

First City Nursing Services Limited

Charmes Care

Inspection report

Office 17b, First Floor, Mill Court Business Centre
Furlongs
Newport
Isle Of Wight
PO30 2AA

Tel: 01983530458

Website: www.charmes-care.co.uk/

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Charmes Care is a domiciliary care agency which provides support and personal care to people living in their own home. Not everyone using Charmes Care received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection 39 people were receiving a regulated activity from the service.

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

People and relatives told us the care received was safe. However, there were mixed views in relation to the care calls being met as per arrangements.

Risk assessments that were in place were clear, detailed and comprehensive, however, we identified specific risk assessments had not consistently been completed when required. This was immediately addressed by the registered manager and senior management team.

People told us, where staff supported them with medicine this was done safely. However, some improvements were required in relation to ensuring people received their medicine as prescribed.

There were some quality monitoring processes in place, but these had not always been effective as they had not enabled the provider to identify the issues we found.

People were supported by staff who knew them well and had been safely recruited. Staff wore appropriate personal protective equipment and followed government guidance on COVID-19.

All people and relatives spoken with were confident in the staff's abilities and thought staff had the right skills to look after them. New staff completed a comprehensive induction to their role prior to commencing employment and ongoing training and supervision was provided.

Staff supported people to access healthcare professionals when they needed them and worked alongside health and social care professionals to ensure a joined-up approach to people's care.

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

People told us staff were kind and caring and that people felt safe with staff. Staff respected people's right to privacy and dignity and promoted independence.

People and their relatives knew how to complain and were confident their concerns would be dealt with.

Care plans were person-centred for staff to know each person on an individual level. People told us they were provided with person-centred care.

The management team kept in regular contact with people and the registered and deputy manager often visited people in their homes, checking if they were happy with the service they received and if any changes were needed.

The management team were open and transparent and understood their regulatory responsibilities.

The service worked well with other partners, organisations and commissioners.

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

Rating at last inspection

The last rating for the service under the previous provider was Good, published on 15 January 2019.

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Charmes Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was conducted by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

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

Inspection activity started on 13 June 2022 and ended on 24 June 2022. We visited the office location on 14 and 15 June 2022.

What we did before the inspection

We reviewed the information we had received about the service, including the previous inspection report

and notifications. Notifications are information about specific important events the service is legally required to send to us. We also used information gathered as part of the monitoring activity that took place on 11 May 2022 to help and inform our judgements.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager for Charmes Care, the head of quality and operations, the complaint and safeguarding lead and the senior training lead for the provider. We spoke with the director of the service, who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with seven care staff employed by the provider, four people who use the service and three relatives. We received feedback from five health and social care professionals.

We reviewed a range of records, including five people's care records in detail, and 10 people's medicines records. Three staff files were reviewed in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection under the previous provider we rated this key question Good. At this inspection the rating has changed to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People told us, where staff supported them with medicine this was done safely. A relative said, "They [staff] do it all; get the medicine from the chemist and make sure [person] takes it."
- At the time of the inspection electronic and paper medicines administration records were being used by staff as the service was in the process of migrating to electronic records. We identified that whilst people's medicines administration records were available to staff as paper and electronic records, some staff lacked access to the electronic administration records (e-MARs) and therefore unable to monitor previous electronic administration records. This meant these staff may not have access to all up to date information. The senior management team had a plan in place to ensure these records were migrated by July 2022.
- Where people were supported to take variable doses of medicines, some paper records lacked details of the specific dose that had been administered. This meant there was not a clear record of how much medicine the person had received and placed them at risk of receiving inappropriate levels of medicine.
- Information regarding the support people needed with their medicine was recorded within their care plans.
- Staff received training in medicines management.

Assessing risk, safety monitoring and management

- People and relative told us safe care was provided.
- Although people told us they felt safe, we identified specific risk assessments had not consistently been completed as required. For example, one person had a catheter in place and another person was diagnosed with diabetes. There were no risk assessments in place for these conditions, to provide guidance to staff on how to mitigate the risk associated with these needs. This was discussed with the management team during day one of the inspection and action was immediately taken to rectify this.
- Risk assessments that were in place were clear, detailed and comprehensive.
- Risk assessments had been completed of people's homes and living environment to promote the safety of both people and staff.
- The registered manager, deputy manager and office staff completed care calls frequently. This helped them to identify any changes in people's needs in a timely way to allow effective action to be taken to keep people safe.
- There were lone working arrangements in place to promote staff safety.

Staffing and recruitment

- People and relatives told us care calls were usually reliable and staff were usually on time. People's

comments included, "They [staff] are mostly on time", "They stay long enough and have a chat with me" and "They work hard and don't cut any corners." A relative said, "Sometimes they are running late but someone always tells us if this is so." However, one person told us, "There was one incident when the carer forgot about me. I rang the office and they made sure they came around." Additionally, three of the five responses received from people as part of the services, 'How we are doing survey' completed in October 2021, to the question, 'do you ever feel your care call is rushed?', responses included, 'Sometimes, they [staff] seem to come and go quickly', 'I think so, sometimes' and 'Sometimes I feel like they rush.'

- For some care calls travel time was built in between visits, to help ensure staff arrived on time to care calls. However, five out of the seven staff spoken with felt this travel time was not always sufficient. One staff member said, "I am really anxious about getting to people on time, travel time is rarely enough. I do feel I have to rush the care calls at times which really upsets me." Another staff member told us, "We really need more travel time; we just don't have time to get from one call to the next. It puts the care staff in a really difficult position, I feel awful as I feel I have to rush the call. That's really not what I want to do, it's not fair on the people."

- Staff comments were discussed with the senior management team who agreed to review the current travel time arrangements. Following the inspection, we received additional information from the provider in relation to actions taken to ensure sufficient travel time for staff between calls. Actions taken included, the use of a smart rostering system and allocating travel time based on calculated average travel distances and speeds of travel.

- The senior management team confirmed the recruitment of staff in the local area was particularly challenging. This had resulted in ongoing recruitment drives and incentives being offered to new and existing staff to encourage staff into the care sector.

- Short term staff absences were managed through the use of overtime from existing care staff, use of bank and agency staff, transferring staff from other services run by the provider and cover being provided by the registered manager and office staff. This helped to ensure care calls were continually met.

- Safe and effective recruitment practices were followed. We checked the recruitment records of three staff and found that all the required pre-employment checks had been completed prior to staff commencing their employment. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigation of any gaps in employment. This helped to ensure only suitable staff were employed.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with said they felt safe with all aspects of the service and the care they received. Everybody spoken with felt safe with the care staff and relatives said they had no reason to believe their [loved one] were unsafe. A person told us, "Yes, I do (feel safe). It's mainly because I get the same carers, except if someone is off sick, but they are all ok." A relative said, their [loved one] was, "Definitely safe."

- Staff had received training in safeguarding adults and children and understood their responsibilities to identify and report any concerns.

- Staff were confident action would be taken by the management team if they raised any concerns relating to potential abuse. One staff member said, "I would report concerns to the registered manager, I know they would act but if I needed to I would go to CQC or the local safeguarding team."

- There were detailed and robust policies and processes in place for investigating any safeguarding incidents and concerns. These were followed by the management team.

Preventing and controlling infection

- There were suitable arrangements in place for the control and prevention of COVID-19 and other infections. Staff had received appropriate training in infection prevention and control and suitable, up to date and robust policies were in place.

- Staff had access to personal protective equipment (PPE), such as aprons, masks and gloves to help reduce cross infection risks. All staff spoken with confirmed PPE was readily available to them.
- People confirmed staff wore PPE as required.
- The management team and staff confirmed they were accessing COVID-19 testing appropriately in line with government guidance.

Learning lessons when things go wrong

- There were effective and robust systems in place to assess and analyse accidents and incidents. This system allowed themes and trends to be identified and acted on to prevent and mitigate reoccurring risks.
- People and staff told us the management team responded quickly to make changes and deal with any emerging issues or problems.
- Lessons learned were shared between all services run by the provider to help ensure actions would be taken to improve the service and reduce the risk of similar incidents occurring to all people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection under the previous provider we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- All people and relatives spoken with were confident in the staff's abilities and thought staff had the right skills to look after them.
- A healthcare professional told us, "I have completed joint visits with [names of registered and deputy manager] and found them to be professional and have appropriate clinical skills in moving and handling."
- New staff completed an induction to their role which included a blended learning program of training and a period of shadowing an experienced staff member.
- We were told there was a robust system for training in place, although the COVID-19 pandemic had impacted on training being available to staff. The training matrix demonstrated some refresher training was out of date, however this had been identified by the management team and a plan had been implemented to address this.
- Staff received one to one supervision with a member of the management team. This enabled the registered manager to monitor and support staff in their roles and to identify any training opportunities.

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

- People's needs were assessed prior to the service starting. This was to ensure their needs could be met. These assessments were completed with people and/or their families if required, and in accordance with the person's wishes.
- Information gathered during assessments was used to create individual plans of care and support. These plans reflected people's needs, including aspects of their life which were important to them.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.
- When required the senior management team, registered manager and office staff liaised with health and social care professionals to develop the person's care plan based on best practice and current guidance.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Regular checks of staff practice helped to ensure people received high quality care.

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

- Information was documented in people's care records which provided guidance for staff on how to meet individual needs and preferences. Within each person's care plan there was information about any allergies to food which were to be avoided, specific dietary needs and details in relation to peoples likes and dislikes.

- People told us they were happy with the arrangements in place to support them with food and fluids. One person said, "I am a diabetic and they make sure there is plenty of water because I drink a lot of it." A member of care staff told us, "If I am supporting a person with their meal the first thing I always ask them is, 'what would you like to eat?' If they are not sure I will see what they have available and give them choices."
- Should care staff or the registered manager have concerns in relation to weight loss or reduced food and fluid intake for people, actions would be taken to address this. These actions included, discussing with the person, the implementation of a food and fluid chart to allow monitoring of intake and referral to healthcare professionals, if required.

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

- The service worked well and effectively with external health and social care professionals. This was confirmed by professionals whose comments included, "They [management team and staff] are all very receptive and appreciative of any outside input/ teaching or assistance" and "The staff will always request professional input in a timely way."
- People's care records included specific information in relation to people's individual health needs.
- People told us staff understood their health needs and would support them to access medical support if required.
- People had 'Grab sheets' in place, which contained essential information, including information about their general health, current concerns, social information, communication needs, current medicine prescribed, and level of assistance required. This was shared appropriately if a person was admitted to hospital or another service and allowed person centred care to be provided consistently.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager and the staff were aware of their responsibilities under the MCA and the role this might play in care delivery.
- People consented to their care and treatment and were involved in decisions about their care.
- People told us the staff respected their views and asked for consent.
- Staff received training on the Mental Capacity Act which covered obtaining peoples consent prior to delivering any care and the principles of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection under the previous provider we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Feedback from people reflected that staff treated them respectfully and in a kind and caring way. One person said, "They [staff] listen to you and will go out of their way. They are not doing it just for the money." Another person told us, "Whenever they (staff) come, they put a smile on my face and make me happy." A relative told us, "What I like is that they chat to [person]. They are always caring – they even chat with me to cheer me up."
- Staff clearly cared about wanting to provide people with high quality care and make a positive difference to people's lives. This is further referred in the safe domain of this report.
- Health and social care professionals commented on the kind and caring nature of the staff. A health care professional told us, "I have often spoken with management at the service and can report they are kind, caring and respond to people's needs." A social care professional said, "[Name of registered manager] and the team are really lovely and very receptive." A second social care professional told us, "I do not have direct contact with care staff and only work directly with the management, who I have always found have the best interests of the people using the service at all times."
- The registered manager and senior management team closely monitored people's care in a variety of ways, including speaking to people and relatives, reviews of the care provided and the completion of quality assurance questionnaires. This helped to ensure people were treated in a kind, caring way.
- Individuality and diversity were respected. This was achieved by identifying where people needed support. Staff were open to people of all faiths and beliefs. There were no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

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

- People and where appropriate those who were important to them were involved in decisions about their care. One person said, "They [staff] do what I need them to do, nothing is too much trouble." A relative told us, "It's all down to what [person] wants." A staff member said, "We (staff) always give people choice in relation to their care; they tell me what they want and how they want things done."
- People and their relatives told us they were frequently asked if they were happy with the care provided. They also confirmed that care arrangements were reviewed regularly to help ensure care was provided as required. A person said, "I am regularly contacted by the office and we discuss how things are going with the care." A relative told us, "We have meetings with the service where we discuss things and the care plan is reviewed every year."

- People's care records showed staff discussed people's care with them on an ongoing basis.
- Care plans evidenced people and their relatives had been involved in planning their care and support. Plans included personal information and people's preferences.

Respecting and promoting people's privacy, dignity and independence

- People confirmed they were supported to be as independent as possible. A person said, "They [staff] will only help me when I need them to, I do what I can." A staff member said, "I encourage people to do as much as they can for themselves."
- Care records had detailed descriptions of people's needs and abilities and how staff should support them to maintain their independence. For example, one care plan stated, '[Name of person] can operate their electric shaver themselves but will need assistance to clean this.'
- People's privacy and dignity was respected. A staff member said, when they support someone with personal care, they would, "make sure doors and curtains were closed and cover them over with a towel to ensure only the part being washed was exposed."

Is the service responsive?

Our findings

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

At our last inspection under the previous provider we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

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

- People confirmed that staff knew them well and understood their needs.
- People received personalised care and support specific to their needs and preferences. Care plans contained person-centred information that focused on each person's individual needs and wishes. Care plans included information in relation to people's likes and dislikes, personal preferences, healthcare, social care needs, communication requirements and tasks they required support with during each visit.
- Daily records showed people received care and support according to their needs and wishes.
- Staff and the management team were responsive to people's changing needs. A healthcare professional told us, "We had a client that we felt could be supported with a single carer and the services were proactive in supporting the change and liaising with us to optimise independence and choice to meet the client's needs."
- The service had received a number of written compliments from professionals praising the services flexibility at short notice to achieve positive outcomes for people.

Meeting people's communication needs

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

- People's communication needs were known by staff and clearly documented within people's care files to help ensure effective communication.
- Documents would be provided to people in a variety of formats, for example, easy read, large print and pictorial, if required.
- The registered manager told us, documentation was provided to people in different languages, if required. This helped to ensure all people were provided with information about their care in a way they could understand.

Improving care quality in response to complaints or concerns

- The provider had a robust complaints procedure in place which was understood by staff and people.
- The senior management team were able to demonstrate complaints were investigated robustly and in a timely way and actions had been taken to address the concern raised.

- From discussions with people and relatives it was evident they were aware of how to complain and confident that appropriate actions would be taken. A relative said, "I've had a couple of issues, but they have been sorted out quickly."

End of life care and support

- At the time of our inspection the service was not supporting anyone with end of life care. However, the registered manager told us they would work closely with healthcare professionals, including GPs and the local hospice to support people at the end of their life.
- The registered manager provided us with assurances that people would be supported to receive good end of life care and be supported to help ensure a comfortable, dignified and pain-free death.
- End of life training was available to staff.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection under the previous provider we rated this key question Good. At this inspection the rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were systems and processes in place for assessing, monitoring and improving the quality of the care provided by the service. Some of these systems were comprehensive and effective in identifying areas of good practice and implementing improvement, including the management of safeguarding incidents, accidents and complaints.
- However, some systems in place to assess, monitor and improve the quality of the service had not been effective. Both the registered manager and senior management team had failed to identify important and specific risk assessments had not been completed and there was a lack of robust systems in place for monitoring and reviewing people's paper records. This meant there may be a delay in identifying concerns or issues in relation to people's care needs or staff practices. Furthermore, the systems in place in relation to the management of medicines failed to identify the concerns found at the inspection.
- Additionally, comments made by people and/or their relatives in the 'How are we doing survey' completed in October 2021 indicated they felt care calls were rushed. The outcome of these surveys were not reflected on in the 'Monthly Auditing Report' for October 2021 and there was no evidence available which demonstrated people's views or concerns had been acted on or acknowledged.
- People and their relatives told us the service was well-led and everyone we spoke with said they would recommend this service to others. One person told us, "I have had three different home care agencies, and this is the best."
- There was a clear and robust management structure in place, which consisted of the provider, service manager and separate department managers. For example, there were individual teams responsible for different aspects of the service such as care planning, recruitment and training. There was also a designated registered manager and deputy manager for Charmes Care. All managers and the provider were fully involved in the running of the service.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on, safeguarding, whistleblowing, complaints and infection control. Policies and procedures were shared with staff.
- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.
- The registered manager was aware of their responsibilities under the duty of candour, which is a

requirement of providers to be open and transparent if things go wrong with people's care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a person-centred culture within the service and people were placed at the centre of their care by all staff, including the senior management team, registered and deputy manager, and care and office staff.
- The senior management team had worked hard to develop and adopt values to underpin the services responsive ethos.
- The provider's visions, values and objectives for the service included; providing a high standard of care to all; ensuring people were treated with dignity and privacy; encourage and enable people to be independent and encourage each person to establish their own individuality and preferences in all aspects of their life.
- Although staff felt supported by the registered and deputy manager and praised the support received via telephone calls from one senior manager during COVID-19, staff told us they felt undervalued and not listened to by the senior management team.
- Staff feelings were discussed with the senior management team following the inspection who described how they were working hard to ensure staff felt valued and appreciated. They told us actions they had taken included, financial support by helping staff with loans and given staff £50 meal vouchers and thank you cards. However, feedback from staff demonstrated the actions taken by the senior management team had been ineffective at the time of the inspection and most staff spoken with felt underappreciated and undervalued.
- Although staff felt unsupported by the senior management team this was not the view of the registered manager who was happy with the level of support they received. Additionally, during the on-site visits to the service members of the senior management team were present to support the registered manager throughout the inspection process.
- There was an open and transparent culture within the service. People and relatives were confident that if they raised any issues or concerns with the registered manager, they would be listened to and these would be acted on.
- Feedback was gathered from people using the service and their relatives in a range of ways; these included quality assurance surveys, one-to-one discussions with people and their relatives, and emails and telephone contact.

Continuous learning and improving care

- There were robust systems in place in relation to the monitoring of complaints, accidents, incidents and near misses. These systems helped to ensure timely investigations to help identify any themes and trends to mitigate future risk and prevent reoccurrence.
- Staff performance was closely monitored by the registered manager who worked in collaboration with the staff team and completed regular spot checks of the service. The outcomes of these were recorded and shared with staff.
- As with most adult social care services, the COVID-19 pandemic has been particularly challenging. This resulted in the senior management team developing a 'Recovery Action Plan' to drive the recovery from the pandemic. This plan included; revised staff training, staff appraisal schedules, staff meetings, quality checks and electronic systems, this plan was under continual review.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and other health and social care professionals to provide joined-up care. This was evidenced within people's care records,

discussions with the management team and feedback received from professionals.

- Positive relationships between the management team, stakeholders, professionals and commissioners had been developed. All professionals spoken with as part of this inspection spoke highly of the service and praised the management teams responsive and proactive approach to help provide support to people within the local community.