Equicare Services Ltd

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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

This announced inspection took place on 18 September 2018. We also re-visited on the 1 October 2018 to complete the inspection.

The last comprehensive inspection was in July 2017. The service was rated requires improvement in the key questions 'Is the service Safe?' and 'Is the service Well-led?' this was because we found breaches of regulations regarding safe care and treatment and good governance. The provider had not ensured there was guidance for staff to follow to mitigate the risk of harm to people. In addition, shortfalls in the service had not been identified by the provider's checks and audits. Overall the service was rated as requires improvement.

Following the inspection in July 2017, we asked the provider to complete an action plan to show what they would do and by when to improve the rating of the key questions 'Is the service Safe?' and 'Is the service well-led?' to at least good. They sent us an action plan stating the measures they would implement to address the breaches of regulations by January 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service is registered with the CQC to provide a service to older adults some of whom might be living with dementia and younger adults who have learning disabilities, autistic spectrum disorder, physical disabilities, sensory impairment or mental health needs.

Not everyone using Equicare Services Ltd receives 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 nine people were receiving the regulated activity.

There was 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.

At this inspection we found the provider had made improvements and they had met the regulation regarding undertaking an assessment of the risks to people and had provided guidance to staff. There were audits and checks to ensure the quality of the service provided. However, we found medicines administration records were not always completed fully therefore not all the information staff required was available to enable them to support people with their medicines.

One person told us their care worker was always on time. However, one relative said that their care workers were sometimes late and there were at times missed calls. They felt this was not an area that was addressed in a professional manner by the provider. However, they said the care workers were usually good at their job

and that their manner was kind and friendly. They said they felt safe with the care workers who they described undertook their work in a safe manner.

The provider told us they monitored staff attendance by use of an electronic system and assessed staffing levels so they employed enough staff to meet people's support needs. They recruited staff using safe recruitment processes.

The registered manager undertook assessments to ensure they could meet people's care needs and the care provided was reviewed on a regular basis to make sure it was suitable. People's care plans were person centred and contained a good amount of detail to support staff to understand the person and to deliver their care as they wanted it to be done.

The registered manager and care staff worked in line with the Mental Capacity Act 2005 and ensured they obtained people's consent before providing care and support. Care staff offered people choice in their everyday life.

The provider ensured staff received a thorough induction and ongoing training to support them to undertake their role. Staff said they felt well supported and found the registered manager and office staff were accessible and responsive.

People were encouraged to raise concerns and complain, however some people and relatives, whilst feeling able to raise concerns did not always feel these were addressed to their satisfaction.

The provider supported staff welfare and encouraged them to come to the office to feel part of the agency. They had a clear ethos to provide quality care and support to people living in their own homes in the community.

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. The registered manager undertook assessments to identify risks and provided guidance to staff to mitigate the risk of harm to people.

Staff who administered medicines received training. The registered manager audited people's medicines records to ensure there were no errors or omissions in recording. A few medicines records did not always contain all the information staff required to support people with their medicines.

The provider recruited staff by following their procedure robustly and assessed staffing levels to ensure there were enough staff to meet people's care needs.

The provider ensured staff were trained in infection control and provided personal protective equipment to help avoid the risk of cross contamination.

The registered manager demonstrated they learnt by their mistakes to ensure there was no reoccurrence.

Is the service effective?

Good

The service was effective. Staff were provided with training and supervision to equip them to undertake their role.

The provider worked in line with the MCA 2005 and care staff asked people's consent before providing their care and treatment.

The registered manager undertook an assessment before offering a service to people to ensure they could meet their care and support needs.

Care staff supported people to eat healthily and drink enough to remain hydrated. They contacted the relevant health professionals on their behalf to maintain their wellbeing.

Is the service caring?

Good

The service was caring. People and relatives told us staff were

kind and friendly.

People's care plans contained guidance for staff about how people communicated their preferences.

Care staff respected people's privacy and maintained their dignity.

Is the service responsive?

Good

The service was responsive. People had good person-centred plans that informed staff about them and stated how they wanted their care to be carried out.

Relatives and people told us they knew how to raise concerns and complain. Complaints were acknowledged and addressed by the registered manager.

At the time of our inspection the service was not offering end of life care to anyone.

Is the service well-led?

Good

The service was well led. The provider had systems in place to ensure the service was delivered in an appropriate manner by the care staff. They carried out daily checks and monthly audits to identify any shortfalls in the service provided.

The provider, registered manager and office staff supported and encouraged staff feedback. They valued their contribution to the agency. They encouraged good practice by recognising and rewarding good staff performance.

Relatives and people told us the provider and registered manager were accessible and responded to their calls.

The provider worked in partnership with health professionals and the local authority to help provide care to people in a safe way.

Equicare Services Ltd

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 is 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.

This inspection took place on 18 September and 1 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff. We needed to be sure that they or the director would be in. We also returned to the service to meet with the registered manager on the 1 October 2018 as they were not available to meet with us on the first day of inspection.

Prior to this inspection, the provider had completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service. We reviewed the action plans the provider had sent us to address the concerns found during our inspection in July 2017. In addition, we reviewed notifications we had received. A notification is information about important events that the provider is required to send us by law.

Two inspectors carried out the inspection. During our inspection, we looked at four people's care records. This included their care plans, risk assessments and daily notes. We looked at two people's medicines administration records. We reviewed three staff personnel files. This included their recruitment, training, and supervision records. During the inspection we spoke with the director, the co-ordinator, two administration officers, two care workers, and one person who used the service.

Following the inspection, we also spoke with one person who used the service and one person's relative. We also spoke with a representative from the commissioning body.

Good

Is the service safe?

Our findings

At our previous inspection in July 2017 we found that the provider did not always have guidance for staff to help mitigate the risks to people's safety. During this inspection we found that improvements had been made. The registered manager demonstrated they undertook assessments to identify risks to people. Risk assessments included, falls, mobility, self-neglect, medicines, diabetes, communication and behaviours that might challenge the service and epilepsy. Risk assessments informed staff if the risk was high, medium or low and guidance was contained in each person's care plan. Where for example, there was a risk from epilepsy, guidance for staff was specific and detailed the type of seizure, the symptoms and what actions staff should take should the person have a seizure. Care staff we spoke with confirmed they had received training about epilepsy and that there were guidelines in the person's home on how to support the person if they experienced a seizure. Where people were at risk of falls, care plans contained clear guidance for staff including to remind the person to wear their emergency call pendent.

Care staff who administered medicines received medicines administration training and yearly refresher training. We looked at two people's medicines records. The level of support people required to take their medicines was clearly stated.

Some information was missing on the medicines administration records (MAR) reviewed. Both set of records did not have the information boxes completed that stated GP and pharmacy contact details, although we acknowledged that this information was available in the care plan. In the MARs dated August 2018 and June 2018 the information about each medicine was not completed. Although, the times were printed on the MARs for the medicines to be administered, the instructions on the record did not state for example to be given twice a day. The section for writing side effects was also left blank. In addition, for medicines to be administered 'as required' (PRN), although there was space to write about when the medicine should be given and what side effects to look out for, this was not completed. We brought this to the registered manager's attention who confirmed there were PRN guidelines in people's homes for staff reference.

The MARs reviewed also contained some gaps in staff signatures. On the MARs dated August 2018 only four days at the end of August was completed. The director and registered manager explained that this was an error by staff who had recorded on a new MAR sheet when they should have continued the existing MAR sheet. This had been picked up during an audit and addressed with the staff member. The second person's MAR dated June 2018 also contained some more gaps. When we met with the registered manager they showed us that an audit had been completed by a care coordinator who had left the service and the audit sheet recorded that staff had been asked to attend the office and complete the MAR. We queried if staff could recall accurately if they had given the medicines so long after the event. However, the registered manager confirmed these were recording errors only and told us that they had ensured the staff members had refreshed their medicines administration training. The registered manager had an electronic audit tool that recorded and tracked medicines errors.

One person's relative told us that there had been some missed calls in the past, but stated that this had improved. They said, "Missing calls not so much now." However, they queried the lack of communication

from the provider and the lack of signing a log book or time sheet, although understood the staff signed in electronically they felt they did not have a record. Another person told us their care staff was "Always on time and always turns up when they should." They confirmed they found the service was good.

The provider used electronic monitoring to ensure that care workers had arrived on time. Care workers logged in when they arrived at the person's home and logged out when they completed the visit. One care worker confirmed that they now used an electronic system that required them to log in and out when they provided a care visit. They told us, if they were running late they would call the administrator who would let their next person know they were running late and reassure them. The registered manager described the office staff monitored to ensure no care call was missed and made alternative arrangements if necessary if a call was very late.

The registered manager told us that there had been missed or late calls on occasion. However, they had improved their service over the last six months. They had addressed late and missed calls with staff through supervision sessions and the appraisal process. Where staff were not reliable they had dismissed them implementing their disciplinary process. When people or relatives found problems with the service they met with them to address any concerns. On occasion, they had spoken with the commissioning body if they found after meeting with the person there was still difficulty in meeting their support needs.

The registered manager informed us that they always calculated they would require at least three care staff for each person. They explained this was because there was usually one care worker allocated to the person and the other two care workers got to know the person and could cover any absences. This meant the staff cover would usually be someone the person was already familiar with. The administrator who monitored the care calls explained that they had divided the geographical area covered into two separate parts and used staff in each area who could access the area with ease. Calls were planned so staff could travel between visits without spending too much time travelling. The registered manager described that in an emergency and summer holiday cover when staff availability was more limited. Some care workers who usually worked providing outreach work were flexible and supported people who required personal care. They had received training and were able to cover existing calls to prevent missed calls at short notice. The administrator confirmed the office staff called people when there was a delay or an unexpected change of staff.

The provider followed their procedure to ensure the safe recruitment of staff. Staff completed application forms and participated in telephone screening before being invited to interview. This was to find out if they could be a suitable candidate and to explain what the job required. If they were successful at interview the provider undertook checks of identity and address and criminal records checks. They waited for a positive response from referees to ensure successful candidates had the aptitude for the role and were of good character before offering them employment.

People and their relatives told us they felt safe with the care workers. One person said, "Oh yes they do work in a safe way." The registered manager and staff could tell us how they would report safeguarding adult concerns. Care workers described signs of abuse and told us they would inform the office staff or the registered manager who would take the matter forward. Care workers demonstrated to us they knew that there was a designated number for whistleblowing that they could call anonymously to report a concern they felt was not addressed appropriately.

The registered manager had systems to ensure people's safety was upheld. For example, care staff followed the provider's financial procedures when handling people's money to minimise the risk of financial abuse. The registered manager demonstrated they monitored incidents, accidents, complaints and people's daily

notes and had reported potential safeguarding concerns to the local authority.

The registered manager described to us how they learnt from mistakes and acted to ensure there was not a reoccurrence. They gave an example, that when it was reported that one person had experienced missed and late calls they had investigated and realised that staff were attending five times a day as scheduled but it was not working well for the person as they required time to eat their food and the following call was too soon for them to eat again. They discussed the package of care with the person's relatives and reassessed their needs. They agreed to try four longer calls. They monitored and found this gave the person more quality time which was more appropriate. They explained they now always reviewed the service after six weeks to ensure the details were working in practical terms for the person and with all parties' agreement.

Care staff had received infection control and food hygiene training to support them to understand the importance of infection control. The provider ensured staff had adequate supplies of personal protective equipment and they undertook spot checks where staff were monitored to check they were using gloves and aprons in an appropriate manner in people's homes. Care plans prompted staff by reminding them to, "Wash their hands before start of service and to use gloves and aprons to carry out any personal care task."

Good

Is the service effective?

Our findings

The registered manager demonstrated that they assessed people's needs prior to offering a service to them. They visited the person and their relatives and assessed the person to ensure they could offer an appropriate service that would meet the person's care needs in the way they wanted. When the local authority had commissioned a service, the registered manager considered the social care professionals' assessment and support plan. Care plans were reviewed after the first six weeks, then every three months for the first year. Reviews then continued periodically and in response to the person's changing needs.

Staff told us that they had received induction training prior to commencing their role. In addition, they confirmed they shadowed experienced staff. Training provided to care staff included, induction awareness, health and safety, safeguarding vulnerable adults, safe administration of medicines, moving and handling, fire awareness, infection control and mental capacity. Training was also provided for staff that was specific to supporting individual people. This included, dementia care, epilepsy, and managing behaviour that challenged the service. One care worker told us that they felt supported by the provider's office team and stated that they received training on a regular basis. They had recently attended training to support people with a behaviour that could challenge the service and found this useful, stating, "It explained a lot" and they described how they used what they had learned into practice. In addition, they had attended Parkinson's disease awareness training and said, "It opens your eyes to all the different types of conditions. You understand a bit better."

Training was provided in several ways. One care worker described they were completing the care certificate. The care certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. They stated that this option was there for all staff. They confirmed the provider was supportive of them doing this by supporting them to meet with a facilitator to advise on compiling evidence. There was a computer available for staff to use to complete online training. A staff member described staff can go back and do online courses again if they wanted to as a refresher. The provider used the staff social media group to publicise training opportunities. Therefore, they encouraged ongoing learning in the staff team for the benefit of people using the service.

The provider ensured that staff received supervision sessions and care staff told us this was helpful. One staff member said they received regular one to one supervision with their line manager and got copies of their supervision notes. They stated that they felt supervision was "beneficial" and they got "good feedback." They described during sessions they, "could ask for help and ask how to improve." Another care staff told us, "They discuss things you could do better, problems, and ask how we're getting on with the job? and ask how we are feeling?"

People's care plans contained information about what support they required to eat. Care plans reviewed stated that people's food was either planned by a family member or they could choose for themselves. As such plans stated for example, "I will let the carer know what food I would like to eat and drink on the day." Plans contained guidance when people required their food to be cut up or they needed reminding to chew food well. There was guidance to remind staff to leave people drinks to encourage them to remain hydrated.

Care plans stated for example, "Leave fluid in my bedroom," and "Assist with breakfast and a drink."

Care workers demonstrated to us that they supported people to engage with the appropriate services including health professionals and social services. For example, one person was encouraged and supported to go to the hearing aid specialist. One care worker described how they had noticed a person required more staff support. They reported this to office staff and requested more support such as two care staff calls during the day. The care worker told us the office staff raised this with social services. They stated the administrator was, "good, they'll get on the plan!"

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. During this inspection, we checked to ensure the provider was working within the principles of the MCA.

The registered manager worked in line with the MCA. They had obtained people's consent to provide their care and treatment. Some people's relatives stated they had Lasting Power of Attorney (LPA). This is the legal right to make decisions on a person's behalf when they do not have the capacity to make those decisions for themselves. We saw evidence that the registered manager had written to the relatives requesting that they provide the documents stating they had the right to act as LPA. The registered manager was awaiting their responses at the time of our inspection.

Care staff told us how they gave people choice and gave examples to demonstrate they listened to people's choices. One staff member told us a person sometimes refused their medicines. The care worker explained they tried to persuade the person and encouraged them to take the medicines, and let them know why it needed to be taken. However, they were clear they could not force them or give the medicines covertly. They said they could only do that if the person's GP had agreed this and that they wouldn't do this on their own. They said, "That's more than my job's worth!"

Good

Is the service caring?

Our findings

People and their relatives were all positive about the care staff. Their comments included, "Carers are great couldn't wish for better," and "kind and friendly most of them," and "People that come around mostly do a good job." One person told us about their allocated staff member. They said, "We get on like a house on fire. Yes, they help in a kind way…I wouldn't change them for anything."

Care staff told us they were introduced to people prior to working with them. They explained they shadowed experienced staff so the person could get used to them. One care worker said that care staff get 'shadowing' days, for three days when they start, with a more experienced member of staff. Care workers stated that staff new to one person who used the service will have a week's shadowing with them as they found it difficult working with staff new to them. Care staff felt this helped to build a bond with people. Another care worker told us they got to know people because, "I want to treat everyone like they are my own family." They felt this helped them build a mutual respect.

One relative told us, "Carers are good at communication." People's care plans stated how they communicated their preferences. The information for staff highlighted what languages the person spoke and understood. If they used glasses or a hearing aid to help them understand what was being said. Plans were detailed and specified if the person was hearing impaired and what was the best way to communicate with them. This included for instance, writing down what was being asked. When communicating with one person, care staff used some Makaton. This is a system of signs and symbols to support people to communicate. This supported both the person to make their choice known and supported them to understand what staff were saying.

The provider trained staff to understand the importance of promoting people's dignity, self-respect and privacy. The registered manager told us, "Staff are open to discussion and they accept they must respect people's privacy and keep people's information confidential." The provider had written to people and their relatives to tell them how they would keep their information confidential in line with legislation.

One care worker described how they provided personal care in a dignified way, "I know their routine, [Care worker described this briefly], and "I keep curtains closed … give them time, not rushing, tell them what's going on," and "communicate really." Another care worker described how they promoted dignity and respect for a person who used the service when providing personal care by speaking to the person throughout, encouraging them to undertake tasks for themselves and by not invading the person's private space. They stated they were, "Directed by the person, and asked for permission."

People's care plans prompted staff to encourage people to remain independent where possible. The guidance given stated for example, "To keep as much independence as possible." Care staff described they supported people to retain the skills they had by giving them enough time to do things for themselves and by encouraging them to maintain their self-respect.

Good

Is the service responsive?

Our findings

People had very personalised profiles that contained good background information and history to support staff to understand them and their preferences. Plans told staff about people's family history, sometimes contained photos of their family and detailed the relevant people in their life. Important events were described and people's profiles contained information about their background and diversity support needs. For example, stating their religion, if they were practising and what support they might require. People's preference for staff with knowledge of a specific language or gender was recorded. Care plans contained people's choice of activity and their preferred routines, breaking down for staff what support they would require at each care call.

People and relatives told us that care was provided as they wanted it to be done. One person said, "Does everything, they ask are you alright? What do you want done today?" Care plans detailed what was expected at each call. Care plans stated what people could do for themselves and highlighted when they might need support with certain aspects, such as fastenings of clothes.

Care workers described support plans were informative and told them the person's likes and dislikes. This gave them guidelines to work with the person effectively. One care worker told us, "Support plans explains about the person, and describes how to help them, things to make them happy, and things to avoid, such as knowing that a person doesn't like to shake hands."

The provider had a complaints policy and procedure that was shared with people using the service. All people spoken said they knew how to raise a complaint and felt comfortable doing so. One person said that whilst they knew how to complain, they felt that their complaints were not listened to by the provider. Another person expressed that when they had complained they were listened to and the matter had been addressed by the provider. They said, "Yes I felt they dealt with my complaint the right way." The registered manager demonstrated they had recorded complaints, acknowledged and investigated. They had records that showed they had acted to resolve the concern. We saw for example, there had been disciplinary action against a staff member following a complaint. There were responses to relatives and people, including the steps to take if they were not satisfied with the provider's response. When appropriate, concerns that might be of a safeguarding nature were raised with the local authority.

The registered manager confirmed that they were not offering end of life care to anyone at present. They told us that should this service be required they would report to the relevant professional to help them and their staff to offer the appropriate service. They confirmed they had some staff who were already trained to provide this type of care should the need arise and that they would ensure there was a robust care plan that contained the person's end of life wishes. They explained that they had experience of providing end of life care and they had provided staff with the appropriate training.

Good

Is the service well-led?

Our findings

During the last inspection in July 2017 we found that there were not adequate systems of governance to ensure that all shortfalls in the service were identified in a timely manner and addressed. During this inspection we found that the governance systems had improved. There were audits and checks in place. The registered manager explained that the provider had improved systems in place. This included the use of an electronic calls monitoring system. Calls monitoring was taking place electronically and quality monitoring was undertaken. The registered manager had several systems that allowed them to monitor staff training and supervision and the care offered to people. They reviewed people's care files, and obtained their feedback in several ways. We found that the limited MARs sample we had looked at were not completed to a good standard. However, the provider demonstrated that auditing had taken place and issues had been addressed.

One person was very positive about the provider in all respects. They found them accessible and responsive when they raised concerns. Their staff member was always on time and they were kept well informed if there was a problem. However, one relative we spoke with whilst praising the care staff, did not find the provider communicated well. They explained this was because they were not always told when staff were late or were not going to attend a call. We discussed this with the registered manager. They stated where people and relatives had raised concerns they had met with them to address the issues. We saw that the registered manager asked for people's feedback during the regular reviews and it was positive. There were telephone courtesy calls on occasion to monitor if people remained happy with the service.

The statement of purpose detailed that Equicare Services Ltd had an aim to provide carers to both social services and private service users. They aimed to provide a high-quality service to service users of all ages in their own homes whilst respecting their independence, privacy and dignity to ensure they enjoy the best quality of life at home.

We asked the registered manager how they ensured they were inclusive of all people in the community. They told us, "Staff are trained on diversity and we explain in the induction about people's diversity needs and how to deal with this. We employ from all diverse backgrounds, inclusive of all sexuality, gender, culture and religion. We include everyone and educate staff how to treat everyone as a person. We make staff aware of new legislation and they do respect each other and client's different diversity."

Care workers told us they found the director, registered manager and office staff approachable. Their comments included, "I love it. They're good, they [office staff] listen. We try to work together. [Administrator], is good with trying to get things sorted," and "They are very friendly, that's why I'm still here". They continued to explain they felt valued saying, "How they support you is the most important thing, that's why I'm still here. They will appreciate you, so I feel like I am doing something good." Care staff talked about how the provider encouraged a positive team atmosphere, stating for example, "Carers try to keep each other going through it all," They described coming into the office was helpful, and said, "speaking with other staff makes you feel better."

The director and registered manager spoke about how they encouraged staff to come into the office. They had made a comfortable staff rest area and had a "training tree" that used a tree outline and leaves to represent each staff member and show through positioning on the tree how successful each staff member had been in training. Some staff profiles were displayed that told staff about other members of the team. The provider showed staff they valued them by on occasions buying them a healthy fruit shake. They were in the process of putting together a staff 'winter pack' that contained some tissues, vitamin C, a torch and flu remedy. They were planning to provide a warm fleece for each staff member, if they would like one, in preparation for the colder mornings.

In addition, they offered incentive schemes to staff for good performance. These included for example, if staff completed their online training on time they would receive a monetary bonus or if they logged in at each call on time for over 95% for a whole month they would also receive a monetary reward. The registered manager told us that these incentives had been successful in promoting an uptake of training without having to chase staff and had reinforced the provider expectation that staff would log into each call.

There were good lines of communication within the service. Care workers and office staff used a telephone application [App] and contacted each other on a frequent basis to handover and update each other following the end of a care call. The registered manager explained they contributed and monitored to ensure everything that should be, was passed onto them. They gave an example that if a care staff wrote a person they had visited did not seem as well as they usually did, they would phone them to check and if appropriate call a GP. There was also one group for a specific service user that the relative could access and this allowed for them to be updated throughout the day.

The provider also encouraged staff to join in fund raising events as a way of helping the local community. A fund-raising cake sale event on behalf of the Alzheimer's society was advertised for staff, people and their relatives to attend.

The provider had a business contingency plan to address an emergency that might affect the running of the service. Just prior to our inspection a water main had burst leaving a large area without access to water. The provider had contacted people and staff living and working in the area and put in place a plan to deliver and use bottled water to provide drinks and personal care. Therefore, the service continued to be provided and people were still well supported.

The provider worked in partnership with health and social care professionals for people's wellbeing. The local authority commissioning team had visited and audited the service during 2018 and the registered manager told us they valued their continuing input to develop the service.