

Ascot Care Ltd

# Ascot Care

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on the 19 October 2016 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

Ascot Care is a domiciliary care service which provides personal care and support services for a range of people living in their own homes. These included older people and people living with dementia. At the time of our inspection 46 people were receiving a care service, with an age range between 36 to 99 years old.

The service had two registered managers. 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.

The service was last inspected on 28 October 2015. We found areas of practice which required improvement. This was in relation to concerns around care staff had not received training on the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). There was not a robust quality assurance framework in place. The provider was unable to demonstrate how they internally monitored, reviewed and assessed the quality of the agency. The provider drew up an action plan as to how they would address these issues. We looked at the improvements made as part of this inspection. At this inspection we found the provider had followed their action plan, improvements had been made and issues identified had been rectified.

People told us they felt safe, that staff were kind and the care they received was good. One person told us "Absolutely feel safe. From the beginning they are really good. I consider (staff names) to be someone I can thoroughly trust. They both are".

There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff at all times to meet people's needs.

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and had assistance to access health care services when needed. One person told us "If I need to go to the dentist or the optician they will take me".

Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

Staff felt fully supported by the registered managers to undertake their roles. They were given training updates, supervision and development opportunities. One member of staff told us "We have regular training and updates. One of the managers holds training sessions in our team meetings. We recently went over medication again".

People's needs were assessed and regularly reviewed and they received care based upon their needs and preferences. Staff were proactive in recognising and supporting changes in people's needs. We found the care plans to be person centred and details recorded were consistent.

People and relatives told us that staff were kind and caring. Comments included "They are intelligent, nice caring people and very conscientious" and "I'm absolutely delighted with them, they really are first class". People confirmed staff respected their privacy and dignity. Staff had an understanding of respecting people within their own home and providing them with choice and control. People were supported at mealtimes to access food and drink of their choice if required.

People and relatives said they were happy with the management of the service. People's comments included "It's excellently managed" and "Always seems well managed to me". There were clear lines of accountability. The service had good leadership and direction from the registered managers. Staff comments included "It is very well managed, I get nice compliments from my manager which is nice" and "Best employer I have ever worked for and they think about the staff's welfare".

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns.

The registered managers monitored the quality of the service by the use of regular checks and internal quality audits to drive improvements. Feedback was sought through surveys which were sent to people and their relatives. Survey results were positive and any issues identified acted upon. People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues.

## 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.

Assessments were undertaken of risks to people who used the service and staff. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

People were supported to receive their medicines safely. There were appropriate staffing levels to meet the needs of people who used the service.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

### Is the service effective?

Good ●

The service was effective.

Staff had a good understanding of and acted in line with the principles of the Mental Capacity Act 2005.

Staff had the skills and knowledge to meet people's needs. Staff received an induction and regular training to ensure they had up to date information to undertake their roles and responsibilities.

People were supported at mealtimes to access food and drink of their choice in their homes and assisted where needed to access healthcare services.

### Is the service caring?

Good ●

The service was caring.

People and relatives told us the care staff were caring and friendly.

People's privacy and dignity were respected and their independence was promoted.

People and their relatives were involved in making decisions about their care and the support they received.

### Is the service responsive?

Good ●

The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Staff were aware of people's preferences and how best to meet those needs.

### Is the service well-led?

Good ●

The service was well-led.

Staff were supported by two registered managers. There was open communication within the staff team and staff felt comfortable discussing any concerns with the management team.

People and relatives felt the registered managers were approachable and supportive.

The registered managers carried out regular audits to monitor the quality of the service and drive improvements.

# Ascot Care

## **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.

The inspection took place on the 19 October 2016 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in the office to speak with us. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with thirteen people who use the service and five relatives over the telephone, five care staff, a co-ordinator, a marketing manager, a finance administrator and two registered managers. We observed staff working in the office dealing with issues and speaking with people and staff over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for six people, medicine administration records (MAR), five staff training records, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

We contacted four visiting professionals after the inspection to gain their views of the service.

We last inspected this service on 28 October 2015 when the overall rating for the service was Requires Improvement.

# Is the service safe?

## Our findings

People and their relatives told us without exception that they felt safe. One person told us "Absolutely feel safe. From the beginning they are really good. I consider (staff names) to be someone I can thoroughly trust. They both are". A relative told us "My relative's dog is their world and they will go for a walk with them and the dog and I know that they are safe and that they are doing what they want to do".

A professional told us "We find Ascot Care very responsive to the needs of those they are caring for. They act in a professional manner at all times and keep meticulous records. It will be our assessment that the service they provide to our clients is safe from a care, welfare and health point of view".

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff described in detail the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management team would act on their concerns. One member of staff told us "I would look out for any abnormal behaviour or marks on a person's body. It would be noted down and we also have body maps to complete and report to the office straight away". Another member of staff said "There are lots of signs to look out for depression, loss of appetite, bruises and change of behaviour. I would inform the office who I know who will deal with it". Staff were also knowledgeable of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. One member of staff told us "I would contact the local authority or the care quality commission if I had concerns that were not being dealt with". Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

The service had skilled and experienced staff to ensure people were safe and cared for on visits. Rotas were planned a week in advance and care staff were informed of the calls they would be covering via email in advance. People also received copies of rotas so they knew who would be coming and at what time. One person told us "Every Thursday I get a copy of who will visit me and when they will visit. They always keep to time". We looked at the electronic rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people and we saw that the number of staff supporting a person could be increased if required. A registered manager told us that they were continually recruiting staff to maintain the staffing levels to ensure all visits were being covered and for any new people using the service. They told us "We ensure we have enough staff employed before taking on any new people".

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and an interview. The provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

Risk assessments detailed and identified hazards and how to reduce or eliminate the risk. For example an environmental risk assessment included an analysis of the condition of flooring, carpets, or rugs and considered whether they presented a risk of trip, slip or fall for either the person or the staff member. Other potential risks included the equipment people used and how staff could ensure they were used correctly and what to be aware of. For example, in one care plan it described how one person used a walking aid around their home, what staff needed to be aware of and the safest way to assist the person around their home. This meant that risks to individuals were identified and managed so staff could provide care in a safe environment. Staff told us that they talked through the risks with the person to ensure that they were happy with any suggested changes that would reduce the risk.

Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident records. There were processes in place to enable the management team to monitor accidents, incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

People were supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Staff were able to describe how they completed the Medication Administration Records (MAR) in people's homes and the process they would undertake. The majority of people with spoke with dealt with their own medicines. Staff received a medicines competency assessment on a regular basis. We looked at completed assessments which were found to be comprehensive to ensure staff were safely administering or prompting medication. Audits on medicine administration MAR were completed on a monthly basis to ensure they had been completed correctly. Any errors were investigated, for example, if a missing signature had been highlighted for the administration of a medicine. A registered manager would investigate and the member of staff would be spoken with to discuss the error and invited to attend medication refresher training if required.

## Is the service effective?

### Our findings

People and their relatives felt confident in the skills of the staff and felt they were trained well. One person told us "Seem very well trained, they cover all eventualities. There is lots of training sessions". Another person said "When there is a new one (member of staff) they come for the first time with someone else to show them what to do".

At the last inspection on 28 October 2015 we found areas of practice in need of improvement. This was in relation to concerns around care staff had not received training on the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). During this inspection, we found improvements had been made and issues identified had been rectified.

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. Staff had knowledge and a good understanding of the (MCA) because they had received training in this area. One member of staff told us "This is about people's capacity and choices in their life. We will always get consent before helping them in any task". People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for and they always asked permission before starting a task. Staff went on to give examples of when they would offer choices of meals for people to eat and what clothes someone would like to wear. Details of the MCA were also available to staff in the office.

Staff undertook a variety of essential training which equipped them with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in various areas including moving and handling, first aid, fire safety and dementia. An induction was completed to ensure that all new staff received a consistent and thorough induction which also incorporated the skills for care certificate to ensure that new staff were working toward this. The care certificate is a set of standards that social care and health workers can work in accordance with. It is the new minimum standards that can be covered as part of the induction training of new care staff. New staff also trained alongside experienced staff on care calls. Competency checks were completed to ensure staff were delivering the correct care and support for people. Staff were supported to undertake professional qualifications such as a Diploma in Health and Social Care. Staff were positive of the training provided. One member of staff told us "I had a good induction and various training sessions. Then shadowed experienced staff, it worked really well and I felt supported. Another member of staff said "We have regular training and updates. One of the managers hold training sessions in our team meetings. We recently went over medication again". The training records had been completed and detailed when training had been completed and when this would expire for staff to attend a refresher training course. This was updated regularly by a registered manager. On speaking with staff we found them to be knowledgeable and skilled in their role. A registered manager told us of courses available at a local college for staff which included further dementia training and end of life care. Staff felt these were

useful to their role and enhanced some of their understanding.

Staff told us that they received supervision throughout the year. During this, they were able to talk about whether they were happy in their work, anything that could be improved for staff or the people they cared for and any training that staff would like to do. In addition staff said that there was an annual appraisal system at which their development needs were also discussed. One member of staff told us "We have supervision every three months and an appraisal yearly. We also get spot checked out in the community, which I feel is good". Records we saw confirmed this.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members or by themselves and staff were required to reheat and ensure meals were accessible to people. People's comments included "I have food brought in and they [staff] heat it up in the microwave", "They cook my dinner for me" and "No but they help me with my shopping and I do my own food". A member of staff told us "We make sure people have drinks accessible to them before we leave. We also ensure they are drinking and eating enough. Any concerns like a change in a person's colour of their urine could mean they are not drinking enough and we would report this straight away". People's care plans detailed their preferences around food and drink and at what time people liked to eat and how they may like to be assisted with meal times. One care plan detailed a person's preference of having fruit and cereal for their breakfast and how they liked their tea to be served. A registered manager told us that if they or staff had concerns about a person's nutrition or weight they would seek advice from health professionals.

We were told by people and their relatives that most of their health care appointments or health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments. If needed they liaised with health and social care professionals involved in people's care if their health or support needs changed. One person told us "If I need to go to the dentist or the optician they will take me". A relative told us "They alert me to health issues like if my relative is getting a bedsore or something".

# Is the service caring?

## Our findings

People receiving care and support from Ascot Care, and their relatives told us that staff were kind, helpful and caring. People's comments included "They are intelligent, nice caring people and very conscientious", "I'm absolutely delighted with them, they really are first class" and "No problems at all. Most of them are caring. When we have a new carer we wonder what they will be like but we are never disappointed". A relative told us "My relative needs exercise so one member of staff takes them out to a National Trust garden. They get spoilt and they love the attention they get".

A health professional told us "On every occasion without exception I have found them to be professional and caring in their responses. I feel that [registered manager's name] is strong in her leadership and that all staff really care about the patients they are serving".

People received consistent care. People were supported by the same team of staff that knew them well and were introduced to new staff before they started to deliver care and support to them. One person told us "Got a few new ones but I shall get used to them, very nice". A relative told us "Regular carers, which is brilliant for my mum". Another relative said "We have a few but we get to know them all and my relative likes them". Staff told us that they always had enough time to support people and never felt rushed when providing care and support to them. The minimum call time was 30 minutes but many calls were longer than this. One member of staff told us "One person I see required a little more time, so I contacted the office and this was sorted out". Staff were committed to arriving on time and told us that they would notify people or the office if they knew they were going to be late. One member of staff told us "We get enough travel time between calls of around 15 minutes. And all calls are close together". Staff told us they were able to build relationships and a good rapport with people which increased their understanding of people's needs, due to the fact that they consistently attended the same people.

People said they could express their views and were involved in making decisions about their care and treatment. People and their relatives confirmed they had been involved in designing their care and support plans. They felt involved in decisions about their care and support and healthcare professionals were also involved. They told us they had care and support plans which were detailed and were reviewed as and when required. One person told us "The care plan is in the blue folder, they make notes in there. There's a checklist of what needs doing. They do a review every few months or so". A relative told us "Yes my relative has a care plan with the specification on it. Every now and again I get asked to sign it and see if it is ok". People were also able to express their views by completing an annual feedback survey which gave them an opportunity to express their opinions and ideas regarding the service.

Staff respected people's privacy and dignity. Staff told us how they maintained the people's dignity when offering support. They told us they took care when providing personal care and said they closed doors to ensure people's privacy was respected. One person told us "No problem, we are all men together so there is no need be embarrassed about things like that. They wash me but when it comes to the private parts I do that myself". Another person said "They give me a towel to wrap round me". A member of staff told us "I will always make sure doors or curtains are closed and cover people with a flannel where needed".

People were treated as individuals, their differences were respected and support was adapted to meet their needs. One person told us "They do what I want them to do. If there is time we do a bit of exercise with the crutches". The registered manager's ensured that the support provided to people was person-centred and enabled them to receive the type of support they chose. Independence was promoted and encouraged. Staff told us that they encouraged people to be as independent as possible. One member of staff told us "People want to remain in their home with our support. We will encourage them to do things for themselves and support where needed. I have one person I see and with a little encouragement support them to wash and get dressed". Care records for one person showed that they were at risk of self neglect and staff were to support and encourage the person in areas such as personal care. Daily records showed that the person had been supported by staff in day to day tasks.

People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care for others. The staff's rotas were emailed to them with details of their visits to undertake. Information on confidentiality was covered during staff induction and training including the use of social media.

## Is the service responsive?

### Our findings

Staff were knowledgeable about people and responsive to their needs. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Comments from people included "They do all the things I ask. They do anything for you" and "I'm absolutely delighted with them, they really are first class". Comments from relative included "It's absolutely perfect for my relative, they get the care they need" and "They are very capable of dealing with everything my husband needs".

People and relatives told us they were asked for their views on the gender of who provided their personal care and thought the service was person centred. One person told us their wishes were respected and said "I have a female carer, yes I wouldn't want a male carer and wouldn't have a male carer". Another person said "A couple of times we have asked for changes and they have been very easy to accommodate us". Relative's comments included "They listened to me from the start. It is tailored made for my relative", "I usually let them know what care my relative needs and also what gender of carer might be appropriate" and "I think it's on file for a female carer for personal care and that's what my relative gets".

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The care records were easy to access and were clearly set out. They gave descriptions of people's needs and how staff should support people to meet these. There were two copies of a care plan one in the office and one in people's homes. Care records were person centred and explained what the care needed by a person was. Staff told us that information recorded about the person supported them to provided care that was unique to that individual. One member of staff told us "The care plans are detailed and personal to that person. Person centred care is all about the person being at the centre of all that we do. I put myself in their shoes to understand what I would like and how it would feel". Care plans we looked at gave details regarding people likes and dislikes and interests. For example that someone liked to have hot chocolate before going to bed and for staff to prepare a sandwich for them before they left. If someone had communication needs this was recorded for example, one person who had a hearing aid the care plan detailed for staff to speak louder to ensure the person could hear and understand them. Details of any manual handling instructions were recorded. For one person who had support with manual handling and required reassurance it was written into their care plan for staff to talk through what was happening with the person. Guidance on specific issues for an individual was contained within their file. Care plans also detailed people's desired outcomes which included remaining at home. One person who was living with dementia required emotional support and stimulating conversations when staff visited. The tasks carried out at each visit were recorded in the daily records.

People's social needs were also documented. In one care plan it detailed a person liked to discuss football and their favourite team with staff. Staff supported people with their choice of activities in and out of their home. One member of staff told us "I have one person that just likes to go for a drive in the country and really enjoys it". Another staff member said "One person I visit likes to go out to a local café, they enjoy getting out of their home". A relative told us "Staff will go for a walk with my relative and their dog and I know that they are safe and that they are doing what they want to do". Care plans were reviewed regularly

which ensured that the details of people's care was accurate.

People and relatives were aware of how to make a complaint and felt they would have no problem raising any issues. People were complimentary about the service and had no cause for complaint, they indicated a confidence in the management and felt comfortable talking with them about any issues they had about the service. The complaints procedure and policy were accessible for people in the information given to them at the start of the service. The people and relatives we spoke with confirmed if they had a reason to make a complaint it would be acted on. Comments included "No complaints, however asked if they could come a little bit later and phoned the office and they changed that", "Had a complaint once, they dealt with it in a way I was happy with".

Staff were knowledgeable about the health care needs of the people they supported. Staff were able to describe what signs could indicate a change in a person's well-being. For example one member of staff explained the process they would take if a person had a fall in their home and how they would call the emergency services and contact the office and the person's relatives. Another member of staff told us how they would ensure that if a person was refusing to take their medicine's they would report this to the office and advice would be sought from the person's GP. Staff knew how to obtain help or advice if they needed it.

## Is the service well-led?

### Our findings

Every person and relative we spoke with thought the service was well-led. Comments from people included "It's excellently managed", "Always seems well managed to me" and "[registered managers] contacts me, and she's really attentive". A relative said "They're brilliant. I generally email them and they get back to me within the day". A health professional told us "I feel that [registered manager] is strong in her leadership and that all staff really care about the patients they are serving".

At the last inspection on 28 October 2015 we found areas of practice in need of improvement. This was in relation to concerns there was not a robust quality assurance framework in place. The provider was unable to demonstrate how they internally monitored, reviewed and assessed the quality of the agency. During this inspection, we found improvements had been made and issues identified had been rectified.

The quality of the service was monitored using formal tools such as quality audits. Regular audits of the quality and safety of the service were carried out by the registered managers. These included staff training, care plans, accidents and incidents and health and safety. Action plans were developed where needed and followed to address any issues identified during the audits. Feedback was sought from annual surveys each December which were sent to people, relatives and staff. One person told us "I've completed a questionnaire from time to time asking if we are happy and we answer yes". Another person said "Several surveys, same as I'm telling you always been great". The most recent survey had positive comments around the management of the service and people felt staff were kind and caring. An improvement plan was put in place for the coming year from the surveys which enabled staff to drive improvement. One area of improvement that had been worked on for staff was an improvement in training. This included various learning styles available for staff and further subjects of interest.

The atmosphere was professional and friendly in the office. People and staff spoke highly of the office and management team. One person told us "Office staff are amazing, they've been helpful every time". Another person said "Well if I ring up I speak to [name] she's absolutely wonderful. Nothing fazes her". Staff comments included "It is very well managed, I get nice compliments from my manager which is nice" and "Best employer I have ever worked for and they think about the staff's welfare". Staff felt they were supported well and given development opportunities.

The registered managers were approachable and supportive and took an active role in the day to day running of the service. Staff appeared comfortable and relaxed talking with them in the office. While we were on the inspection we observed positive interactions and conversations were being held with staff and people in the office and on the telephone. Management took time to listen and provide support where needed. Staff felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns.

Staff told us they had regular office meetings and communication which gave them a chance to share information and discuss any difficulties they may have. This also gave them an opportunity to come up with ideas as to how best manage issues or to share best practice. One member of staff told us "We have regular

team meetings, they are really informative and we do training as well on a certain subject each time". Minutes of the meetings were available to staff in the office that were unable to attend these meetings. Subjects discussed included people's support and care, new staff and a training session being held in the meeting, recently this had covered medication and challenging behaviour.

The registered managers showed passion about the service and talked about always looking for ways of improving the service. They told us of how they had regular contact with staff, people and relatives to gain feedback which included the annual survey and meetings. They also told us how they had recently organised a summer party for staff, people and relatives, which included games and a BBQ. A registered manager also told us "We were also nominated in the Great British Care Awards as employer of the year. We also had two staff member nominated under the categories of 'Carer of the year' and 'Best newcomer'. We feel this was a great achievement".

The registered managers were aware of their responsibility to comply with the CQC registration requirements. They were aware of the importance of notifying us of certain events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions were being taken. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.