Elite Care North West Limited

Elite Care Wigan

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Elite Care Wigan is a domiciliary care agency. It is part of the local authorities ''Ethical Community Services Framework', covering packages of care across the borough. The service also supports people privately via self-funding or direct payments. At the time of the inspection 21 people were using the service.

People's experience of using this service and what we found
People spoke positively about the care and support provided by Elite Care Wigan and said they would, and in some cases already had, recommended the service to others.

People and their relatives said they felt safe and comfortable in the staff's presence. Each person was supported by a set team of carers, which helped form positive working relationships and a sense of familiarity.

People told us their carers were well trained and provided personalised care which met their needs and wishes. Staff had received a comprehensive induction, along with ongoing training to ensure knowledge and skills remained up to date.

Care files contained detailed information about people and how they wished to be supported and cared for. These had been reviewed regularly to reflect people's changing needs.

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.

The service was exceptionally responsive to peoples assessed and changing needs, adapting and in some cases creating new methods and systems to support the delivery of care. The service had been able to effectively support a number of people, other providers had experienced difficulty in engaging.

Staff told us they felt fully supported and listened to. They had opportunities to discuss their roles and any issues or concerns via regular supervision, team meetings or by calling into the office, where an 'open door' policy was in place.

People and their relatives had been provided with details of how to raise a complaint internally, along with details of how to escalate the complaint should they not be happy with the response or action taken. None of the people we spoke with had raised a formal complaint, but all confirmed they would feel comfortable speaking to any of the staff about concerns.

The service used a range of systems to monitor the quality and effectiveness of the care and support provided. The service worked closely with the company who had developed the electronic system, to ensure

it was fit for purpose and met the evolving needs of people and the service.

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

Rating at last inspection
This service was registered with us on 07/06/2018 and this is the first inspection.

Why we inspected
This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. Newly registered services are inspected within 12 months of registration.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was exceptionally responsive. Details are in our responsive findings below.	**Outstanding** ☆
Is the service well-led? The service was well-led. Details are in our well-Led findings below.	**Good**

Elite Care Wigan

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector from the Care Quality Commission (CQC).

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. 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.

We gave the service 48 hours' notice of the inspection. This was to ensure the provider and registered manager would be available to support the inspection and to allow time for people to be asked if we could contact them for feedback and complete home visits to speak to them in person.

Inspection activity started on 03 June and ended on 13 June. We visited the office location on 05 June.

What we did before the inspection
Prior to the inspection we reviewed information and evidence we already held about the service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are details about changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who worked with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the head of care, registered manager, head of quality and compliance, care planning coordinator and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision along with a variety of records relating to the management of the service, including policies and procedures, audits and quality monitoring information.

Good

Is the service safe?

Our findings

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

At this inspection this key question has been rated as good. This meant people were safe and protected from avoidable harm.

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

- People and the relatives we spoke with told us they received safe care and felt fully supported. One person told us, "Yes, I feel safe. I am very satisfied. This is the third company we have used, the other two were terrible, but I feel very comfortable with the girls who visit." Another said, "Yes, I feel safe, the staff are very good."
- Staff knew how to identify and report any safeguarding concerns. Safeguarding training had been included as part of the induction process with annual refreshers provided, to ensure knowledge remained up to date.
- Local authority procedures for the reporting of safeguarding concerns were in place and utilised. Within Wigan this is known as the Tier system.
- The service was proactive in reviewing any incidents or things which had not gone as well as expected, with action plans generated to prevent a reoccurrence or ensure better future outcomes.

Assessing risk, safety monitoring and management

- Detailed risk assessments had been completed by the service as part of both the referral and care planning process. These covered a range of areas, including each area of the support plan, to consider the risks of not providing care as prescribed. For each risk, control measures to minimise the risk had been included.
- Health and safety had also been considered, including assessments of the internal and external environment of people's homes, to ensure a safe working environment was maintained.
- Where people had moving and handling needs, risk assessments had been completed, which included details of the equipment used and the date this had last been safety checked and serviced.
- The service had a robust system for the recording and reviewing of accidents and incidents. Detailed forms captured what had occurred, what was being done at the time and any factors which may have contributed, along with action taken. A manager reviewed each incident and documented any additional actions taken.

Staffing and recruitment

- Safe recruitment procedures were in place to ensure staff employed were suitable for the role, and people were kept safe. Disclosure and Baring Service (DBS) checks had been completed. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.
- People, their relatives and staff we spoke with all confirmed enough staff were deployed to meet needs. The service also ensured consistency by ensuring each person had a set team of care staff. One person told us, "I have a set team of about five staff. Any new one's shadow before starting." Whilst a staff member

stated, "Staffing is absolutely fine, no concerns. The rotas are manageable and not bad for travelling time, I'm usually given about 15 – 20 minutes between visits."
● Staffing levels were based on people's needs. The service used the staff roster system to compare the care hours required per week against staff availability. The head of care told us, "We don't take on any packages we cannot manage. We like to have a 50 percent ratio, which is two staff to every client."
● New packages were either incorporated into current staffing levels or the service would recruit specifically for that person. We noted ongoing recruitment had been completed to ensure enough staff had been employed to meet the growing needs of the service.

Using medicines safely
● Medicines were managed safely. People who received assistance in this area told us they were happy with the support provided. One stated, "Yes, I get my medication when I need it. I am happy with how this is managed." Another stated, "They prompt me to take them [medicines], just in case I have forgotten. They are very good with this,"
● Each person had a medicine's care and support plan, which covered health issues, medicines prescribed, reason for taking, the frequency and how they liked to take them.
● Staff had all received medicines training and had their competency assessed prior to supporting people with their medicines.
● Medication Administration Records (MAR) contained the required information, to ensure medicines were administered safely. The service used electronic MAR charts, which staff accessed via a mobile device. The system automatically detected any medicines which had not been administered during each time period and alerted the office, so this could be addressed in real time.

Preventing and controlling infection
● Effective measures had been taken to help prevent and control infection, including staff training and the ongoing provision of personal protective equipment (PPE).
● People told us staff consistently wore PPE, such as gloves and aprons as required.

Good

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 this inspection this key question has been rated as 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

- People's care needs had been assessed prior to the support package commencing, to ensure the service could meet their needs and had the required resources in place. The information gathered during the assessment had been used to draw up people's care and support plans.
- Assessments were completed by the care planning co-ordinator, head of care and/or registered manager. People were central to this process which they confirmed when we spoke with them. One person told us, "[Co-ordinator and head of care] came to see me. Asked me what I wanted help and support with, they were very professional."

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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- People's care files contained a section about their mental capacity. Where people had been assessed as lacking capacity, details of who could legally make decisions on their behalf had been documented.
- People had been involved in making decisions about all aspects of their care and support. Where they lacked capacity to make a particular decision, either relatives who had lasting power of attorney (LPA) for health and welfare had made the decision or in the absence of anyone with an LPA, the best interest process had been used and documented.
- Staff had a clear understanding of the MCA, the importance of seeking people's consent along with people's right to refuse care and support. This was confirmed by people and their relatives we spoke with. One told us, "They always ask me before providing support." Another stated, "If they are new to me, they do. However, I've told them I'd rather they just get on with things and prefer it if they didn't ask every time. They follow my wishes."

Staff support: induction, training, skills and experience

● Staff spoke positively about the training and support provided. Supervision meetings had been provided in line with the providers policy, which staff told us they found beneficial. We were told the format for supervision was changing and a new policy was being drafted to reflect this. Small group supervision would replace individual meetings, albeit staff would still be afforded the opportunity to have private discussions should they wish.

● A comprehensive induction programme was provided to all new staff. This lasted two weeks and covered a range of training sessions the provider considered mandatory, including manual handling, safeguarding, first aid and infection control. Following completion of the training programme staff shadowed more experienced colleagues to receive on the job training.

● The care certificate was introduced as part of the induction process, with progress reviewed after three months. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

● Each staff member had to complete a six-month probationary period, with a tracker used to document their progress. Assessments of competency, spot checks and follow up discussions all formed part of this process.

● Staff told us enough ongoing and refresher training was provided to ensure their knowledge and skills remained up to date. One staff stated, "Quite happy with it [training]. Learned a lot and the quality is good. They make sure you know what has been taught through testing our knowledge."

Supporting people to eat and drink enough to maintain a balanced diet

● People received support with eating and drinking in line with their assessed needs and wishes.

● People we spoke with who received support in this area were complimentary about the assistance provided. One person told us, "They help me with this [meal preparation]. I choose what I want, and they help me to make it. They always ask at meal times, 'what do you fancy having today'." Another person told us they got plenty to drink and the staff, "Always make sure I have enough water."

● Carers used an electronic system to record daily notes and other information, including food and fluid intake. Any tasks involving nutrition and hydration were listed and had to be ticked off upon completion. Failure to do so would trigger and alert, to ensure tasks were not missed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People's medical history and healthcare needs had been documented in their care files. This included any aids or equipment in use. Risks associated with any medical conditions and/or the use of equipment had also been assessed, with details included of how these would be addressed.

● The service worked closely with other healthcare professionals, such as GP's and district nurses, to ensure people received the required support to help them stay well.

Good

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 this inspection this key question has been rated as 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

- People and their relatives spoke highly of the care and support they received and the staff who provided this. Comments included, "The staff are very good", "I think they are very professional, competent and get on well with me. Can't fault them at all" and "They have a good sense of humour, suit me down to the ground, I feel really relaxed with them."
- It was clear care staff had developed positive therapeutic relationships with the people they supported. This enabled them to support people to regain lost skills and complete tasks they had previously been reluctant to do. For example, one person who had previously neglected all aspects of personal hygiene, now completed a set daily and weekly routine.
- Staff worked to ensure people were treated equally and that their protected characteristics under the Equality Act were respected and promoted. Discussion about people's ethnic, religious or cultural needs had been competed during the assessment process and was included in their care plan.
- The importance of respecting people's differing views, opinions and beliefs was part of the recruitment and interview process, to ensure new staff understood the expectations of the service.

Respecting and promoting people's privacy, dignity and independence

- Staff were knowledgeable about the importance of maintaining people's privacy and dignity and how best to achieve this. One staff member told us, "It's about confidentiality and discretion. Close doors, cover people up, explain what you are going to do and make sure they are okay with this." Another said, "An example would be if having a shower, support them to the bathroom, hold a towel up when they get undressed. If they need support to wash, provide this how they have requested. When drying, cover with a towel and dry from the back, to maintain their dignity."
- People confirmed staff were respectful of their privacy and dignity and told us they felt comfortable in the staff's presence. People also told us they were offered choice during each visit, for example with what they wanted to eat, to wear and how they wanted to be supported.
- Staff were mindful of the importance of promoting people's independence, supporting people to complete tasks they were able to do. One person told us, "They always ask me what do I want help with. They let me do what I can for myself. I want to try and be as independent as I possibly can, which they encourage."

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

- People and their relatives felt fully involved in all aspects of the care and support provided and were able to express their views and make decisions in a number of ways.
- A follow up discussion was completed after the initial care visit, to review how things had gone and ensure

the package of care met people's needs. Regular service reviews had been carried out. These looked at whether the care plan was meeting needs, if any changes were required, how the person felt about their staff team, if the service was meeting expectations and if the person had any suggestions they would like to make, to generate improvements.

● Quality assurance questionnaires had been completed after each person had used the service for four months. This included questions about the office staff, care staff and service provided. We looked at a selection of completed questionnaires all of which contained positive feedback.

Outstanding ☆

Is the service responsive?

Our findings

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

At this inspection this key question has been rated as outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

● People received exceptional care and support which was personalised and met their needs and wishes. Support had been tailored to the individual, to enable them to have as much choice and control over their care as possible.

● Care files clearly detailed how people wanted to be supported, with care plans providing a step by step guide for staff to follow. The service had asked and captured what was important to people, what others liked and admired about them and any important things the service and staff should know, to ensure care was delivered in as personal a way as possible. One person had requested bright and cheery staff, who liked to chat and had also asked not to be rushed as this caused anxiety. From speaking to this person, we noted all their requests had been met.

● It was evident from speaking to people and relatives, looking at records and reviewing written feedback and compliments received, the service was extremely responsive to people's initial and changing needs.

● During the initial assessment one relative had raised concerns about their loved ones deteriorating mobility and the impact this was having but was unsure what to do about this. Staff reassured the person, arranged for a wheelchair assessment to be completed and later attended the appointment to provide support to the person and their relative and ensure they got the right equipment.

● Another person discussed their worries with staff about being able to afford their heating bill, as they now needed to have the heating on all day to keep warm. The service contacted charitable organisations on the person's behalf to enquire about funding, as well as the local authority to arrange for some assistance.

● Whilst completing an assessment, the coordinator discovered a person; who was living with dementia, had an interest in locks and switches, and enjoyed 'fiddling' with objects during the day. Following the meeting, the co-ordinator purchased a variety of small items, such as switches, locks, door chains and had these mounted on a board, which they presented to the person. The person was thrilled with the gifts and spent many hours each day, using their personalised 'fiddle' board.

● Staff also demonstrated a commitment to go 'the extra mile' to ensure people received continuity of care and their needs could be met. Due to unforeseen circumstances, a person suddenly required the support of two staff to remain safe, until necessary equipment had been provided. As the service did not have any additional staff to cover the shifts, a senior staff member cancelled their annual leave to act as the second carer. This prevented the person having to be admitted into emergency respite. Another staff member came in on their day off, to support a person with whom they had an excellent rapport, as they were refusing to engage with their designated carer and were becoming distressed. The staff member was able to get the person to relax, engage and attend their day centre placement as planned.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Care files contained details of people's preferred method of communication along with any systems or aids in place to support this process. Information was available in a range of formats, such as larger font, different coloured paper and braille, if requested.

● One of the senior staff had enrolled on a British sign language (BSL) course, with the intention of cascading this to the rest of the team. This was to ensure they could meet the needs of people with a hearing impairment who used the service.

● For one person who experienced difficulties with speech production, the service had created a bespoke communication board. This was in response to the person expressing their frustration at knowing what they wanted to say, but not being able to vocalise this. The board contained a range of words and images the person could point to in order to communicate how they were feeling, along with their thoughts and wishes throughout the day. The use of the board had subsequently improved the person's ability to communicate verbally, as they were now able to say a number of key words.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● The service strove to ensure people accessed the community both locally and further afield, whether for leisure purposes or to complete activities of daily living such as grocery shopping.

● One person had expressed their love for animals during a support visit. Their carer discussed with the management whether they could arrange a day out to the zoo as a surprise. This was agreed, and the staff discussed this with the person, who was thrilled. They helped plan and arrange the trip, including booking transport. We were told the person was now planning a future trip to the seaside.

● The service had been asked to work with a number of people, with whom other providers had been unable to engage. One such person had a history of refusing or cancelling their support and had become socially isolated. A specific carer was identified, who spent time developing a relationship with this person. The person started to go out shopping, before being introduced to a local café, run by a charity where they could access free or low-cost meals. The person was also encouraged to recommence interests and hobbies within the community they hadn't done for some time, initially with support, but then independently, which they continued to do.

End of life care and support

● The service was involved in the local hospices domiciliary palliative care education programme. This ensured staff had the necessary skills to support people at the end of their life.

● Where people had consented to share this information, care files contained details of people's wishes and the support they wanted at this time of their life.

● We noted one example of the support provided to a person, their family and the carers, which demonstrated the service's responsiveness and caring attitude. This included the head of care acting as a second carer, to support staff who had not experienced end of life care first hand. This was initially over a weekend but extended into the following week. The same person also supported the family to be present at the last stages of their loved one's life, which included picking one relative up from their place of work, to ensure they were able to be with their loved one at their time of need.

● After supporting this person at the end of their life, the service identified a lack of equipment and resources had been available in the person's home, to ensure they could provide the best care possible. In response, the head of care put together an 'end of life box'. This contained a range of items, such as a wash bowl, cotton wool pads, Vaseline, tissues, wipes, sponges and so on.

Improving care quality in response to complaints or concerns

● The services complaints procedure was provided to each person upon commencing their support package. This was included in the service user guide and as well as explaining the internal complaints process, signposted people to external bodies such as CQC and the local government and social care ombudsman (LGSCO).

● People and their relatives we spoke with confirmed they knew how to complain but had not had cause to.

● The service had a designated complaints file. We saw only one formal complaint had been received in the last 12 months. As well as responding in writing, the registered manager had met with the complainant and resolved the issues.

Good

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 this inspection this key question has been rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and the relatives we spoke with told us the service was well led and they would happily recommend it to others. Staff also spoke positively about the management of the service, telling us they felt supported and listened to. Comments included, "Yes, I think this company is well led. I have recommended them to quite a few people already", "This is the best one [care provider] I have had", "I feel more supported here than where I used to work. They care, and the rest of the team are supportive too" and "You can ring the management up any time and they will help you. They have boosted my confidence and motivated me."
- Professionals we contacted were equally as positive telling us they found the management to be "passionate about good quality care" and the service was "doing some amazing work". We were told the local authority had moved a number of problematic packages to Elite Care Wigan, when they had failed with their existing provider. The service had done some great work in being creative to engage these people and meet their needs.
- The service had a clear management structure, which was comprised of four key personnel, all of whom founded the company. This team consisted of the head of care, registered manager, head of quality and the care planning coordinator.
- The registered manager and nominated individual understood their regulatory requirements and had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents and safeguarding.

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

- People and their relatives were involved in all aspects of their care and support and told us the service was flexible in meeting their needs. Comments included, "They are very flexible, they provide the care we need at the times we need it, rather than what works best for them" and "I asked them if they could change the call times as were not quite right for us, which they did straight away."
- People told us the service regularly sought their views through questionnaires and telephone calls. One relative stated, "I go into the office once a month and discuss things. They are so good, they make me a brew and we chat about all sorts."
- A new format for team meetings had been introduced, as the staff had been split into two teams based on the geographical area in which they worked. These meetings were held weekly and provided an opportunity for staff to discuss people's care packages, raise issues or concerns and discuss best ways of working. Prior to this, meetings had been held quarterly.

● The registered manager had also created a social media group for the care staff, which was used to share ideas and examples of good practice.
● We noted a number of examples of the service working in partnership with others or being involved in organisations which helped benefit people using the service and/or the wider community.
● The head of compliance was an active member of Dementia Action Alliance, which is a voluntary organisation. One recent event had been held in conjunction with the Alzheimer's society and aimed to raise awareness in the local community. The head of compliance had used the event as an opportunity to promote the use of dementia champions and friends within local businesses, to ensure these environments were able to better support people living with dementia.
● The head of care was also a dementia champion volunteer and went out into the local community to raise awareness about the impact of dementia to individuals and their loved ones. As well as completing a session at a local primary school for teachers and children, they were also approached by Homes England to provide a session at their offices which was well received.
● The service was keen to promote positive working relationships between the members of the ethical framework; services commissioned by Wigan Council to provide domiciliary care. We saw on one occasion another provider's training officer was unwell and unable to provide a planned training session for their staff. The head of care from Elite Care Wigan offered and then completed the training for them.

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; Continuous learning and improving care
● The service was actively engaged in completion of the 'progress for ethical homecare providers self-assessment tool', which all members of the ethical framework needed to complete, to ensure they were providing personalised, outcome focussed support, which reflected the Wigan Deal principles. Although new to the local authorities' ethical framework, only joining in November 2018, the service had already achieved their bronze award and were actively working towards silver. A professional from the local authority told us, "They are always engaging with us to get better."
● The service completed a range of audits and quality monitoring to ensure care and support was of high quality and met people's needs. The electronic monitoring tool used by the service, provided real time information in a range of areas and was used to monitor each person's care package to ensure this had been provided in line with their assessed needs and wishes. Alerts, which came through to each of the management teams' phones, ensured any omissions or issues had been addressed promptly. People and their relatives had access to the electronic tool, which allowed them to check and confirm visits had taken place and care provided as required.
● The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. People and their relatives told us they had no concerns in this regard. Communication was a strong feature of the service and any issues had been discussed and addressed quickly.