

Fest Ronage LLP

Mint Quality Care

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

This was an announced inspection, carried out between 15 August and 4 September 2014. We announced this inspection at short notice because we needed to check that the registered manager, or another senior person in the service, would be available to speak with us at the

time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Mint Quality Care provides personal care and support to adults living in in Kendal, South Lakeland and the surrounding areas. The services offered by the agency include personal care, shopping, housework and

Summary of findings

preparing meals. The agency provided support to people who arranged and paid for their own care. The service did not provide support directly purchased by the local authority.

At the time of our inspection, the service provided support to 45 people and employed 15 care staff. During our inspection we spoke with 15 people by telephone and, with their agreement, we visited three people in their own homes. We also spoke with five care staff, the carer manager of the service and the registered manager.

We last inspected this service in November 2013. At that inspection we found the service was meeting all of the regulations that we assessed.

We asked people who used this agency and the staff who supported them for their views of the service and we observed how the staff interacted with people in their homes. During our visit to the service we looked at the care records for six people and looked at records that related to how the service was managed.

People who used this service were safe. The care staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety.

The care staff knew the people they were supporting and the choices they had made about their care and their lives. People who used the service, and those who were important to them, were included in planning and agreeing to the care provided. The decisions people made were respected. People were supported to maintain their independence and control over their lives.

People received care from a small team of staff who they knew and who knew them. The registered manager had good procedures for informing people which staff would be carrying out each visit. This meant people knew who would be coming to their homes.

People were treated with kindness and respect. People we spoke with told us, "I have had nothing but kindness and thoughtfulness from anyone who has been sent to me from Mint, [Mint Quality Care]".

People who needed support to prepare their meals received this. People told us that the care staff prepared the meals they requested and said they enjoyed the food prepared.

The registered manager used safe recruitment systems to ensure that new staff were only employed if they were suitable to work in people's homes. The staff employed by the service were aware of their responsibility to protect people from harm or abuse. They told us they would be confident reporting any concerns to a senior person in the service.

There were sufficient staff, with appropriate experience, training and skills to meet people's needs. The service was well managed, the registered manager set high standards and took appropriate action if these were not met. This ensured people received a safe service that promoted their rights and independence. The registered manager was knowledgeable about their responsibilities under the Mental Capacity Act 2005 Code. They showed that they knew how to ensure the rights of people who were not able to make important decisions themselves were protected.

Summary of findings

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 safe. The care staff knew how to protect people from harm. There were good systems to ensure people knew which staff would be coming to their home. The care staff identified themselves to people, so they knew who they were allowing into their homes.

The registered manager was knowledgeable about the Mental Capacity Act 2005, (the Act) and the Act Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

There were enough staff, with the appropriate skills, to meet people's needs. The registered provider used robust systems to ensure care staff were only employed if they were suitable and safe to work in people's homes.

Good



Is the service effective?

The service was effective. People received the support they needed to lead their lives as they wanted and to remain in their own homes. There were good systems in place to ensure that people received support from staff who had the training and skills to provide the care they needed.

People who needed support to prepare meals received this and enjoyed the meals provided.

Most people who used this service did not require support from the care staff to see their doctor. Where people required assistance to maintain their health, the care staff provided the support they needed.

Good



Is the service caring?

The service was caring. People were treated with kindness and received support in a patient and considerate way.

People who used the service, and those who were important to them, were involved in planning their care. People received support from a small team of care staff who knew the care they required and how they wanted this to be provided.

People were treated with respect and their privacy, dignity and independence were protected.

Good



Is the service responsive?

The service was responsive to the needs and wishes of people. People agreed to the support they received and were involved in reviewing their care to ensure it continued to meet their needs.

People chose the times they wanted care staff to visit them. The care staff stayed with people for the time they had requested and stayed with a person for longer if they were unwell and required this. People were asked what support they wanted and could refuse any part of their planned care if they wished. The care staff respected the decisions people made.

People knew how they could raise a concern about the service they received. Where issues were raised with the registered manager of the service these were investigated and action taken to resolve the concern.

Good



Summary of findings

Is the service well-led?

The service was well-led. There was a registered manager employed. The registered manager set high standards and used good systems to check that these were being met. People who used the service knew the registered manager and were confident to raise any concerns with them.

The registered manager had good systems to monitor the quality of the service provided. People who used the service and their families were asked for their views of the service and their comments were acted on.

There were good systems in place for care staff to raise any concerns with the registered manager. The registered manager took appropriate action when concerns were raised.

Good



Mint Quality Care

Detailed findings

Background to this inspection

We carried out this inspection between 15 August and 4 September 2014. The inspection team consisted of an inspector and an expert by experience who had experience of services that support older people.

The inspector visited the service on 15 August and 4 September to look at records around how people were cared for and how the service was managed. The expert by experience carried out telephone interviews with 15 people and the inspector met three people in their homes. We spoke with two care staff at the homes of people who used this service and spoke with three staff by telephone.

During our inspection we also spoke with the carer manager and the registered manager of the agency. We asked people for their views of the service and observed interactions between people who used the service and the staff who were supporting them. We looked at the care records for six people and also looked at records that related to how the service was managed.

The registered manager of the agency had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection we reviewed the information we held about the service, including the information in the PIR. We also contacted the local authority social work teams to obtain their views.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

Everyone we spoke with told us that they felt safe with the support they received from this service. They told us that they received care from staff who they knew and who they trusted. One person told us, “No doubt about it, I do feel safe with the staff” and another person said, “I am safe with my carer, [care worker], I trust her implicitly”.

People told us that they received a copy of the care staff rota, so they knew which staff members would be visiting them each day. They said they were informed if a different member of staff would be visiting them. They told us that the care staff showed them their official identify badge, so they knew they were from the agency.

People told us that, if their care worker was delayed, they were informed of this. One person told us, “My carer, [care worker], is very seldom late and I get a phone call”. People also told us that it was important to them to know which member of staff was coming to their home and to be informed if the member of staff was delayed. One person told us, “I feel more secure knowing what is happening” and another person said, “It is important that you know who is coming into your home”. There were good systems in place to ensure that people knew who would be providing their care and to protect their personal safety and the security of their homes.

All the people we spoke with told us that the staff who supported them assisted them to stay safe in their homes. They told us, “My staff make sure the doors are locked before they leave” and said, “My carer, [care worker], makes sure there’s nothing left out that I might trip over, she’s very good”. People told us the service they received allowed them to remain in their homes and said this was very important to them. One person told us, “I just don’t know how I would do without them. I would not be able to manage on my own”.

All the staff we spoke with told us that they had completed training in recognising and reporting abuse. They said they had never witnessed any ill treatment of the people they supported. The care staff told us that, if they were concerned that a person was at risk of abuse, they would report this immediately to a senior person in the service.

The care staff told us that they knew how to protect people from risks because any hazards to an individual’s safety, and the actions they needed to take to protect people,

were recorded in people’s care records. They said they knew that they had to inform the office immediately if they identified a new risk to a person, so that their care records and risk assessments could be updated.

The care records we looked at included information for staff about the actions to take to protect people from identified risks. We saw that detailed risk assessments had been introduced for activities which could place people at greater risk, such as being assisted to use the shower. These identified how the staff were to protect people from the risk of scalds or slipping while using the bathroom.

The registered manager had systems in place to anticipate and manage risks to people’s safety. The service had a procedure for staff to follow if they visited a person to provide planned care but were not able to gain entry into the individual’s home. All the staff we spoke with knew the procedures they had to follow if they could not access a person’s home to deliver planned care. The procedure ensured that appropriate action would be taken to ensure a person’s safety. Everyone we spoke with said they were able to make and to communicate their wishes about the care they received. The care records we looked at showed that people had been included in agreeing to their own care. The registered manager was knowledgeable about the Mental Capacity Act 2005, (the Act) and the Act Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

People told us that they received the support they needed because there were enough staff available to assist them. They all told us that the staff who visited them stayed for the full time that had been agreed. One person told us, “I think they have enough staff. I have asked for extra help a couple of times and I have been able to have it” and another person said, “Even when my regular carer is on holiday or has days off, I still get the help I need”. Everyone we spoke with told us that the staff who supported them had the time and skills to provide the support they needed.

All the staff we spoke with told us that they were able to contact a senior person in the service at any time if they required advice about an individual they were supporting. They told us, “There’s always a senior on call, we have the on call phone number and we can always speak to someone if we’re worried about a customer”.

Is the service safe?

The registered provider had systems in place to ensure staff were only employed if they were suitable and safe to work in people's homes. We looked at the records for two staff

who had been recruited before our inspection. We saw that all the checks and information required by law had been obtained before the staff were offered employment by the agency.

Is the service effective?

Our findings

Everyone we spoke with made positive comments about the support they received from this service and about the care staff who visited them. They told us that the care staff had the skills and knowledge to provide the support they needed. People told us the support they received enabled them to lead their lives as they wanted to and to remain in their own homes. One person told us, “My carer, [care worker], knows exactly what I need and does it. I get good support from my carer” and another person said, “I get the support that I need to help me stay at home”.

The registered manager used good systems to monitor and manage the deployment of staff. Where people had more complex needs, staff were only assigned to provide their care if they had completed appropriate training.

We looked at the records around staff training. We saw that all new staff completed thorough induction training before working in people’s homes. Staff we spoke with told us that they worked with a more experienced staff member before working on their own. They told us that this helped to ensure they knew the support people needed, and how they wanted this to be provided, before they worked on their own.

All the staff we spoke with said they received the support they needed from the management team of the service. They said they had regular formal meetings with a member of the service management team to discuss their work. The staff also told us that a senior person in the organisation carried out unannounced observations of them while they were supporting people. These “spot checks” allowed a member of the management team to assess the competency of staff and to take action to address any issues identified. One staff member told us, “We have spot checks, usually it’s the carer manager or registered manager, they come unannounced and watch you deliver care, it’s really useful support”.

Some people who used this service received help from staff to prepare their meals. People who received support with their meals said they liked the food prepared by the care staff. Some people also received support from their families with the preparation of their meals. One person said, “Between my daughter and my carer, [care worker], I have no problems. I get enough to eat and drink”.

Two people who we visited received support to prepare their breakfasts. We saw that the staff member supporting them knew what they usually had for breakfast but gave them choices such as having hot or cold milk or fruit with their cereal. The people we spoke with all said that the care staff always asked them what they wanted. One person told us, “My carer, [care worker], prepares my breakfast. Usually I have cereals and toast but I decide how and what I want” and another person said, “My carer, [care worker], makes what I want for breakfast”.

Most of the people we spoke with told us that they did not usually require the support of care staff to maintain their health or to see their doctor. One person told us that they had been assisted to contact their GP and said, “Some time ago I was ill and my carer, [care worker], asked me if it was all right to call the doctor in”. Another person told us that they received care from the local district nursing team. They said that the care staff carried out some tasks under the direction of the district nurse. They told us, “The nurse tells the staff how to care for me and checks on me every week. The staff are very good and know what they’re doing”.

All the care staff we spoke with showed that they would take appropriate action if they were concerned about the health of a person they were supporting. They told us that they would encourage the individual to contact their doctor and would support them to do this if they needed. They also told us that they would report their concerns to a member of the agency management team. One member of staff told us, “We’re told at induction, if we have any concerns at all about a customer, we have to ring the office or the on call”.

When people started to receive care from this service, they were asked to give the contact details of who they wanted the agency to contact if there were concerns about their health or welfare. This ensured that the registered manager of the service knew who they could contact in the event of a person being unwell so that appropriate action could be taken. The ensured people’s rights were respected and allowed the registered manager to take appropriate action to support the person’s health and wellbeing.

Is the service caring?

Our findings

Everyone we spoke with told us that they received a good quality of care from this service. People told us that the staff who supported them were kind and said they liked the care staff. One person told us the staff who supported them were, “Very kind and considerate” and someone else said, “I have had nothing but kindness and thoughtfulness from anyone who has been sent to me from Mint, [Mint Quality Care]”.

People told us that they were supported by staff who they knew and who knew the support they needed. During our visits to people’s homes we saw that the staff were knowledgeable about the individuals they were supporting and were caring and patient when supporting people. One person we visited required support to move from their bedroom to the living room. We saw that the staff member who was supporting them was very patient and gave the individual reassurance while allowing them the time they needed. Everyone we contacted told us the staff treated them with respect and provided the support they needed in a caring way. People said, “I feel I am really cared about, not just a number” and said, “The staff are all very respectful”.

Everyone we spoke with told us that they had been included in agreeing to the support they received from this service. People told us that they had been asked if there was anyone they wanted to be included in planning their care and said their decisions were respected. One person said, “I was involved, as was my daughter right from the beginning” and someone else told us, “My daughter usually comes to my care plan meeting, she knows what help I need”. People who used the service, and those who were important to them, were involved in planning their care.

We saw that the choices that people had made about their care were recorded in their personal care records. During our visits to people we saw that the care staff gave individuals choices about the support they received, such as where they wished their care to be provided and how they wanted their meals to be prepared. Everyone we spoke with confirmed that the staff always asked them what support they wanted. One person told us, “My carer never assumes anything, she always asks before she does anything” and another person said, “My carer always asks me if there is anything I particularly want doing, we agree everything between us and that works well”.

People told us that they had a small team of regular care staff who they knew and who they liked. Everyone we spoke with was very positive about their care staff. People told us, “I look forward to her, [the care worker], coming, it cheers my day up” and said, “My regular girl is very kind and considerate, she is a pleasure to know”.

No one who used the service at the time of our inspection had been identified as needing a formal advocate to help them to express their wishes about their care. An advocate is an independent person who supports people to make and communicate their wishes. The registered manager of the service had information about local advocacy services, which could be given to people if they did require this support.

Everyone we spoke with said that the staff who supported them took appropriate actions to protect their privacy and dignity. People told us they felt comfortable receiving personal care from the care staff because of this. One person told us, “My carer always closes the curtains when she is helping me. It retains my dignity” and another person said, “I do as much as I can for myself and the girls are very professional. I retain my dignity”.

All the care staff we spoke with showed they knew the actions to take to maintain the privacy of people they were supporting. One staff member told us, “I make sure the curtains are closed and ask the person what they want, you treat people how you would want to be treated”.

People told us that the care staff who visited them gave them the time they needed to carry out tasks themselves. They said the care staff supported them to maintain their independence. One person told us this was very important to them and said, “My carer understands me quite well and knows my independence means a lot to me. I am encouraged by her to do as much as I can for myself” and another person said, “The staff let me do what I can, they don’t try to take over”. People who used this service were supported to maintain their independence and control over their daily lives.

Everyone we contacted said they were confident that the care staff and registered manager of the service ensured their confidentiality was protected. People told us, “I think they understand confidentiality. I think they have been told

Is the service caring?

by the office not to talk about anybody else they visit. I know mine don't" and said, "My carer, [care worker], is not a gossip, I can't imagine for one minute that she talks to others about me".

Information about people who used the service was held in paper records and on the service's computers. We saw that the paper records were stored in lockable cabinets in the

office and the agency computers were password protected, to ensure information was held securely. Sensitive information, such as regarding a person's mental health needs, was stored separately and only shared with those staff who needed access to it. This ensured that confidential information about people was held securely.

Is the service responsive?

Our findings

People told us that this service was responsive to their needs and to their preferences about their care. They told us that they chose the times the care staff visited them and said they received support at the times they needed it. One person told us, “I asked for my carers, [care staff], to come four times a day and the times they come are very suitable to me”.

People told us that they could request for the times of their visits to be changed if they needed this. They told us that the service usually agreed to any changes that they requested and said that they were informed of the reason if a change could not be agreed. One person said, “I have made a request to have my call time altered. I just rang the office and was able to get my afternoon call cancelled”. Another person told us they had asked for a visit to be changed and said, “They, were very helpful, I got agreement straight away”.

All the care staff we spoke with told us that the service was responsive to the needs of people who used it. They said they were able to stay longer than planned with a person if they were unwell and required additional support. One care worker told us, “If a client is unwell, we can call the office if we need longer and they’ll either let the next customer know we’re going to be late or ask the customer if it’s okay to send another carer, [care worker], to cover the call”.

People told us, and we saw during our visits, that they made choices about their lives. They said the staff who supported them respected the decisions they made. People told us that the staff who supported them knew what was important to them in their lives and their preferences about their care. We saw that the staff were knowledgeable about the meals and drinks people liked and the support they needed to eat and to drink.

People told us that they, and their relatives if they wished, had discussed the support they wanted with the agency and that this was provided as they had requested. They said they had met with a senior person from the agency and told them what care they required and when they wanted this. One person told us, “I said what I needed and it was agreed at a meeting”.

Another person told us, “I always involve my daughter because she helps me so much. I have not had any

problem in my daughter being able to come to my reviews”. People who used the service, and those who knew them well, were included in agreeing to the care provided by the agency.

We looked at the care records for six people who used the service. We saw that each person’s needs had been assessed before they were offered support from the service. The needs assessments had been reviewed regularly to ensure they remained up to date and gave staff accurate information about the support each person required. The needs assessments had been used to develop care plans which had information for staff about how to support the individual to meet their identified needs. We saw that people used the service and their families had been included in developing the care plans. The care plans included information about the person’s life, preferences and the support they required.

People told us that the care staff who supported them asked what assistance they required and only provided this with their agreement. They told us that they could refuse any part of their planned care if they wished. One person told us, “I know what I want and if it is not a good time as far as I am concerned to have a shower, then it is put off to another day”. Another person told us they had not needed to refuse any part of their planned care but said they were confident their care staff would respect their wishes. They told us, “I am very sure my request would be listened to and I would get what I wanted”.

Everyone we spoke with told us that they knew how they could raise a concern about the care they received. People told us that they had not had to raise any concerns because they were happy with their care and with the staff who supported them. One person told us, “If I had any concerns I would speak to the manager, I have every confidence in her, she would deal with anything improper”. Another person said, “I have never had any concerns but if I had I would tell the manager”.

All the care staff we spoke with said they knew how to support a person if they wished to complain about the service they received. They said they would help the person to write to the registered manager of the service or to ring them, if they preferred.

We looked at how the registered manager had responded to one concern which they had received. We saw that they had taken immediate action in response to the concern

Is the service responsive?

raised and had spoken with the person to check that they were satisfied with how the issue was resolved. Where the systems used to audit the quality of the service identified

areas which could be improved, we saw that the registered manager ensured any learning from the issue was shared with appropriate staff so the quality of the service provided to people was maintained.

Is the service well-led?

Our findings

Everyone we spoke with said they were asked about their views of the support they received from this service. They told us that their care was reviewed regularly by a senior person in the agency and they were asked at these meetings if they were happy with the support provided or if there were any areas which could be improved or required changing. One person told us, “I have been asked if I am happy with the care I get and I am. I am also asked if there is anything more they can do for me, it is a good service”.

Everyone we spoke with said they were happy with the service they received and that they would, or already had, recommended the agency to other people. One person told us, “I would not have any hesitation in recommending them” and another person said, “I have already recommended Mint, [Mint Quality Care], you get a first class service from them”.

The service had a registered manager in post. People told us they knew the registered manager and would be confident to speak to them if they had any concerns about their care or the staff who visited them. One person told us, “If I had a problem I would let the manager know. I am sure she would be very helpful”.

People told us they thought the service was well managed. One person said, “I think the service is very well managed” and another person told us, “The service is very well managed. I’ve never had a problem in over three years. It’s a very good service”.

All the staff we spoke with told us that they felt well supported by the registered manager and senior staff in the service. They told us they would report any concerns about the behaviour or performance of another care worker to the management team in the service. One person told us that they had reported a concern and said that action had been taken in response to the issue they raised. They told us, “Another staff member wasn’t using a piece of equipment properly. I told the manager and they brought the other carer in, spoke to them and also reminded all the staff about the proper use of equipment”. The registered manager ensured staff were supported to raise concerns and took action in response to issues brought to their attention.

The registered manager of the service told us that the quality of the care provided was central to their aims for the

service. The staff we spoke with told us that the management team in the agency set high standards which they were expected to meet. One staff member said, “All the staff know, we have to provide a good service, people deserve that” and another staff member told us that the high standards required were discussed at their annual appraisal meetings, where the quality of their work was discussed.

During our visits to the agency we heard how the members of the management team spoke with people who telephoned the agency. We observed that they were respectful and gave people the time they needed to discuss their needs and wishes about their support. People told us they knew how to contact the registered manager or another senior person in the service. Most of the people who used the service told us that they usually contacted the agency by telephone, as this was more convenient to them. We met one person who liked to call into the agency office when they were shopping in the town centre. They told us that they liked to “drop in” and said the staff in the office always made them feel welcome. People told us the registered manager promoted an open and inclusive atmosphere and said they were confident to contact them at any time. One person said, “The manager is very approachable”.

The registered manager had formal and informal systems to collect the views of people who used this service. People told us that they were always asked for their views about the service they received at the review meetings which were held every six months. People also told us that they had been asked to complete a quality survey, to share their experiences of the service with the management team. People told us that, if they requested any change to the service they received, this was always agreed. One person told us, “I recently got a form to fill in. I filled it in and had no complaints. I get everything I need and good carers, [care staff], too. I just have to ask for something to be done and it gets done”. Another person said, “I have been asked if I am happy with the care I get. I am. I am also asked if there is anything more they can do for me. It is a good service”.

A member of the agency management team carried out unannounced “spot checks” on care staff working in people’s homes. People we visited told us that they had

Is the service well-led?

been asked if they were happy for these spot checks to be carried out and said they had agreed to them. The checks were used to both provide support and supervision to staff and to assess the quality of the care provided by the staff.

During our visit to the agency we saw that the registered manager and carer manager used informal systems to check people were happy with the service. For example, when a relative of a person who received support from the service rang to request a change to the time of a visit, they asked them if they were happy with the care provided to their relative. People who used this service and those who were important to them were given the opportunity to share their views. No one we spoke with raised any concerns about the support they received and people told us “I have recently had a review. I was positive about everything. I feel I get a good service”. Another person told us, “I get a visit twice a year from the manager or a senior staff member. I have always been asked if I am happy with the service I get. I have told them that I changed to their service because I was told how good it was, I have found that too”.

The care staff we spoke with said they asked for their views of the service and said they completed a survey. We looked at some surveys which had been completed by the care staff. We saw that all the comments in the surveys were positive. Care staff who had completed the surveys had reported that they were satisfied with the training they received and said they would be confident raising any concerns with a senior person in the service. The staff we spoke with told us they felt this was a good service and said

they were “proud” to work for the agency. All the care staff we spoke with said they would recommend the service to their own friends and relatives. One staff member said, “If a member of my family needed care I’d recommend Mint, [Mint Quality Care], and I wouldn’t go anywhere else”.

All the care staff we spoke with told us they had been supported to obtain a qualification in health and social care. The registered manager of the agency was committed to providing a good quality of service. As well as care staff completing qualifications relevant to their role, the registered manager had arranged for the care coordinator, who often took telephone calls from people who used the service, to complete a qualification in customer services. This would help to ensure that people who called the agency received a good standard of customer service.

Everyone we spoke with said this service provided a good quality of care. The service had links to good practice and accreditation schemes such as Dignity in Care and Dementia pledge. This helped to ensure the managers in the service kept up to date with best practice. Everyone we spoke with told us that they were happy with the support they received from this service. They said the staff treated them with respect and protected their dignity.

Organisations that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.