Hanover Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 13 February 2018.

Hanover Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults, but predominantly to older adults, including people who may have a physical disability, a learning disability, sensory loss, mental health problems or people living with dementia living in Brighton and Hove. At the time of our inspection around 45 people were receiving a service, not all of whom were receiving the regulated activity of personal care.

At the last inspection on 9 November 2015 the service was rated overall Good. At this inspection we found the service remained overall Good. At the last inspection we found robust systems were not in place for reviewing, monitoring and assessing the delivery of care and support. The provider was not undertaking their own internal audits, therefore they were unable to demonstrate how they monitored and identified where standards were falling. At this inspection we found significant improvements had been made, however there were still areas in relation to the quality assurance process in need of being addressed and embedded into the practice.

Systems had been maintained to keep people safe. People told us they felt safe with the care provided. One person told us, "The carers have a friendly but professional manner and that gives me confidence and makes me feel safe." Another person told us, "Having a regular carer makes me feel safe." A third person said," The carers have a friendly but professional manner and that gives me confidence and makes me feel safe. I know they are there in the background." They felt they could raise concerns and they would be listened to. People remained protected from the risk of abuse because staff understood how to identify and report it. Assessments of risks to people had been developed. Staff told us they had continued to receive supervision, and be supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. People told us care staff had the knowledge and skills to provide their care and support. One member of staff told us, "Training is kept up to date. We are told in advance we have to do it and have to submit answers to show we have understood. They tell us of additional training that can be available and they invite us to apply if we want. I see someone with Parkinson's and was able to have some training about it."

People's individual care and support needs continued to be identified before they received a service. Care

and support provided was personalised and based on the identified needs of each person. People told us they felt listened to, supported to be independent and they were involved in decisions about their care. Staff had an understanding of consent. A relative told us, "I have been delighted that the carers are able to manage my relative's condition. They know how to manage her moods and keep her happy. They always take care to tell (Person's name) what they are doing. They never take her by surprise."

People were happy with the care provided. Comments from people included, "This agency is better than any I've seen and between my wife and I we've seen a lot," "They come out trumps," "I am perfectly happy with the care that I get," and "I would whole heartedly recommend them, no hesitation."

People continued to be supported by kind and caring staff who treated them with respect and dignity. A relative told us, "My wife had different carers and if they crossed over, the carers were very respectful and they always included my wife in our conversations which I thought was good as we were all in it together." They were spoken with and supported in a sensitive, respectful and professional manner. One person told us, "I was recently bereaved and my carer came to the funeral and it has helped to be able to talk to her about my loss. The agency also phoned and sent a card, it was appreciated and very thoughtful. They have since checked to see if I need to increase the care but at the moment my family are doing a bit more. I won't hesitate to call them if I need to up things."

People and staff told us the service continued to be well led. One person told us, "I would whole heartedly recommend them no hesitation." One member of staff told us, "I feel the management cares, and gives a lead on how we all care about the people we visit. If somebody dies, they let us all know. They support people's families with difficulties. We get informed quickly about issues that arise through every day care, say someone's mobility needs have changed. If we are on a short call but find someone upset, we stay longer and the office will adjust visits and keep people informed. You can say anything to management and know they will respect and support you, so you aren't afraid to raise anything." Senior staff carried out a range of internal audits, and records confirmed this. People and their relatives were regularly consulted about the care provided through reviews and by using quality assurance questionnaires.

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 remains safe.	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Requires Improvement. This is because although a quality assurance framework had been put in place there were still areas in need of being addressed and embedded into the practice.	**Requires Improvement**

Hanover Care Limited

Detailed findings

Background to this inspection

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

This inspection took place on 13 February 2018 and was announced. We told the registered manager a week before our inspection that we would be coming. This was because we wanted to make sure that the registered manager and other appropriate staff were available to speak with us on the day of our inspection. Two inspectors undertook the inspection, with an expert-by-experience, who had experience of older people's care services. The expert by experience helped us with the telephone calls to get feedback from people being supported.

We previously carried out a comprehensive inspection on 9 November 2015 when the service was rated Good overall.

The provider was not asked to complete a Provider Information Return (PIR) on this occasion. 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. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted and received feedback from the local authority commissioning team about their experiences of the service provided. We contacted six health and social care professionals for feedback on the service provided and received one response. We spoke with 11 people who used the service and a relative.

During the inspection we went to the service's office and spoke with the registered manager, a care co-ordinator, a home care consultant and three care staff. We spent time looking at records, including eight people's care records, six staff files including recruitment documentation and other records relating to the

management of the service, such as policies and procedures, compliments and complaints records, accident/incident recording and audit documentation. We also 'pathway tracked' the care for some people using the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Our findings

People told us they felt the service was safe. Comments received included, "Having the same carer who knows me well makes me feel safe," "Over the years my needs have changed and the agency have always been able to respond so that's a safety knowing that they can be adaptable," "Carers and office are on the ball," "When I have run out of credit on my smartcard and don't have any electricity I have called the office for help and they have sent someone to top up my card, that's part of keeping me safe," and "They go out of their way to help with anything you call about."

Systems had been maintained to identify risks and protect people from potential harm. Each person's care plan had a number of risk assessments completed which were specific to their needs. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. Staff told us the provider was proactive and responsive in getting problems sorted out. Staff described how they had contributed to the risk assessments by providing feedback to senior staff when they identify additional risks or if things had changed. Risks associated with the safety of the environment and equipment were identified and managed appropriately.

People remained 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 provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns. Procedures were also in place to protect people from financial abuse. For one person who had help with their shopping they told us, "Shopping once a fortnight is part of my care plan. If I am well enough we go together but if not I give them a list, money and they go. I always get the receipts and any change. They are very particular."

Procedures had been maintained for staff to respond to emergencies. One member of staff told us, "Out of hours support is there 24/7. (Registered manager's name) himself came out once when I couldn't get in. You don't think of the office staff as any different, we are a team and we all do the one job together. There is always someone at the end of the phone. (Staff member's names) follow up on anything you bring, and straight away. (Person's name) heating was out at the weekend, I rang out of hours and they rang somewhere, soon some heaters were delivered. Sometimes they ring me just to check." Staff continued to take appropriate action following accidents and incidents to ensure people's safety. We saw specific details and any follow up action to prevent a reoccurrence had been recorded in the accident and incident book. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings.

The registered manager analysed this information for any trends. People had contact numbers should they need to ring. One person told us, "Having an 'Out of Hours' number is useful. I have needed to use it so I know it works, but I haven't used it recently."

People continued to receive their medicines safely. Where people had received support with their medicines comments received included, "People continued to receive their medicines safely. Where people had received support with their medicines comments received included, "I am always asked if something is hurting. They worry about rubbing the creams too hard and keeping checking with me, "Carers normally check that I have taken my meds but it's not their responsibility, they just know that I can be a bit forgetful" and "In the morning he (Member of staff) kind of oversees but it's up to me. I then make up pots for the rest of the day. He's still overseeing and then I take them." Care staff were trained in the administration of medicines.

People were protected by the prevention of infection control measures. Staff had good knowledge and attended regular training in this area. PPE (personal protective equipment) was used when required, including aprons and gloves. The provider had detailed policies and procedures regarding infection control and staff received copies of these on induction.

People told us that their care calls were not missed. Care staff continued to arrive on time and provided the care and support as agreed. People's comments included, "They are good at time keeping and you can rely on the Agency to call if there are any problems," "Totally reliable," "They are on time and use their time well. I don't have to ask; jobs are seen and got on with," and "They are about eighty percent of the time on time and I am sympathetic to commutes with buses or if other clients have a problem that delays them." Staffing levels could be adjusted according to the needs of people, and we saw that the number of care staff supporting a person could be increased if required.

Staff had been consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

Good

Our findings

People felt staff were skilled to meet their needs and continued to provide effective care. One person told us, "I have some complex issues that my regular team of carers know and understand. They know what to look for and how to help if I become unwell. I am confident that they would recognise the signs of me failing and know what to do." Another person told us, "This agency is the best. My carer is so skilled at moving me between my chair and the shower. It helps a difficult situation." A compliment received in the service detailed, 'The quality of the personal care they give to my mum is very good indeed. They are also very timely, have a lovely presence and a very good rapport with mum."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. We checked whether the provider was still working within the principles of the MCA. Staff continued to have a good understanding of the importance of enabling people to make decisions and had received training in MCA. One member of staff told us, "Training has been helpful. I used to visit a person with dementia, who was resistant to care. We would sit with her and ask how she used to do different things, to get her consent to do them her way. There is time to work that way. People living with dementia still understand and respond to empathy and respect. As a team we have people with different strengths and personalities and we find who works well with different people. So we can respond to diversity and still give everyone an equal quality of service." People told us they were always asked for their consent before any care was provided. One person told us, "I can be very sensitive and the carers know to check with me and not just get going on something." A relative told us, "They always ask Mum if they can do something even though she doesn't understand and I appreciate that."

When new staff started employment they continued to undertake an induction, and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. One new member of staff told us, "Management have been supportive throughout." They said they had shadowed, and received training and support which meant they felt ready for lone working. Staff continued to undertake essential training to ensure they could meet peoples care and support needs. One member of staff told us they were just completing refresher essential training, and said, "You need to be learning all the time, that's why I wanted to work here, I knew a carer and they said how well organised it was for training and support." Care staff had

been supported to complete professional qualifications such as a National Vocational Qualification (NVQ) or Qualification Credit Framework (QCF) in health and social care.

Staff all confirmed that they received regular supervision and said they felt very well supported by the management team. They had continued to attend regular supervision meetings throughout the year with their manager and had completed a planned annual appraisal. One member of staff told us, "I've never felt alone in this job, there is always someone supportive behind you. We trust each other. They are always here any time but it's good you get the supervision time made for you as well." Another member of staff confirmed had had a first appraisal and four supervisions last year and told us, "I learnt everyone is different and every day is different for each one; we have to make a difference so people can feel they had a good day because we went to them."

Where required, staff continued to support people to eat and drink and maintain a healthy diet. One person told us, "I make the meal choice and then we do it together. Well I watch and they do." Another person told us," (Staff member's name) sorts my lunch on a Friday. I decide what I fancy and then he sorts it and it's a bit of company." Staff told us they continued to monitor what people ate and if there were concerns would refer to appropriate services if required.

People continued to be supported to maintain good health and have on-going healthcare support. Care staff monitored people's health during their visits and recorded their observations. They liaised with health and social care professionals involved in their care if their health or support needs changed. One person told us, "I needed support for a healthcare visit as I was so anxious and my carer said he would come. The Agency knew about it. That to me is doing extra. I could not have coped with the stress on my own." One member of staff was able to tell us of person they supported who haemorrhaged during a visit. They called the emergency services, said office staff were supportive on phone and afterwards provided an opportunity to debrief and offered time off.

People's needs had continued to be holistically assessed and care plans were based upon assessments of their needs and wishes. People and their relatives told us that they had been involved in developing their care plans. Records showed that care plans were regularly reviewed and updated to reflect care delivery.

Good

Our findings

People and the relative felt staff were consistently kind and caring. One person told us, "They know what to do and do things willingly. I don't have to sound bossy and be on their backs. The carer even thought to change the water in the flowers. I feel so relaxed with them." Another person told us, "It's the extra things that they do to help. My freezer door is stiff so they open it and help me get a dish out for my lunch. They change the batteries in my hearing aid as I'm lost if they go down. I can't begin to tell you how helpful and lovely they are." A third person said, "If it wasn't for them I would have to go into a home as I wouldn't be able to manage and helping me to stay in my flat with my things and memories. I'm going to cry but these carers are invaluable." A compliment received in the service detailed, 'I find them all easy to work with and it's a real pleasure having them here.'

Staff spoke warmly about the people they supported and provided care for. Staff demonstrated a good level of knowledge of the care needs of people. One person told us, "I hit rock bottom and they pulled me back with their care, kindness and gentle understanding." Another person told us, "They made me feel like a person." A third person said, "They showed me the difference between, 'doing a job' and 'caring.' They are wonderful." One member of staff told us, "The main things we provide are respect and cheerfulness."

Staff told us people had continued to be encouraged to influence their care and support plans. Care staff told us how they knew the individual needs of the person they were supporting. They told us they looked at people's care and support plans and these contained information about people's care and support needs, including their personal life histories. People consistently told us they were happy with the arrangements of their care package. They had been involved in drawing up their care plan and with any reviews that had taken place. They felt the care and support they received helped them retain their independence.

Peoples' equality and diversity continued to be respected. Staff adapted their approach to meet peoples' individualised needs and preferences. There were individual person-centred care plans that documented peoples' preferences and support needs, enabling staff to support people in a personalised way that was specific to their needs and preferences.

Peoples' privacy was respected and had been consistently maintained. People confirmed that they felt that staff respected their privacy and dignity. One person told us, "Personal care can be pretty humiliating and having someone that you know and trust and who knows what they are doing makes it just a bit easier and that's down to the Agency finding the right people." A relative told us, "My relative is treated with great respect. Just the manner that they talk to her, and they always close the door when they are helping her with

something personal. You can hear them laughing through the door. It's lovely to hear."

Information continued to be kept confidentially and there were policies and procedures to protect people's personal information. Records were stored in locked cupboards and offices. There was a confidentiality policy which was accessible to all care staff and was also included in the care worker handbook. People received information around confidentiality as well. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to people. The registered manager was aware of who they could contact if people needed this support.

Good

Our findings

People told us that staff remained responsive to their needs. One person told us, "Sometimes (Staff member's name) from the office comes instead of the usual carer and she asks questions as I'm being sorted. I like it that the office and us are connected like that. It shows that they know what's going on." When asked what the service did well one member of staff told us, "We tailor the service to the individuals. We are adaptable and flexible."

A detailed assessment had continued to be completed for any new people wanting to use the service. This identified the care and support people needed to ensure their safety. Senior staff undertook the initial assessment, and discussions then took place about the availability of staff and the person's individual care and support needs. One member of staff told us, "We go by the book, everything we have to do is in the care plan. But if we are visiting someone for the first time, we get an insight from the office before we go." Work had continued to be undertaken to develop and maintain the detail within people's individual care plans. Feedback from people and care staff was this information was regularly updated and reviewed. One member of staff told us, "The care plans have enough information to enable you to go in cold to someone but we always ask people how they like things done. I went to someone whose care plan said they had porridge for breakfast, I offered to do something different if they'd like a change and they chose scrambled eggs. So I suggested in the office it could be reviewed with the person, I share everything with them." They went onto say the personal history content of care plans was always useful. One person told us, 'They actually came last week to review my care plan and check that all was well." Another person told us, "My care plan was reviewed. It gave me a chance to say if anything needed to be different and to tell them how happy I was."

Staff told us communication was good where changes had occurred and they received information about new clients. One member of staff told us, "Communication is very good. We get instant emails, texts or phone calls about things like changes of medication, hospital admissions or returns home. I've never gone on any visit and found something I should have known beforehand but didn't."

People told us there was good consistency of care staff providing their care. People's comments included, "I have the same two gentlemen. One has a very strong accent but I have got used to that and it's not a problem. They are so polite and considerate," "Brilliant. I had one carer for three years and now this one has been with me for two years. He knows me so well and we have a routine. He is an important part of my life," and "Having a regular person takes anxiety away and they get to know you and your family. I do like having a rota. It reassures me that I know whose coming."

No one at the time of the inspection required end of life care. The registered manager told us peoples' end of life care would be discussed and planned and their wishes respected. Staff were able to give examples of when end of life care had been provided and of the support and guidance they had received form healthcare professionals and from the staff at the local hospice. One member of staff told us, "We look after people right to the end of life so it needs that degree of reassurance. We also have a lot of liaison with district nurses, hospice nurses and occupational therapists."

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they had ensured peoples communication needs had been identified and met. Senior staff told us this was looked at as part of the comprehensive initial assessment completed. People's care plans contained details of the best way to communicate with them. Information for people and their relatives if required were created in a way to meet their needs in accessible formats to help them understand the care available to them. For example, one person told us, "They take time to communicate with me as it's not always easy. They never get impatient." Another person told us, "I have nothing but praise. They understand that I am sometimes slow to respond."

People were supported to maintain their independence. One member of staff told us they went to two people who used a wheelchair. For one person, the care plan included accompanying on local shopping trips, and they said, "It's important for their independence and we make the difference between being able to still do it, and being stuck at home." Another member of staff told us about a person who liked to cook but, it varied daily how much they could do independently and how much support they needed. They told us, "We only do what he can't do so every day he negotiate with us about which parts of the meal preparation we will each do."

People and their relatives continued asked to give their feedback on the care provided through reviews of the care provided and through quality assurance questionnaires which were sent out. Comments from people included, "They are forever asking if I'm happy with things and I tell them the same thing. If I wasn't I'd let you know," "I couldn't be more perfectly happy with the care that I get," "I'm asked every three months," "They have a regular sequence of asking for feedback," and "They check if I need anything else when they come and ask how things are going." Comments received from the last collation of feedback received by the service included, 'Very good company overall,' 'Genuine friendship has made (Staff member's name) work so effective,' 'Yes, works very well, we can't manage without them. Always at the end of phone if problems,' and 'Carers are kind and considerate always, two and five star on every category you mention.'

We found the provider had maintained a process for people to give compliments and complaints. People told us that if they were not happy about something they would feel comfortable raising the issue and knew who they could speak with. We could see that feedback received continued to be used to inform the service delivery. One person told us, "One carer just wasn't conscientious enough. I think that they needed a mentor. I haven't seen them since I mentioned it." Another person told us, "I have declined a few carers and the office have listened and responded. Nobody has been nasty, just personality," A relative told us, "One carer wanted to be just too personal and I didn't need to know their business. I did mention it and she isn't on our rota anymore. Some people may like that approach."

Requires Improvement

Our findings

At the last inspection on 9 November 2015 we found robust systems were not in place for reviewing, monitoring and assessing the delivery of care and support. The provider was not undertaking their own internal audits, therefore they were unable to demonstrate how they monitored and identified where standards were falling. The absence of a robust quality assurance framework meant the provider had not identified that improvements to MAR (Medicine Administration Records) charts could be made. Also that care staff were arriving to care calls without wearing appropriate uniform.

At this inspection a more robust system of auditing the MAR Charts (Medicine Administration Records) had been put in place. A senior member of staff was able to show us how this worked and where errors had been identified how these had been addressed with care staff. However, the collection of the MAR charts from people's home did not always allow for a timely response to any errors identified. We discussed this with the senior member of staff who acknowledged this was a problem they had identified and they were working with care staff to address this. Not all the information in people's care plan in relation to medicines administration were up-to-date. For example, we found that changes made to the support people received with their medicines had not always been updated in people's care plans. Medicines administered as recorded on the MAR sheets did not always match the list of medicines to be administered. In two cases short term antibiotics had been administered, but there was no record of this with the people's care plans. It was not possible to track through documentation as to who had authorised the change and when any changes to be made. From talking to people and staff, we were satisfied that people were receiving their required medicines and this was a recording issue. We brought these concerns to the attention of the Registered Manager who was responsive to our concerns and immediately informed us of changes which had been made to address this. This is an area in need of improvement.

At the last inspection on 9 November 2015 there was no formal system in place to review, assess and develop care plans. Care plans were not subject to a formal audit, therefore there was no formal mechanism to identify when care plans could be expanded upon. Care plans contained the basic information required to aid the care staff, but some care plans lacked personalised information, such as the likes, dislikes and life history of the person. At this inspection the registered manager was able to show us auditing which had been completed and was ongoing on the care plans and risk assessments to ensure they were up-to-date. However, this had not been fully embedded in the practice in the service. We found the detail in people's care plans were variable and were not in all cases up-to-date. For example, in one person's care plan the mobility section had a description of aids in use between different parts of the person's home and the direction to staff so cease use of stand-aid, as no longer safe. "(Person's name) has consented to being

hoisted for all transfers." This assessment was fully reflected in care review carried out the next day. But the original environmental risk assessment had not been reviewed and updated, and still referred to working with family carer using stand-aid for transfers. This is an area in need of improvement.

At the last inspection on 9 November 2015 in the absence of a robust quality assurance framework also meant the provider had failed to identify that care staff were arriving to care calls not wearing the appropriate uniform. At this inspection we found this had been checked as part of the spot checks which had been regularly carried out by the senior member of staff to ensure the quality of the care provided. This check had also included undertaking an observation of care staff administering medicines as part of their ongoing training/ competency checks. However, the system had not ensured all the care staff had had a competency check completed. This had not been identified in the quality assurance checks completed. This is an area in need of improvement.

People and care staff continued to speak highly of the leadership of the service. People's comments included, "The boss came out to see me and said we'd spoken on the phone a lot and he wanted to put a face to a name. I enjoyed meeting him. They treat people very personally," "They sent biscuits at Christmas. That was a nice touch," "The accounts are always on time and accurate," and "I ring and pay. (Staff member's name) always knows me and chats. I like the personal approach, "I hear constant positive feedback from clients and their families. I think it's because the office support to the staff is amazing. They are only a phone call away, even all over the weekend. It means we can double check our own decisions and so people see us as competent and as a whole team" and "When I first spoke to the office, the very first contact, they gave me hope and the Agency has been as good as my first impression."

The service had a registered manager. 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. There was a clear management structure with identified leadership roles. The registered manager was supported by a team of senior staff. Staff told us they continued to be well supported. Comments received included, "I feel the management cares, and gives a lead on how we all care about the people we visit. If somebody dies, they let us all know. They support people's families with difficulties. We get informed quickly about issues that arise through every day care, say someone's mobility needs have changed. If we are on a short call but find someone upset, we stay longer and the office will adjust visits and keep people informed. You can say anything to management and know they will respect and support you, so you aren't afraid to raise anything," "He (Registered manager) does really care and it's important we get things right. It is genuinely caring."

Policies and procedures continued to be in place for staff to follow. The registered manager was able to show us how they had sourced current information and good practice guidance, which had been used to inform the regular updates of the services policies and procedures. Staff were able to tell us of a new bespoke IT system in the process of being introduced into the service. This would improve recording and enable information to be sought to aid the quality assurance procedures already in place in the service.

Senior staff continued to monitor the quality of the service by regularly speaking with people to ensure they were happy with the service they received and completing regular reviews of the care and support provided and records were completed appropriately. People were asked to complete a quality assurance questionnaire. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The recruitment process and regular supervisions ensured that the care staff understood the values and expectations of the provider. Staff meetings were held periodically and staff newsletters were used as an

opportunity to keep staff up-to-date with what was happening in the service.

Feedback from other professionals was that staff in the service had continued to work well with them. The registered manager and staff worked closely with health professionals such as the local GP's and health specialists when required. Senior staff told us they worked very closely with all professionals they were in contact with, to ensure people received the correct care and treatment required. The registered manager was committed to keeping up to date with best practice and updates in health and social care. They were also aware of the CQC's revised Key Lines of Enquiries that were introduced from the 1st November 2017 and used to inform the inspection process. Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.