

Care South

# Care South Home Care Services Bath

## 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 ●

# Summary of findings

## Overall summary

The inspection took place on 6 June and was announced. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available at the office.

Care South Home Care Services is a large domiciliary care agency providing personal care to people in their own homes. The service has approximately 96 staff supporting about 155 clients in Bath and surrounding area. The office is staffed five days a week and emergency cover is available after office hours. The service has a registered manager in post.

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

Our last inspection on 4 February 2014 found that the provider was meeting all the regulations assessed.

People who used the service and their relatives told us they felt safe and comfortable with the staff team. They told us that they were reliable and communicated with them well. All staff had received training about safeguarding and this was updated every year. The required checks had been carried out when new staff were recruited.

The staff we spoke with had good knowledge of the support needs of the people who used the service and had attended relevant training. The staff we spoke with demonstrated a commitment to providing the support people needed as well as a commitment to protecting people from harm or abuse.

People we spoke with confirmed that they had choices in all aspects of the support they received and benefitted from a personalised approach to care planning.

People who used the service, their families and staff told us that the management team was open, transparent and knowledgeable. People we met during our visits along with those we spoke with on the phone spoke highly of the staff and management team.

The registered manager provided us with a number of methods used to assess the quality of support provided. This included gaining regular feedback from people who used the service and their families or carers and staff.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

People felt safe and comfortable with the staff who supported them.

People received their medication safely and on time.

Staff received training in safeguarding and were aware of how to protect people from abuse

Risk assessments were available to reduce the risks faced by people while they received support.

### Is the service effective?

Good ●

The service was effective.

People said they were supported by a well-trained and knowledgeable staff team.

Staff were able to demonstrate that they had received training relevant to their role including training in the Mental Capacity Act 2005.

Staff received effective supervision of their care practice

### Is the service caring?

Good ●

The service was caring.

People and their relatives told us that they found staff to be caring and supportive.

Staff demonstrated their caring approach to people they supported and a commitment to supporting them as stated in their support plans.

### Is the service responsive?

Good ●

The service was responsive

People knew who to speak to if they had a complaint and were confident that action would be taken to address their concerns.

Staff worked with other professionals to ensure that people's needs continued to be met.

The registered manager ensured that a personalised and clear care planning system was in place. Regular reviews were undertaken with people who used the service.

**Is the service well-led?**

**Good** ●

The service was well- led.

People were happy with the support they received and had their views listened to.

There was an open culture in the service. People who used the service and the staff that supported them were encouraged to express their views and be involved in developing the service.

Staff told us that the management team were knowledgeable and approachable.

The registered manager assessed the quality of the support provided through direct contact with the people who used the service, and checked and audited the systems.

# Care South Home Care Services Bath

## **Detailed findings**

### Background to this inspection

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

We undertook an announced inspection of Care South Homecare service on 6 June 2016. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Our review of this information prior to our inspection enabled us to ensure that we were aware of, and could address any potential areas of concern

We visited two people in their homes to gain their views about the agency. We also visited the registered provider's office and during our inspection visit we spoke with the business operational manager, one monitoring officer, four staff and the registered manager. While in the office we looked at seven care plans and other records such as staff recruitment files, training records, policies and procedures and complaints files.

After our visit, we spoke with eight people who either used the service or their relatives. We also spoke with eight care staff on the telephone.

We contacted and spoke with three social care professionals who were involved in the care of the people who used the service. We contacted the local authority who commissioned and funded the care for some people who used the service. They all told us they had no concerns about the service.

# Is the service safe?

## Our findings

People who used the service and their relatives told us they felt safe. They told us that they felt safe and comfortable with the carers. One comment was "I feel safe with the carers because they are friendly and they will ask you if there is anything else they can do for you". They felt that their personal possessions were safe and that staff never missed calls. "I can't think of any day they didn't turn up" and "They always leave my frame with me".

We spoke with staff about how they protected people who used the service from abuse. They were able to demonstrate a good understanding of what they would do if they witnessed or made aware of any allegations. One staff member told us "I will definitely report any form of abuse to the manager. I always carry the people in the centre of the care as they deserve good care". Another staff member said "I will call the office straight away and report it". Staff we spoke with told us that they had access to a procedure for reporting any concerns and were confident that the management team would act upon the information. Staff told us that they had received training in protecting vulnerable adults from abuse within the past 12 months and this was confirmed through training records. Staff were able to outline the types of abuse that could occur. One staff member told us "Abuse could be physical, financial or emotional in this kind of setting".

The registered provider had a whistleblowing procedure which was included as part of the safeguarding procedure.

Our records showed there had been several safeguarding referrals raised since our last visit in 2014. There was evidence that the registered manager had cooperated with the local authority safeguarding team and all allegations were thoroughly investigated. The management team were clear about how allegations should be reported to the Local Authority and provided detailed documents of referrals that had been made, their involvement in meetings and subsequent required actions.

Risk assessments were available for all people who used the service. These covered the environment that they lived in, identifying risks that staff and people faced. More specific risk assessments were in place relating to the support people required. We saw that where people needed to be transferred using a hoist, that information was in place on how this was to be done safely. All risk assessments we looked at had been reviewed regularly and with the involvement of people who used the service. Other risk assessments included the risk to people of falling and their falls history was included within initial assessments of need and care plans.

The registered provider had ensured that the agency's main office was a safe place to work. Risk assessments were in place relating to the office as well as evidence of regular checks to the fire alarm systems in place.

We looked at accident and incident records. There had been few accidents since we had last visited the service. Any accidents recorded gave an account of the nature of the accident and action that had been taken. For example, a person found on the floor had their care plan and risk assessment reviewed to prevent recurrence of further accidents.

People who used the service told us staff attended them on time, although occasionally staff were late but stated that the office or the staff member would inform them if they were running late. One person told us "I never missed any calls and staff will let me know if they are running late, sometimes because of the traffic." Another person said "You can't hold them to account, things happen but they always let me know if they are late." and "Quite frankly they are all very helpful and will do whatever you want." Relatives we spoke with told us "They are punctual; they can be late but not very often". "The staff are all friendly and bubbly, they don't stress Mum and I can see Mum is comfy with staff" "On the whole the time keeping is good."

Staff we spoke with told us that there was enough staff to meet the needs of people they supported. They told us they worked in teams depending on the geographical area in which you lived. Staff told us the system was very effective as it minimised travelling far distances between people who used the service. They said that shortfalls happened in the past but had since improved as new staff had joined their teams. Staff members told us that they never felt under pressure to take on any extra work. One staff told us "I am never under any pressure to cover any extra shifts. It is a pleasure to do it to give continuity to our service users". Staff rotas were in place and all staff told us that they received their rotas in advance every week. People commented positively about continuity of care and that when a new member of staff was sent they would always be supervised and introduced to them for their own safety.

We looked at how the registered manager recruited staff to work for the service and at staff recruitment files. We saw that required checks had been made by the registered manager before staff had started work. These checks included a DBS check (Disclosure and Barring Service), references, and declaration of health and interview notes. A DBS check aims to identify those people who have been barred from caring in a registered care service. We spoke with some staff members who had been recruited recently. They told us that the recruitment process had been fair and thorough as the registered manager wanted to make sure that staff were recruited correctly. Where DBS checks had disclosed a conviction, the registered manager told us they had questioned the person and made a judgement with the senior management team on their suitability. The applicant had already declared this on their application form. The registered manager told us that a risk assessment was put in place to ensure they could monitor their suitability when they first started. A disciplinary process was in place to enable the registered manager to deal with any staff issues. Records were maintained providing detail of action taken when needed.

We looked at how medication was managed by the registered manager. People we spoke with told us that staff managed their medication safely and did it "very well". People who used the service raised no concerns in relation to medicines. Medicines were given to people when needed where required. People we spoke with had differing needs, some had no support, others were completely supported by family and others had support in opening their dosset box (Individualised box containing medicines organised into compartments by day and time to simplify the taking of medicines). One person said, "They prepare them for me but I get them when I need them." Another said, "They are all in a dosset box so no issues. They always watch me take them."

Staff told us that they had all received medication training and for those who had worked there longer, this had been refreshed each year. Staff told us that they received spot-checks from the management team who would assess their practice, including their competency to assist with medication where applicable. The agency's medication procedure was up to date and outlined the level at which staff should assist with medication. Medication administration records were available and all these had been recorded and audited every month. We saw where concerns were identified action was taken to prevent recurrence. For example, the staff member involved received extra medicines training.

People who used the service and their relative commented that staff always wore personal protective equipment (PPE) such as gloves and aprons when providing care and raised no concerns around infection control.



## Is the service effective?

### Our findings

People who used the service told us that they were confident that the staff who supported them knew what they were doing. Comments included "They know what they need to do". "They know what they are doing, all of them are good." "I get everything I need." "I am happy with the carer, I will see her tonight she is lovely." One relative told us "Staff are knowledgeable, they understand Mum's needs."

The registered manager and staff had received training in relation to the Mental Capacity Act 2005 (MCA). 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.

The registered manager and staff aware of their role and responsibilities in relation to obtaining people's consent to care and assessing whether people had capacity to make decisions about specific aspects of their care and support. The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. 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 Mental Capacity Act 2005 (MCA). 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 were being met.

None of the care plans we looked at indicated that people did not have the capacity to make their own decisions. We asked staff about their understanding of the Mental Capacity Act. All were able to discuss what it was about. One staff told us "You cannot assume that someone has no capacity to make their own decisions unless they are assessed that they have no capacity."

People told us that their consent was always obtained to determine how they wished to be supported. People said that staff ensured they sought permission and that care and support was delivered in accordance with their needs. One relative said they always heard staff asking, "Is that ok?" during personal care with their family member.

Some people received assistance with meals. They told us that it was always done well. One person told us: "I have no problems with my meals. Staff help me with breakfast and they are very 'helpful'". Some people said they received minimal support from staff in relation to meal and drinks other than staff heating meals for them. People said that staff always ensured they had either a hot or cold drink available before they left.

The care plans we looked at showed that not all people who were supported needed assistance with food preparation. Those who did had their needs outlined in each care plan as well as an indication of their likes and dislikes. We saw that where a person was nutritionally at risk a risk assessment and care plan were in place to guide staff on how to support the person in order to reduce the risk and to promote their wellbeing.

For example, the registered manager and staff members we spoke with told us about a person who was not eating well and was losing weight due to a medical condition. They had received external training on food and nutrition in a particular medical condition which enabled them to suggest an appropriate nutritious food for the person. The person's eating had improved and they had gained weight.

Daily records suggested that meals provided had been recorded and in some cases an intake and output chart were in place to monitor people who were at risk of dehydration.

Staff confirmed that they had received training in food hygiene and that they and that they received refresher training every two years.

Training records showed that staff had received training relevant to their role and some staff members had recent refresher training. This included training in health and safety topics as well as safeguarding. A training matrix was available which outlined all the training that staff had received and were to receive in future. Other trainings staff attended included dementia, dysphagia awareness, moving and handling, dignity and respect, first aid, equality and diversity and understanding diabetes. Staff told us that the standard of training was good and that they felt it helped them to do their job well. The registered manager told us that they had undertaken 'training for trainers course with Gold Standards Framework (GSF) team. This is an evidence based approach to optimising care for all people nearing the end of life, given by general front-line care providers, This had enabled them to provide continuous training for their staff to think not only about ensuring the person had a good and dignified death but about how they would help people to live well until their death. It also looked at how they could support the family during and also after. The registered manager showed us evidence of this training on the day of our inspection.

Staff told us about the induction process. This consisted of one week induction training in health and safety topics as well as safeguarding. After this had been completed, new staff shadowed existing members of staff for not less than two weeks or until they were deemed suitable to provide support on their own or with another colleague. Staff told us that the induction process had been very good and felt it had prepared them to perform their role. One staff member told us "The training was fabulous". Another staff member told us. "The training was very good. It really prepared me for the job". We looked at documentation relating to the induction process and found that it was in line with what staff had told us.

We looked at how the staff team were supervised in their role. Staff meetings were held as well as one to one supervisions held every three months. The main method used by the registered manager to check care practice was the use of unannounced spot-checks and observation. Staff would arrive and have their practice checked to ensure that they provided people with effective support. All staff confirmed that they had received this type of supervision and that feedback was given to them about their performance. A record of spot-checks was available on staff files with positive comments as well as constructive feedback recorded. Staff who worked with the service for over a year confirmed that they had received annual appraisals and these were available on staff files.

## Is the service caring?

### Our findings

People who used the service and their relatives told us that staff were "friendly and caring". All of the feedback from people was very positive with a high level of praise for staff. Other comments included "They look after me exceptionally well." "I don't see many people so it's quite nice when they take time to chat." "They are really great staff, so nice and caring." "The staff are very, very nice and I have my favourites" and "They always ask if there is anything else they can do for me." Another person told us "Staff are really excellent I can't fault them at all" and "Nice lady. Can't do enough for you, very efficient". Relative's comments included "The staff are very good." "There's never a rush and always calm" and "They are good staff, really kind of heart and caring." Whilst on the phone to people we could hear staff entering for care appointments and the conversation was friendly and humorous.

People told us that they were always able to have a say in the way they were supported. People said their privacy and dignity was respected and that staff always communicated with them in a friendly and caring manner. Staff told us about how they supported people. They always greeted people and asked them how they were keeping. Staff told us they made sure that when they were visiting someone they had not met before that they introduced themselves. Comment from one staff member included "I would always say hello good morning X how are you keeping today".

We asked about staff what action they would take if people refused support. Staff told us they appreciated the rights of people but were mindful of the duty of care that they had and told us that they would try to reassure people in a calm manner. One staff member told us "I will build a rapport with the person and would apply a 'holistic' approach by speaking to other experienced carers. If support was still refused, this would be reported to the main office.

Staff also gave examples of where people had not wished to be supported on occasions. They told us that they recognised that it was the person's choice but would make efforts to gently encourage the person to agreeing to be supported. This demonstrated that staff were aware of the balance they had between the wishes of people and their duty of care.

Staff inductions and training indicated that staff were expected to maintain confidentiality. Staff had signed agreeing to maintain confidentiality and a confidentiality policy was available. Training included a focus on the values that staff should use during their support, for example to maintain the privacy and dignity of people. We saw in care plans that consideration was made to the preferred names that people wanted to be called as well as an indication of any religious or cultural beliefs.

Care plans we looked at outlined the support that carers were expected to provide. We saw that emphasis was placed on ensuring that people maintain their independence in other daily routines.

## Is the service responsive?

### Our findings

People who used the service and their relatives told us that they felt that the service was responsive to their needs. They said that they felt in control of the care they received and were involved in it. One person said "I'm happy with the service" and "She [senior staff member] came and she made sure I had everything I needed." Other comments included "I have discussed what I needed with them."

People we spoke with told us the service was responsive in changing the times of people's appointments and was very quick to respond if they needed an extra visit for instance if they were unwell. One person told us, "They came out and called the doctor for me". Another person told us "They are very flexible. They changed my morning calls for me because it was too early and the evening call for later so I can watch my favourite programme on television". This showed that the service was responsive to people's needs.

People gave us more examples of how responsive the agency was. One relative explained that their relative did not 'bond' with one particular staff member and that this was highlighted to the agency. The particular staff member no longer visited their family member. Another relative told us the service had altered the method they received their scheduled care visits as it was easier to receive them electronically. Another relative told us it was never an issue to cancel or change a care appointment with the service.

Care records showed that people's views on the care they received were regularly recorded. Care records provided detailed assessments of people's complex health needs with information from a variety of different health professionals. We saw that the registered manager had requested support or guidance from other professionals in order to meet individual needs. For example staff had extra training and support around pressure area care due to some of the complex physical health of some of the people that used the service. Staff told us that the registered manager was quick to respond to any changes and to identify what needed to be in place.

Care plans were specific to the needs of each person and centred on the needs identified through initial assessments or changes following a review. These outlined the main needs of each person and what staff needed to do to support them. Reference was made to main health and social needs of people as well as the agreed care package. Support plans (About me) indicated what staff needed to do for each visit and tasks included shopping, cleaning, food preparation and assistance with personal care. The support required was clearly written. We saw that care plans for people who had used the service for some time had been updated to reflect the changing needs of the individuals. These changes had been made as a result of the review of each care plan to see if people's needs were being met.

The registered manager told us that the supervisors undertook took these reviews through regular telephone contact with people, visits through management spot checks to assess staff performance as well as meeting with people. People confirmed that during observations of staff, senior staff would discuss their needs with them to ensure that they received everything they needed. One person who used the service told us "They come to check on us and also check on the paperwork to make sure I am still happy with my care".

Staff confirmed that all people had a care plan in their homes and that they would refer to them to see what support had been provided. One staff member told us "I would always check the care plan when I visit people to see if anything has changed"

Everyone we spoke with knew how to make a complaint if they needed to. Some people told us that they had not had to do this and those that had felt as though the management team had responded positively.

All of the people and relatives spoken with said they would feel comfortable raising a complaint with the service but most said they had not had occasion to. We spoke with one relative who had made a complaint [approximately 8 months ago] and they said it was handled well and resolved to their satisfaction.

A complaints procedure was made available to people within their service user guide. This contained information and contact numbers on how to make a complaint and how long the investigation process should take. This was kept in their home care files which they kept in their own homes. Complaints records were documented for each month and showed that there had been six complaints recorded for 2016. There was evidence of a response from the registered manager to the complainants, action taken to address the issue and evidence of the complainant's satisfaction.

Out of the care plans we looked at, no-one had needed the involvement of an advocate although advocacy services could be referred to if needed

We saw that there were also compliments cards from current and previous relatives about the care provided to their loved ones. Some of the compliments included "Please convey our heartfelt thanks to all your staff who supported not only (name of the person) but also their relatives in the past weeks. We can't sing your praises enough" and "During the three weeks they did survive they received the best care imaginable from Care South whose carers visited daily to see to his every need".

Surveys were also sent to people through a system called "Working Feedback". The forms were sent out to the people who used the service as postcards which they were asked to return directly to the Working Feedback team. The forms were then analysed and the organisation received a report on the outcome of the survey as well as rating. We saw that the Care South Home Care Services Bath received a 5 Star rating.

We spoke with staff about how they promoted choice. They gave examples of how this was done and said that they were guided by the wishes of each person they supported. Their first point of contact with people was to greet them, ask how they were, ask what they specifically wanted and then follow care plans.

# Is the service well-led?

## Our findings

Staff and the registered manager were clear that the vision of the service was to be as person centred and inclusive of the people that used the service as possible. From the people that we spoke with, our observations and the way that care records were written it was clear that this was their focus. The registered manager told us that the vision and the values of the service was honesty, excellence, approach, respect and teamwork (HEART). This was echoed by all staff we spoke with

People told us that they saw the registered manager and felt that they knew their needs and views. However some people told us they were unfamiliar with the name. Nobody said this caused them any issue as they had a good relationship with the care and office staff and felt comfortable in raising issues with them. The registered manager told us they had visited 60 people who used the service and planned to continue to commit half a day every fortnight as a minimum to visiting service users and to see as many as possible in that time. They also planned to increase the events held to enable them to meet more people before the end of the year. We saw records of the visits and the phone calls undertaken by the registered manager.

Meetings with people and telephone consultations provided the service with the opportunity to gather views on the contents of care plans and any changes needed. The registered manager told us that they had recently organised a coffee morning for the people who used the service and their families as an opportunity to meet as many people as possible. The meeting was positive and well attended. We were told that these meetings would increase.

All people told us that that they would be able to contact the manager if they needed to. People who used the service had regular care reviews which involved themselves, their carers or family and any professionals involved. We saw from the care records that any actions that were identified from these were put into place. The registered manager said this was an opportunity to review the service that was being delivered that it was still meeting people's individual care needs and if any changes were required.

People told us that the management team were "very good" and that they were regularly asked for their views on the running of the service. People told us that they were regularly visited by the supervisors and sometimes the registered manager. One relative told us that there had been a real noticeable improvement in the last 8 - 12 months in communication. They said, "The communication from the office was poor but it's improved so much in the last 12 months."

Other comments included "I do have strong views on management and they are very good", "They are a pleasure to deal with and they do ask our opinions on the service" and "They also keep a check on things with telephone calls and letters and surveys" and "The company is excellent I can't fault them. We are very happy and satisfied with the care we receive".

We received a mixed feedback in relation to annual feedback questionnaires sent to people by the agency. Some people said they think they had a questionnaire or survey and didn't return it, others said they had not received one or that they could not remember. However people did not raise this as an issue and said that

during care reviews and observations they were able to discuss matters if needed. We saw the recent service user quality monitoring feedback forms and the result was positive.

Staff members we spoke with told us that they felt that the management team listened to them and that they were very approachable and supportive. We saw that staff members were given value questionnaires to express their thoughts on what 'hearts meant in everyday practice. This meant that staff were actively involved in how the service was run. One staff commented "The registered manager is so good. They build you up. They are ridiculously supportive. I feel very valued as a carer". Another comment was "We have good relationship with the managers, team leaders, supervisors; They are all lovely and helpful. I can't praise them enough". Staff told us that the service was well led and they felt involved in the service through staff surveys and the registered manager's monthly open session day (Ask my Manager). The registered manager told us that this was aimed to encourage staff to come and have a chat or if they wanted to come in and talk about 'something that is worrying you'. There was also a suggestion box and staff meetings. Staff told us that they felt the staff meetings were useful and a way of bringing the whole team together and to share ideas and information on how to improve the service. They told us the staff meeting was also used as a forum to discuss any concerns about the people who used the service.

Staff told us that Care South Home Care Services was a supportive place to work and the manager was always accessible. We saw that staff had access to regular supervision which they felt was useful. Staff talked to us about feeling valued and part of a team that included the registered manager. One staff member said, "The management are approachable and open. They listen to ideas and are open to changes in hours and support if you think it better reflects a person's needs or wishes." Another member of staff said, "Management are really great. They have a good relationship with all of the staff." and "The culture here is open and transparent you can always get support all you need to do is ask".

To ensure continuous improvement the registered manager and senior staff team conducted regular audits to monitor and check the quality and safety of the service. They reviewed issues such as medicines, care plans and training. The observations identified good practice and areas where improvements were required. We saw that where shortfalls were recognised through the provider's own quality checks the manager and senior staff worked towards improving these areas.

There were systems in place to ensure regular maintenance was completed and audits to ensure that the training premises, equipment and health and safety related areas such as fire risk were monitored and that equipment tests were also completed. We saw that where actions were required to improve the service there were action plans in place.

We spoke with social care professionals involved with people who used the service. They told us that the service was very good. Comments included "Historically stable and consistent in the care provided "and "People feel comfortable to talk about the agency and none has given any negative feedback." And "I have every confidence that they do a good job. Very keen on staff training and very excellent in all they do and will always ring to clarify issues if they are unsure." Other comments included "They are very proactive in initiating incentives for recruitment and retention of staff" and "Responsive in terms of partnership working."

The service had developed links with the local community. The registered manager told us they were working with the local end of life care team to develop a care worker handbook for care staff to refer to if they were unsure or had any queries. The service was working with Dorothy House Hospice team to enhance patient care for people at the end of their lives that use both of their services. Staff have had a master class in communication and training had been booked for the registered manager and two supervisors to attend an Advance Care Planning training session. This would enable them to support staff in the care of people at

the end of their life.

The service had also signed up for the pressure ulcer prevention pledge with a local care and Health provider. This would enable staff to support people with this condition effectively.

All services registered with the Care Quality Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. We found that the senior staff had made appropriate notifications.