about what to do if they felt unsafe. Staff had a good understanding and awareness of abuse and had attended the relevant training. Staff were aware of risks to people's well-being and how to manage them. There were enough staff to support people to stay safe and meet their needs. Safe recruitment practices were in place to ensure people were cared for by staff with good character. There was safe administration of medicines as the service followed relevant national guidance. People said staff followed good hygiene practices and training records confirmed staff had attended the relevant training.

People and those who represented them felt staff were skilled and experienced to look after them. Staff were appropriately inducted and spoke positively about their training and supervision. People received appropriate support to maintain their nutrition and hydration needs. The service worked in partnership with other health and social care agencies to achieve good health outcomes for people.

People and those who represented them said the care received met their specific needs. Assessments showed planning of care was focussed on people's whole life, their wishes and needs on the grounds of protected equality characteristics. People said they were involved in decisions about their care. The service helped to protect people from the risk of social isolation.

The service was compliant with Accessible Information Standard by making sure the communication needs of people with a disability or sensory loss was flagged; shared and communicated. Regular reviews of care ensured staff were aware of any changes in people's circumstances and systems were in place to deal with any complaints. Discussions in relation to people's preferences for end of life care were not always documented in people's care records. We have made a recommendation about this in the report.

People, those who represented them, and staff felt the service was consistently well-managed. The service had a positive culture that was person-centred, open and inclusive. Staff said they felt respected, valued and supported. There were effective quality assurance systems in place to evaluate accurate information about the quality and safety of the care and support that was provided. The service sought the views of people, those who represented them and staff, to understand where improvements were needed. The service developed good working partnerships to support care provision and joined up care. There was an open culture of learning from mistakes and changes were made to service delivery due to lessons learnt.

Rating at last inspection: The last rating for this service was good (published 20 December 2016).

The overall rating for the service remains unchanged and the service is rated good. This is based on the findings at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 not always well-led.

Details are in our well-Led findings below.

Caremark (Slough and South Bucks)

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 Care Act 2014.

Inspection team

The inspection was carried out by an inspector and an expert by experience. An Expert by Experience (EXE) is a person who has personal experience of using or caring for someone who uses this type of care service. They made telephone calls to discuss people's experiences of the care and support received.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 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 site visit activity started on 18 June 2019 and ended on 20 June 2019. We visited the office location on all three days to see the registered manager and office staff; to review care records; policies and procedures and records relating to the management of the service. The EXE made telephone calls to people

on the 18 June 2019.

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 professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

We received feedback from an adult social care professional and viewed recent feedback given by people and relatives on a social media website. These were included in this report.

During the inspection-

Throughout the inspection we gave the provider and registered manager opportunities to tell us what improvements they had made since our last visit.

During our visit we spoke with eight people, four care workers, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We viewed four care records; five staff files and their training records, five staff supervision records; training data and a variety of records relating to the management of the service, including policies and procedures. After our visit we received feedback from an adult social care professional and included this in the report.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection 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 told us they felt safe and knew what to do if they felt unsafe. Comments included, "Absolutely safe", "Yes I feel safe" and "I ring the agency if any problems happen but there hasn't been." People told us they had information in their care files which informed them how to keep safe and report concerns.
- Staff had a good understanding and awareness of how to keep people safe and training records confirmed they were up to date with the relevant training.
- Safeguarding policy and procedures were in place; reflected current legislation and was easily accessible to care staff. Staff told us they were aware of how to report poor care practices.
- The registered manager promptly raised safeguarding alerts with the local authority. Remedial actions taken showed people were protected from further harm.

Assessing risk, safety monitoring and management.

- Environmental assessments undertaken before a package of care started, helped the provider to link in with other services to reduce any identified risks such as frayed carpets, poor lighting in bedrooms or bathrooms found in people's homes.
- Needs assessments undertaken before a package of care started captured risks to people's health, welfare and safety. The service used this information to develop risk management plans.
- Control measures put in place because of identified risks showed there was a balance between people's needs and safety risks with their rights and preferences.
- The service worked in partnership the local fire service and offered people free fire safety checks. This ensured people were kept safe in an event of a fire. People we spoke with confirmed they had taken up this offer.

Staffing and recruitment.

- People said there were enough staff who attended to their care and support needs promptly. Comments included, "As far as I am concerned there are enough staff" and "They (staff) do come on time. Very good." Staff rosters showed there were enough staff to meet people's care needs.
- Staff records showed safe, robust recruitment practices were followed and in line with legislation. This made sure staff were of good character; were qualified and had the skills necessary and were physically and mentally fit for that work.
- Staff felt there were enough staff and talked about the challenges they experienced. For instance, a staff member commented, "Sometimes you have too many clients and not enough staff or too many staff and not enough clients. We are always trying to have a balance. We really work together and cover each other's calls." During our visit we saw a recruitment drive was underway, with signage displayed outside the office,

in the customer newsletter and on the service's social media page.

Using medicines safely.

- People said their medicines were given safely and promptly. Comments included, "They (staff) give me my meds and stand there to make sure I take them" and "Oh yes (feels safe), they (staff) put it (medication) in a little pot. I am alright."
- Staff were aware of their responsibilities to administer medicines safely. A staff member commented, "We can't give injections or hide medication in people's food and all creams have to be prescribed by the doctors." Records showed staff were up to date with relevant training.
- The medication policy and procedures reflected current best practice and national guidance and was easily accessible to all staff.
- The service had a medicines champion who made sure medicines were recorded, handled and kept secure.

Preventing and controlling infection.

- People told us staff observed hygienic practice to prevent the spread of infection. Comments included, "They (staff) are very hygienic", "They (staff) wear gloves and aprons when they are doing something personal" and "They (staff) wear gloves and are really good."
- Staff told us what they used to ensure people were safe from infection. Comments included, "We have gloves and aprons in all our clients houses and also in our car and we should go into the office to re-stock" and "Soon as we walk in, we have gloves and aprons. You cannot say we don't have gloves or wear aprons as we have a constant supply. We have to wash our hands thoroughly."
- The service had an infection control policy which was available to all staff. We found appropriate arrangements were in place to ensure people were protected from infection.

Learning lessons when things go wrong.

- Changes to care practices were made because of lessons learnt. For instance, the service developed the role of a 'medication champion'.
- Incidents that affected people's health, safety and welfare were reported internally and to relevant external authorities. For instance, accidents and incidents were investigated by competent staff and monitored to make sure that actions taken to remedy the situation, prevented further occurrences.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same - good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person who is supported in their own home need to be made to the Court of Protection (COP). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

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

- Management did not fully understand the requirement of consent. This was because mental capacity assessments and best interest decisions were not always undertaken and documented for people who did not have the capacity to give consent to receive care from the service. We brought this to the attention of the registered manager. They acknowledged further work needed to be done and showed us the changes they intended to make.

It is recommended the provider seek current guidance and best practice regarding mental capacity assessment and best interest decisions and take action to update their practice accordingly.

- People and those who represented them said they were involved in decisions about their care. For instance, a person commented, "Everything they (staff) do they (staff) ask me and explain everything."
- Care workers told us how they supported people who did not have the capacity to make specific decisions. Examples given showed staff understood how to apply the MCA to their work practice and they were aware of how to respect people's decisions.
- We viewed the COP for a person whose liberty was deprived. This documented the reason for the deprivation and how the person was to be supported. Care records confirmed the service supported the person in accordance with MCA legislation.

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

- The service carried out thorough and comprehensive assessments of people's needs. These covered areas

such as health, physical and social needs and helped the service to assess whether it could effectively meet those needs.

- Care plans clearly documented the care people had requested with an agreed schedule and the time specified. People and their relatives confirmed they had received weekly schedules of times of visits and names of care staff who would be attending. An adult social care professional commented on this and stated, "The most impressive area of their service has been the timings of the call, they organise a timetable and provide it to the family every two weeks, the care call times are always carried out at the planned time."
- Staff said they were introduced to people and were given a hand over by their supervisor before new packages of care started. A supervisor is the first line of management who monitors care staff in their performance or delegated tasks.

Staff support: induction, training, skills and experience

- People felt staff were trained and had the appropriate skills to care for them. Comments received included, "They (staff) know everything I need", "I think the staff are well trained" and "They (staff) are respectful and seem well trained to their job."
- People received care from staff who were appropriately inducted, trained and supported. New staff completed the Care Certificate, a set of 15 national standards that new health and social care workers should complete, to make sure new staff were supported; skilled and assessed as competent to carry out their roles.
- Records showed staff had received relevant training which was up to date. Staff told us where specialist training was required, management would, "Organise and make sure we get the training we need."
- The registered manager took a pro-active stance by organising and facilitating dementia information sessions on 25 January 2019 and 22 March 2019. The aim of the sessions was to recruit people in the community to become 'dementia friends'. The sessions would give them a better understanding of dementia, how it affected those people living with it and how they can be helped. Completed registers showed they were attended by a mixture of people's relatives, friends, local business professionals, staff and senior management.
- Staff felt supported in their job roles and received regular supervision. A staff member, when discussing supervisions commented, "It's good, we discuss how we feel, how we are progressing. I enjoy it because you can sit down have a good talk with any disruption. Its time set aside for me."

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

- In their completed PIR the registered manager told us staff recognised the importance of good nutrition and they would raise any concern with them or their supervisor. A view of daily records confirmed this.
- Weekly meal plans were developed to make sure people received a varied and balanced diet.
- Where people were assessed as needing a specific diet care records showed this was carried out in line with their assessment.
- Training records confirmed staff had attended the relevant food and hygiene training.

Staff working with other agencies to provide consistent, effective, timely care

Supporting people to live healthier lives, access healthcare services and support

- The service had established good working relationships with health and social professionals to ensure people's health needs could be met. People were effectively supported as appropriate referrals were made to health and social care professionals when specialist support was required.
- On 14 May 2019 when describing the effectiveness of the service on a social media website, a relative commented, "They (staff) left an accurate and full report of each visit and importantly, had good connections with local social services. This enabled us to access specialist equipment like pressure sore mattresses, slide sheets, commodes and hoists as necessary."

- The service provided people with information on how people can protect their health. For instance, the registered manager wrote an article titled, 'How to keep cool on a hot day' which gave simple and clear ideas on how people could keep cool during the hot weather and what to do if they felt dehydrated.
- Staff received regular communication from management to ensure the health needs of people who used the service continued to be met.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same - good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were very positive about the caring nature of staff. Comments received from people included, "The staff are nice, and they cheer me up", "I don't see many (staff) but the ones I do see are kind and caring" and "They are all very nice and helpful."
- We looked at the feedback given about the service by relatives on a social media website. On 26 May 2019 a relative commented, "We have used their services for the last 15 months and so far, the care has been wonderful. They (staff) are very understanding and flexible and willing, providing a personalised service" and "My mum had advanced vascular dementia which often made her aggressive and uncooperative, but her carers were calm, patient and honest" and "The care provided has been exceptional. The staff live up to their name carers, they really do care."
- We saw various examples of good care that supported what people and their relatives had said. For instance, we saw photographs of staff celebrating people's birthdays, assembling and decorating a person's Christmas tree who was unable to do it for them self. This was further supported by a social care health professional. When describing the care delivered to a person they supported stated, "Caremark Slough and South Bucks have in my opinion delivered excellent care and carers have built a good rapport with this service user and family. They provide a daily personal care call as well as two hours daily sitting service."
- The supervisor, upon hearing a person was a lifelong fan of a celebrity, wrote to the celebrity and got them to send a signed photograph to the person. We saw the letter sent from the celebrity. The supervisor stated, "I knew how much this would mean to [person]. I was not sure if I would get a reply, but just to make sure I decorated the envelope with eye-catching designs to make it stand out." A news article written about the person, described their happiness, laughter and joy, as well as the supervisor's caring nature.
- Staff had a good understanding of people's care needs and personal histories. A review of people's care records confirmed what staff had shared. This was supported by the people we spoke with.
- Staff were aware of how their care practice had to take into consideration people's protected characteristics. Comments from staff members included, "The Equality Act means treating our clients fairly irrespective of their sex or race and to treat them with dignity" and "We don't judge any clients, we provide care to people irrespective of their race, gender, belief."

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

- Staff gave examples of how they supported people to make decisions. Examples given included, "We give [name of person] an option of two when it comes to meals. We ask do you fancy orange juice or blackcurrant juice?" and "If I am preparing to do personal care, I would ask people what they would like to wear." People we spoke with confirmed what staff had told us.

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity and privacy were maintained when intimate care was being delivered. Comments received included, "They (staff) are very respectful." A staff member commented, "I make sure they are covered when providing personal care, I don't let people sit exposed. Make sure doors are shut and curtains are closed."
- People said staff only supported them in the areas where care and support were required. This was confirmed by staff. A staff member commented, "There's a saying, 'If you don't use it. Lose it'. For instance, if you are giving people a wash, you start by asking people if they can do another part of their body." Care records documented people's level of independence and how staff should support them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same - good. This meant people's needs were met through good organisation and delivery.

End of life care and support

● At the time of our visit the service was not supporting anyone with end of life care. Care records did include people's preferences regarding protected characteristics, culture and spiritual needs however, there were no documented records to show the service had explored and discussed people's preferences and choices to end of life care. This was raised with the registered manager who agreed this was something they needed to review.

It is recommended the provider seek current guidance and best practice regarding the recording of people's preferences and choices as it relates to end of life care and take action to update their practice accordingly.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People said the care and support received was personalised to meet their specific needs. When describing how personalised the care was, a person who used the service stated on a social media website, "They (management) also make an effort to select the ideal carer for you based not only upon your physical requirements but also to ensure you will connect (with the allocated care staff) on a personal level."
- Staff knew what person-centred care was. Comments received included, "It's all about the person, what they say goes. They say what care they want, and we do it" and "Clients are different and have different needs."
- Needs assessments were used to inform plans of care. These captured people's medical histories, life histories, preferences and wishes. We noted some people had preferences for female care staff and some people liked to be addressed in a certain way. Our conversations with people confirmed these preferences were met.
- People received care and support from staff who were aware of their spiritual, cultural and religious needs. Care records documented what these needs were. A staff member stated this was more applicable when supporting people with their meals. They commented, "I will interact with them (people) so I can get a better understanding. It's about treating them with respect."
- Daily communication memorandums sent by management to all care staff made sure care and support delivered was responsive to people's needs. Care plans and identified risks were regularly reviewed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had an accessible information standard policy in place. This stated information would be given to people in whatever format they found the easiest, for instance, large font, braille, easy read, plain language and audio file.
- Care records documented people's communication needs. Where needs were identified the service developed communication passports which were in easy read and pictorial formats.
- Communication passports enabled care staff to give information to people in a way they could understand. Care staff were given clear instructions on how to communicate with a person, their communication passport stated, 'speak to me in a calm voice, short sentences work better for me, speak to me about things I am familiar with'.

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 records documented people's interests and hobbies and how they wanted to be supported. For instance, a care record showed a person liked companions visits, visited the office to have coffee and meet new people. We met this person at the office during our visit.
- The service arranged coffee mornings and arranged transport for people who wished to attend. The service's newsletter showed pictures of people who participated in these events. The person who visited the office told us, "We had an event here (the office) and there was a lot of people. There was a lot of food and I got to meet new people."

Improving care quality in response to complaints or concerns

- People told us they had no need to complain but would either get a family member to make a complaint on their behalf or they would contact the office directly. A view of the service's complaints log showed no concerns were received.
- The service had a complaints policy in place. This reflected best practice on how to respond to concerns and complaints. People told us they were given information on how to raise concerns.

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 the last inspection this key question was rated as good. At this inspection 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.

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

- It is a legal requirement that providers must notify the Care Quality Commission (CQC) without delay of incidents that occur whilst services were being provided. We viewed the service's accident and incidents records. All records showed appropriate action had been.
- The registered manager was clear about their role and the expectations of them as the legally accountable person for the safety and quality of all people's care.
- The service had systems in place to enable them to identify and assess risks to people's health safety and welfare. We looked at the report of an external quality assurance check of the service which took place on 23 January 2019. The assessor reviewed amongst others, staff files, staff training and management monitoring systems. Such as spot checks and observations, supervisions and medicine competency assessment observations.
- Various audits of medicine administration records, care plans, accidents and incidents records were undertaken to monitor and improve the safety and quality of the service. Identified actions from the external and internal audits were addressed by the service.
- Management made sure staff were aware of their roles and responsibilities, this was supported by memorandums sent to staff and our discussions with staff. For instance, a staff member commented, "We don't cut corners, we have to log what we did in a clear way in care records. We must wear uniform and have an ID badge, if we are running late, you can call the client if it is going to five minutes late. If longer, I would phone the supervisor."

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

- All adult social care providers are required to have a statement of purpose (SoP). The service had a satisfactory SoP which set out the aims, objectives and ethos for care. Staff talked to us about the values of the services. These discussions supported what was contained in the SoP.
- Staff said the work culture was open and inclusive and felt management were supportive and approachable.
- When describing how the service was person-centred and how it achieved good outcomes for people a staff member commented. "[The name of the service] is above anyone else. They care about the clients and has their best interest at heart. We go over and beyond because that's who we are."
- This was supported by the relative of a person on 27 February 2019, who commented on a social media website, "I have engaged [name of service] twice now and cannot recommend them highly enough. The staff

are exceptionally friendly, caring and cannot do enough to make you feel comfortable. Each carer went out of their way to meet and exceed what I required."

How the provider understands and acts on the duty of candour.

- The service had a duty of candour policy (DoC) in place.
- Management were familiar with the requirements of the DoC. We viewed a letter that was sent to a relative by the registered manager. This provided truthful information and an apology due to an incident that went wrong.

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

- The provider actively encouraged feedback about the quality of care and support delivered. We viewed 'analysis of annual surveys' dated October 2018 which were completed by people, those who represented them and staff in October 2018. The feedback received was consistent with the feedback we had received throughout our visits. The service was receptive to all feedback given. People were overwhelmingly positive about the care and support received and staff felt they were supported by a management team who ensured they were fully supported.
- The registered manager stated all staff had access to the equality and diversity policy in the staff handbook which was issued to them. Spot checks would be carried out to observe staff worked in line with this policy.
- The registered manager acknowledged no specific training was in place for staff to understand the issues people from lesbian, gay, bi-sexual and transsexual community may face when using their service. They informed us this would be included in future training courses.

Continuous learning and improving care

- Quality assurance systems in place were continually reviewed. For instance, due to learning from medicine errors the service developed a role of a 'medication champion'. Their responsibility included amongst others, the ordering, collection and reconciliation of people's medicines. Robust systems were in place to ensure the safe administration of medicines.
- The service used their customer newsletter to update people with any changes in the service and to remind staff of their responsibilities.

Working in partnership with others

- The service held coffee mornings in local supported living schemes to establish a connection with the community and to make people in the community aware of the types of support the service provided.
- The service worked with a local church annually by collecting donations of food and clothes over the Christmas period to give to local people who required them.
- A social and health care professional when referring to their partnership work with the registered manager commented, "I have also had a very positive experience in working with [name of registered manager], the manager."
- The service had built up a good reputation amongst local agencies. This was supported by what people and their relatives told us. Comments included, "The district nurse recommended us to the agency" and "On one occasion my dad had a fall and an ambulance had to be called for, the crew made a comment to me that these carers you have here are fantastic. He was quite impressed with them."