

Compare Care Limited

Compare Care Limited

Inspection report

Pinnacle Central Court
Station Way
Crawley
West Sussex
RH10 1JH

Tel: 01293763311

Website: www.comparecareltd.com

Date of inspection visit:

10 May 2022

11 May 2022

31 May 2022

Date of publication:

06 July 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Compare Care provides personal care for people in their own homes, most of whom were older people with associated health needs. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection the service was providing personal care to nine people.

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

Since the last inspection the registered manager and the staff have made improvements which has raised the standard of care people received and the overall governance of the service. The registered manager was reviewing and updating care plans, to ensure they accurately described people's history, their background, aspirations, goals, likes and dislikes. This is an ongoing area of required improvement.

Since the last inspection, the registered manager had improved their systems to monitor the quality of the services provided. This included conducting weekly and monthly audits checking care plans, monitoring records, medication records and people's visits. These improvements were yet to be fully embedded and sustained.

People and relatives told us their experience of the service had improved and were positive about their support visits. People and relatives had confidence in the reliability of the service and spoke highly of the care. A relative said, "I have to say that there has been a definite improvement, my relative has a new carer who is lovely. I have sent a letter to the company complimenting this member of staff."

People felt safe using the service and staff understood what their responsibilities were in relation to keeping people safe. People had risks associated with their health and wellbeing, assessed and managed to ensure they received personal care and support safely. A person said, "I feel safe with the care I am getting."

Staff administered people's medicines safely and prevented people from the risk of cross infection. The service worked in partnership with people, relatives and other agencies to support people's good health and wellbeing and provide consistent care.

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

Staff were trained and their competency was checked by the registered manager following an induction into the role to ensure staff had the skills to do their job well and effectively meet people's needs.

Staff received supervision to support them in their role and identify any learning needs and opportunities for

professional development. The registered manager carried out spot checks on staff to monitor the quality of the service provided and to seek the views of the people who were supported.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 06 January 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 6 January 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring
Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.
Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.
Details are in our well-led findings below.

Compare Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we do not always physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

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

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be able to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out with a visit to the location's office. To engage with people, relatives using the service and staff we telephoned them, and used electronic file sharing to enable us to review documentation. Due to technology issues we visited the office and met with the registered manager to check and review evidence on 31 May 2022.

We spoke with four people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff including the registered manager. We reviewed three people's care and risk assessment records. We reviewed staff training documentation. We reviewed a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At the last inspection there was a failure to ensure medicines were managed safely and that risks to people were assessed, monitored and managed. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Peoples' medicines were managed safely. Since the last inspection, people's medicine support needs had been assessed, identified, recorded, and risk assessments were in place to make sure people's medicines were managed safely.
- When staff administered medicines, they recorded this on MARs (medicines administration records). These records were checked by the registered manager to make sure the details were accurate.
- The records we checked showed medicines were given correctly in the way they had been prescribed. Protocols were available for any medicines prescribed 'when required' to make sure these were given when appropriate.
- Staff had training in safe medicines handling and were assessed by the registered manager to make sure they gave medicines safely. A staff member said, "I have been trained. Spot checks are completed by [registered manager]. I have a review every six months, just to see how things are going."
- Audits took place each week to make sure staff were managing medicines correctly. A relative said, "The carers give my relative their medication. There have never been any issues with this." Another relative said, "There have not been any concerns with my relative getting their medication."
- Risks to people's health and well-being were assessed and managed in consultation with them, and where required, their relatives. Since the last inspection, the registered manager had ensured people's needs were reassessed. Care plans were amended to reflect people's current needs and were detailed on how identified risks were mitigated. Staff were knowledgeable about people's needs and how to support them safely. Without exception, people and their relatives described the service as safe.
- Risk assessments gave detailed guidance to staff on how to minimise the risks identified. These included, risk of falls, skin tissue damage, moving and handling. People had suitable equipment to minimise these risks. These included mobility aids and pressure-relieving mattresses.
- The electronic system which had been installed prior to the last inspection, was now fully operational and embedded. Each staff member had the app on their devices allowing them immediate access to all of the information staff required to support people safely. A staff member said, "They're all logged (care plans and risk assessments) on to (electronic system) so you know each individual person, what their risk is. The risk

assessments give me all the information I need." Another staff member said, "(Electronic system), it has all their needs and any ailments or conditions, that kind of thing."

- People and relatives had access to the electronic system to feedback any changes and review what staff were doing. A relative said, "I have found the (electronic system) very quick and reliable and reassures me that my relative is getting the care they need."

Preventing and controlling infection

At the last inspection, there was a failure to assess risks associated with COVID-19 for people and staff, and to ensure staff had clear guidance about what PPE they should be using. This contributes to a breach of Regulation 12(Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- We were assured staff were always following safe infection control procedures and using PPE effectively.
- Since the last inspection the provider had updated their infection control policies and procedures. Staff had received training in how to prevent and control infection. This included specific processes and guidance relating to the Coronavirus pandemic.
- Staff told us personal protective equipment (PPE) such as masks, aprons and gloves were readily available to them. A staff member said, "We change our mask, gloves and aprons when we arrive at the persons home, so each time it's different." A person said, "The carer always wears the mask, apron and gloves." A relative said, "The carer always wears full PPE."
- Staff carried out regular COVID-19 tests to help prevent the spread of infection. People and their relatives told us staff followed infection control procedures well, particularly in regard to COVID-19.

Staffing and recruitment

At the last inspection, there was a lack of staff which meant that people were not always receiving the reliable service they should expect, and this had put some people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- There were sufficient numbers of staff recruited to meet people's needs. Since the last inspection the number of people being supported has reduced from 19 to nine people. This meant people had a small team of regular staff who visited them.
- At the last inspection some people told us they were not receiving a consistent and reliable service. At this inspection people and relatives were more positive. A person said, "I get the same carer all the time. They come twice a week and are always on time. They do not rush in and out, but take time with me and have a chat with me which I appreciate." A relative said, "In the early days there were quite a few missed calls, but we are now quite happy with the care my relative is getting." Another relative said, "My relative has had the same carer for a long time and have a good relationship with them. There have not been any missed calls and they phone me if they are running late."
- The electronic monitoring system showed when each visit had been completed. It generated a weekly

report to identify any late or missed calls. Staff were using the electronic system consistently which meant the registered manager was able to rely on the information being generated. Records confirmed people received their visits and the system provided a robust form of monitoring to ensure this area of practice was checked.

- A staff member said, "I do have enough time to spend with people; in fact, I sometimes go over my time (when there is not another visit to support)." Another staff member said, "I have enough time to spend with people." A third staff member said, "I always find there's enough time to spend with people. No missed calls. The only time was once when I had to wait for a person to have her dinner, but that was. I didn't have another visit after so that was okay."
- There continued to be safe systems in place for the recruitment of staff. Appropriate pre-employment checks were completed to help ensure staff were suitable to work with people.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. A relative said, "I feel that my relative is very safe with the care they are getting."
- There were effective safeguarding processes and a policy in place. The registered manager understood their responsibility to keep people safe and how to manage safeguarding concerns.
- Staff had completed training in safeguarding from abuse and whistleblowing for adults. During spot checks the registered manager checked staffs understanding of their responsibilities for recognising and reporting signs of abuse. Additional training and support were provided where identified as required. Whistleblowing is when a member of staff reports concerns, they have about conduct at work without the fear of reprisal.
- The service had a system in place to record and monitor any accidents or incidents. Actions and outcomes were documented and discussed as a 'lessons learnt' in meetings and staff supervisions.

Is the service effective?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At the last inspection, assessments of people's need, and choices lacked detail and did not include evidence-based guidance. Assessments provided basic information, but did not fully assess people's needs.
- At this inspection, the electronic care monitoring system where the assessments and care plans had been transferred was now fully operational and embedded.
- Assessments of people's needs included protected characteristics under the Equality Act 2010. For example, people's marital status, religion and ethnicity were recorded. This is important information to inform staff and to prevent the risk of discrimination. This ensured staff were made aware of people's diverse needs and could support them appropriately. People's needs had been reassessed and care plans reflected people's and relatives' discussions.
- People's needs in relation to their oral health had been identified and staff were provided with guidance as to what support a person might need to maintain their oral hygiene. People had care and support plans which guided staff on how to maintain their oral hygiene.

Staff support: induction, training, skills and experience

- At the last inspection, the registered manager described having regular contact with each staff member, either by telephone or social media messages. This informal support did not provide opportunities for discussions about personal development or assessment of practice and these conversations were not recorded.
- At this inspection records demonstrated staff were formally met with via spot checks and supervision. Staff received regular supervision and overall said, they were happy with the support they received. Staff could describe how their training and personal development related to the people they supported.
- A staff member said, "If I have any issues, [registered manager] will come and help. I'll just give him a ring. I have an annual appraisal meeting in the office, we look at how I'm getting on, any issues, things like that, we look at if I need anything more than I'm getting. I feel supported." Another staff member said, "I have supervisions. Happen about every three to four months. We discuss how people are doing, how they're moods are, how they react to new staff, and whether I'm okay. I most definitely feel supported by [registered manager]."
- People were supported by staff who were trained to deliver care effectively. Training was ongoing and a system to ensure all staff completed essential training each year was in place. Staff told us the training provided gave them the skills and knowledge to undertake their roles. A relative said, "The carers have to hoist my relative and from what I have seen, I can see that they know what to do, for example which slings to use and my relative does not look afraid or concerned which I am happy with."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff were working effectively with other agencies and supporting people with their health care and dietary needs.
- People received support to eat and drink enough to maintain a balanced diet. Care plans included information about people's dietary needs, risks and preferences to guide staff about how to support them effectively. Relatives were happy with the support people received with eating and drinking
- People and their relatives were confident that staff would recognise if a person was unwell and needed health care support.
- Appropriate referrals had been made and advice was sought from health care professionals. For example, the service worked alongside GPs, district nurses and involved occupational therapists when required. Information about people's health and medical history were included in their care plans. This set out the person's health condition, how it affected them and the support and assistance they needed from staff.

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

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

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

We checked whether the service was working within the principles of the MCA.

- At the time of our inspection the provider said no one using the service lacked capacity to make decisions regarding their care and treatment.
- Staff received training in the MCA and were clear on how it should be reflected in their day to day work. Staff said they asked consent and permission from people before providing any assistance. This showed people were asked for their consent before care was provided by staff and offered choice.
- People and their relatives explained how staff checked with people before providing care.

Is the service caring?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- At the last inspection, people were not always supported and treated well, and their dignity had not always been maintained. We received mixed feedback about people's experiences.
- This was due to some people receiving an inconsistent service and had late or missed visits. The lack of reliability had an impact on people's trust in the service. A staff member had described how inconsistent staff had a negative impact on a person's dignity.
- At this inspection, peoples and relatives' views were overall positive and told us this had improved. We have reported on this, in the key question, is the service safe.
- People were very complimentary about the care staff who they knew well.
- Care plans included a section on people's cultural, religious and gender preference of carer. Where people preferred to have a certain carer, this had been facilitated where possible. This showed the registered manager tried to meet people's preferences in a caring and kind manner.
- Without exception all the feedback from people and their relatives indicated people's privacy was respected, and their dignity maintained. Staff described how they supported people's privacy and dignity. This included giving people private time, listening to people, respecting their choices and upholding people's dignity when providing personal care. A staff member said, "You don't discuss people with other people, you respect them and give them the privacy they need." Another staff member said, "I treat everyone as if they were a family member and I think of their dignity."
- Staff understood their role in providing support to maintain people's independence. Care plans listed people's care needs in a way that reminded staff to respect people's dignity, remembering the things they could do for themselves. A staff member said, "I ask them to assist me with what we're doing (to promote independence)." Another staff member said, "I always ask people how I can assist and encourage them to be as mobile as much as they can, to do things for themselves."

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

- At the last inspection, some people's views were not always respected.
- At this inspection, people and their relatives said they felt respected and listened too. People and their relatives said they had been involved in developing their care plans and they were consulted about their care. Records confirmed people received regular reviews of their care packages, to ensure the support being provided was up to date and in line with their wishes. A staff member said, "I treat them as a person (not their need), follow the family's wishes and what the person wants." Another staff member said, "They're all really well looked after and their families are involved."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant people's needs were not always met.

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

- At the last inspection, records were not well personalised and did not always reflect the care that people were receiving. There was minimal impact for people because regular staff knew people well and understood their needs, but there was a risk that unfamiliar staff would not have all the information they needed to provide care in a personalised way.
- At this inspection, people's care plans were still in the process of being updated and amended, to ensure they accurately described people's history, their background, aspirations, goals, likes and dislikes. Since the inspection, the registered manager had accepted support from the local authority to make the improvements; this is an ongoing area of required improvement. There continued to be minimal impact for people because regular staff knew people well and understood their needs.
- People and their relatives told us that the staff were regular and understood people's needs and were responsive to any changes. Staff communicated changes in people's needs via the electronic system. A staff member said, "It's usually put on to (electronic system) or [registered manager] reminds us to check (electronic system)." Another staff member explained once they have read the update on the system, they re-read the care plan. They said, "I read the care plan to know what medical condition they might have, so I know what to expect and if there are any difficulties."
- Staff described how well they knew people and their understanding of people's individual needs. A staff member said, "Very, very well (in regard to knowing people who are supported). Because I've been visiting my people for over a couple of years, I know exactly what they need. [Person], she likes to be dried off twice and especially on her shoulders and her back, and then in the joint of her elbows." Another staff member said, "I know people extremely well. We build a rapport and routine together. People have their own individual needs; I treat them as an equal. All of our people know what they like and dislike."

Meeting people's communication needs

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

- At the last inspection, the registered manager had not fully implemented the AIS. Some people had communication needs due to sensory loss.
- At this inspection, the registered manager was no longer supporting people with sensory loss.
- Since the last inspection, the registered manager had reviewed people's communication needs. People's communication needs were now assessed and reviewed monthly. The registered manager said if people

needed information in any other format, they would accommodate this. Care plans instructed staff when people wore hearing aids, how to check their batteries and for people wearing glasses, how to keep these clean. This meant people were supported to hear and see effectively.

Improving care quality in response to complaints or concerns

- The registered manager was responsive to people's complaints.
- People and their relatives knew how to make complaints and told us about the complaints they had raised. They said that the registered manager had responded quickly to address concerns for example when calls had been missed.
- A person said, "I have no complaints about the care I get." Another person said, "I am quite confident that if I had any issues about anything that I would phone the office straight away. I believe they would listen to me and look into my complaint." A relative said, "If there were any issues over the care my relative is getting, I would phone and complain straight away. I have not had a lot to do with the owner, maybe talked to him a couple of times on the phone, but nothing major."

End of life care and support

- The service was not supporting anyone with end of life care at the time of inspection. The registered manager advised if someone was nearing the end of their life staff would work with health care professionals to provide the support they needed.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection, there was a continued failure by the provider to establish adequate systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks. This had placed people at continued risk of harm. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

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

- At the last inspection, the lack of effective systems for monitoring quality and staff performance meant that there had been a continued failure to make improvements.
- The registered manager had made improvements to the quality assurance system to protect people's safety. This included reviewing and updating audits in relation to how medicines were being managed. The audits measured all aspects of the service and were effective in driving improvement. Audits were carried out by the registered manager in relation to monitoring visits, rotas, care plans, medicines, and accident/incidences. Actions were recorded that had arisen out of any issues found. Actions were clearly documented and followed-up. For example, people's care plans were in the process of being reviewed and updated to ensure they were current and more personalized. The improvements made, needed more time to be sustained, maintained and fully embedded into the culture of the service. We will be able to review how effective these improvements are the next time we visit the service.
- The registered manager was aware of their responsibilities to notify CQC of significant events for example safeguarding allegations and serious injuries. The registered manager ensured staff meetings included opportunities for staff to reflect and learn from practice. This provided assurance the quality of the service was being monitored.
- The registered manager understood their responsibilities under the Duty of Candour and were open and transparent when people's care had not gone according to plan.

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

- At the last inspection, there was inconsistent leadership and a lack of management support which meant

staff were not always well supported. At this inspection, overall staff were positive about the registered manager and commented how their support had improved. Without exception staff told us they could approach the registered manager if they needed support or guidance. A staff member said, "I do feel I could raise any concerns with [registered manager]."

- At the last inspection, people and their relative's views on the management of the service were mixed. At this inspection without overall feedback was positive. A relative said, "I have found the owner very approachable. If I had any concerns I phone or email him, and he has been quite responsive."
- The registered manager was approachable and took a genuine interest in what people, relatives and staff had to say. The culture of the service was open, transparent and supportive with an honest and enabling leadership in place. Staff told us they worked within a caring and supportive team where they were valued and trusted. Staff were motivated and proud of the service.
- Staff were motivated and enthusiastic about their work. The management team completed spot check visits, observing staff and speaking with people using the service. These visits enabled staff to receive feedback regarding their working practice, and enabled people to share their experience of the service. The registered manager continued to be the on-call system to support both people and staff out of normal office hours if needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Staff said they were given opportunities to share ideas and make suggestions to improve the service at team meetings, supervisions and as and when they wanted to. Records showed the registered manager had held two team meetings since the last inspection for the staff. Records showed the meetings were planned and included a clear agenda. We noted discussions were focussed on improving care for people using the service. The registered manager shared important information at the meetings to ensure staff had enough knowledge; for example, on safeguarding practices.
- A staff member said, "At the last (team) meeting, we were all happy. No concerns were raised. Most of us get on really, really well." Another staff member said, "Yes, they are useful (staff meetings). Staff get to chat about different people and how we're handling things. We meet staff that maybe we haven't met before. If there's anything that needs changing or addressing, I have no qualms about bringing it up." Another staff member said, "Staff morale is pretty good. I haven't met any carer I haven't got on with. We work together well as a team."
- People's and relative feedback were regularly sought through reviews and staff spot checks. The registered manager had also sent out a quality assurance survey for feedback on the service people received and how they could improve. Results of which had not yet been received.
- The service worked well in partnership with health and social care organisations, which helped to give people using the service a voice/ improve their wellbeing. The success of this joined up working meant people could remain living safely in their homes.