

Alimo Care Ltd

# Alimo Care Ltd

## Inspection report

25 St James Street  
Mangotsfield  
Bristol  
Avon  
BS16 9HD

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Tel: 01179571195

Website: [www.alimocare.co.uk](http://www.alimocare.co.uk)

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection started with a visit to the office location on 29 November 2017 and was announced. We gave the provider 48 hours' notice of the inspection to ensure that the people we needed to speak with were available. On 30 November we made calls to people who use the service and staff to gain their views and experiences. This was their first inspection since they registered their new location with CQC in October 2016.

The inspection was carried out by one adult social care inspector. At the time of this inspection the service was providing the regulated activity of personal care to 57 people who lived in their own homes. These services were managed by the agency from an office in South Gloucestershire. The management team consisted of the provider who was also the registered manager, a deputy care manager, a care co-ordinator and an office manager.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The feedback we received from people and staff was very positive throughout.

The safety of people who used the service was taken seriously and the registered manager and staff were aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.

The whole staff team were highly motivated and proud of the service. All staff were fully supported by the management team and a programme of training and supervision enabled them to provide a good quality service to people. The registered manager, provider and all staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected.

The registered manager ensured that staff had a full understanding of people's care needs and had the skills and knowledge to meet them. People received consistent support from staff who knew them well. People had positive, caring relationships with staff and were confident in the service. People who used the service felt they were treated with kindness and said their privacy and dignity was always respected.

People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care was amended to meet their changing needs. The service was flexible and responded very positively to people's requests. People who used the service felt able to make requests and express their opinions and views. There was a dedicated palliative care team to support those people nearing the end of their life who wished to die at home.

People benefitted from a service that was well led. The vision, values and culture of the service were clearly communicated to and understood by staff. The registered manager was very committed to continuous improvement. They demonstrated good values and, a desire to learn about and implement best practice throughout the service.

The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service.

## 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.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

People were protected through the homes recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with unsafe use and management of medicines.

Staff took measures to protect people from the risk of infection.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had received sufficient training to meet their individual needs.

People were cared for by staff who received regular and effective support and supervision.

Staff promoted and respected people's choices and decisions. The registered manager and senior staff had a good understanding of the Mental Capacity Act 2005 (MCA).

Where it formed part of people's care, they were provided with a healthy diet which promoted their health and well-being and took into account their nutritional requirements and personal preferences.

### Is the service caring?

Good ●

The service was caring.

The registered manager and staff were committed to providing care that was kind, respectful and dignified.

People who used the service valued the relationships they had with staff and expressed satisfaction with the care they received.

People were pleased with the consistency of their care staff and felt that their care was provided in the way they wanted it to be.

People felt all staff treated them with kindness and respect.

### **Is the service responsive?**

The service was responsive.

Changes in people's needs were quickly recognised and appropriate prompt action taken, including the involvement of external professionals where necessary.

People felt the service was very flexible and based on their personal wishes and preferences. Where changes in people's care packages were requested, these were made quickly and without any difficulties.

People were supported by suitably trained staff so that they could receive palliative care in their own homes.

People were actively encouraged to give their views and raise concerns or complaints because the service viewed concerns and complaints as part of driving improvement.

**Good** ●

### **Is the service well-led?**

The service was well led

The registered manager promoted strong values and a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the agency.

There was strong emphasis on continual improvement and best practice which benefited people and staff.

There were good systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of.

**Good** ●

# Alimo Care Ltd

## **Detailed findings**

### Background to this inspection

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

This was the services first inspection since they registered their new location with CQC in October 2016. One adult social care inspector carried out this inspection.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we had asked the provider to complete 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 planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

For the purpose of the inspection we contacted and spoke with seven people who used the service, and seven members of staff. We spent time with the provider/registered manager, deputy and office manager. We looked at four people's care records, together with other records relating to their care and the running of the service. This included the policies and procedures relating to the delivery and management of the service, surveys, minutes of meetings, accidents, incidents, complaints, compliments and, audits and quality assurance reports.

# Is the service safe?

## Our findings

The service was safe. People and relatives felt the staff provided care and support that protected them and that they were in good hands. People told us, "I feel a lot safer when I have a bath now, just having someone there and the right equipment really helps, "I feel in very safe hands with all of them" and, "It's reassuring knowing they are visiting me and there is always some lovely person at the end of the phone".

The PIR stated, "Our staff have raised their concerns with us about clients on three occasions this year which has resulted in a safeguarding referral being submitted so we are confident that they are willing to challenge bad practice or the poor treatment of the people they support". Staff understood what constituted abuse and knew the processes to follow in order to safeguard people in their care. Policies and procedures were available and training updates were attended to refresh their knowledge and understanding. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that might constitute abuse. Agencies they notified included the local authority, CQC and the police.

Staff knew how to keep people safe and were aware of their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. The approach of staff was enabling and encouraged people to challenge themselves and remain independent, whilst recognising potential risks and the need for some safeguards. Risk assessments included information about action to be taken to minimise the chance of harm occurring. Some people had restricted mobility and information was provided to care workers about how to support them when moving around their home and, transferring in and out of chairs and their bed. Some people required two staff to assist with their care and support. People and staff confirmed this was managed well by the co-ordinators. Staff did not perform any moving and handling on their own and always waited until their colleague had arrived for any joint visits.

People were supported by sufficient staff with the appropriate skills, experience and knowledge to meet their needs. People confirmed that staff were on time and they were contacted if there were any delays. Staff were deployed effectively to meet people's care and support needs. Staff rotas were well managed and were planned in advance using a computer software package. This system automatically populated regular visits, and highlighted where gaps in the rota needed filling. Travel time was scheduled in for staff to get from one visit to another. The service covered a fairly small geographical area so that staff could travel between visits easily and maintain their punctuality. Staff confirmed they were allocated sufficient travel time.

The PIR stated, "During our recruitment process it is more important to us that applicants possess certain qualities and personality traits over experience as we can always train those new to the service. Along with commitment to providing care we look for qualities such as, kindness, compassion, the desire to make a

difference, respect for others, and a commitment to empowerment and promotion of dignity". The office manager had overall responsibility for ensuring safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people. The interviews and references were very much relied upon to ensure potential recruits were suitable, with the same values and behaviours as the provider and existing staff team. It was evident that this had contributed to all staff members pride in how they worked as a team.

People were responsible for their own medicines where possible, if people required support with their medicines the systems in place were safe. This was demonstrated through the services policies, procedures, records and practices. Staff completed safe medicine administration training before they were able to support people with their medicines and this was confirmed by those staff members we spoke with. Staff were observed on at least three occasions or until they felt confident and competent to do this alone. The registered manager also completed practical competency reviews with all staff to ensure best practice was being followed. There had been one minor medicine error and no one had come to harm. Any errors are addressed in a staff supervision and medicines update training to help prevent further reoccurrence.

People were protected by staff who followed good infection control practices. Staff were provided with PPE (personal protective equipment) such as gloves, hand gel and aprons. Staff had received training on infection control and understood their role in preventing the spread of infection.

Unannounced visits were conducted by senior staff who checked to see if care staff were adhering to the uniform and infection control policy. Staff were not allowed to wear jewellery or nail varnish and nails had to be short in length. Staff were reminded of the injuries people could sustain when receiving care such as skin tears and bruising in addition to potential risks of cross infection. Correct foot wear had to be worn at all times to help reduce injury to staff when using moving and handling equipment, such hoists and wheelchairs.

## Is the service effective?

### Our findings

The service was effective. The registered manager ensured staff were equipped with the necessary skills and knowledge to meet people's physical and psychological needs. One relative who was a social care professional recently wrote to the registered manager and said, "You should be very proud of your team, even though they are very professional, they are also very compassionate and expert at what they do". Staff confirmed the induction and subsequent training they received was effective. New staff worked with senior staff to assist with continued training throughout the induction process. Staff did not work alone until they felt confident with the roles they were to perform.

Training and development opportunities were tailored to individual staff requirements. Staff told us they felt encouraged and supported to increase their skills and gain vocational qualifications. In addition to mandatory courses, staff accessed additional topics to help enhance the care people received. This included dementia awareness, supporting people in end of life care, and nutritional awareness. Staff were asked for feedback on all training provided to ensure it was meaningful and effective. The provider offered their training sessions to other local agencies for staff to attend. We read an email sent from one of the agencies congratulating and thanking Alimo. They wrote, "We had excellent feedback from a staff member who attended your three day training course. The course was fantastic and very informative. She has been a care worker for many years yet she said she found out lots of new things, it was very interesting and she thinks everyone should attend".

The PIR stated, "Staff are supported through close supervision, we feel that this is an important aspect of ensuring that our staff are well supported, this belief is echoed by our staff who have told us in our staff survey that communication, recognition and support are the most important aspects of the work place. Satisfaction allows our staff to feel empowered and able to communicate any issues, challenges or training requirements they may have/need". The service had a small, steadfast group of staff. They felt supported on a daily basis by the registered manager and other colleagues. Additional support/supervision was provided on an individual basis. Since the last inspection supervisions had slightly changed and staff were asked to reflect on their experiences since their last supervision. Staff liked the opportunity to talk about what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore. Staff meetings were always welcomed as an opportunity to share views and experiences and equally staff felt supported by these. Comments from staff included, "I like having one to one time without disruptions", "I always feel supported, I pop in to the office regularly and feel welcome. I can sit and have a coffee and talk about anything" and, "The meetings are good, I work predominantly on my own so it's good to meet other staff members".

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. Information in people's care records showed the service had assessed people in relation to their mental capacity. The registered manager and staff had a good understanding of the MCA and their responsibilities. Staff were clear when people had the mental capacity to make their own choices, and respected those decisions. Staff understood how to implement this should someone not have capacity and

how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

People were provided with support to eat and drink where this had been identified as a care and support need during the assessment process. The exact level of support a person needed was recorded in the care plan. Staff reported any concerns they had about a person's food and drink intake to the registered manager and subsequent referrals were made to the GP for guidance.

Staff were available to support people to access healthcare appointments if needed and, they liaised with health and social care professionals involved in their care if their health or support needs changed. People's care records included evidence that the agency had supported them to access district nurses, occupational therapists, dieticians and other health and social care professionals based on their individual needs. One social care professional felt that staff were 'highly communicative with service users and the local authority'. They said, "Each time I contact the office, no matter who I speak to, they will be familiar with my service users and are able to offer feedback/assistance when required". The services palliative care team worked closely with hospice nurses and they told us there were good working relationships between them.

## Is the service caring?

### Our findings

People were provided with support from a very caring service. The registered manager and staff demonstrated a determined, positive commitment to people in order to ensure they felt valued. Staff supported people as equals; their approach was respectful and patient. It was evident that over time staff had built up positive relationships with people that were based on trust and personalisation. People we spoke with told us, "I am extremely happy with the service, the staff are trustworthy and all very lovely", "They are competent, caring and I cannot fault them", "I have always been impressed with the office staff" and, "The girls are my daily tonic I cannot fault them".

Recent surveys received from clients also contained written praise about the service. Written comments included, "There is no one better to look after my partner's needs, our carer is an inspiration to your company", "With the support and hard work from the carers I have come on in leaps and bounds", "The staff are wonderful, so friendly, caring and professional".

One social care professional wrote to the registered manager and stated, "I would like to take this opportunity to commend the staff at this agency on the very high standard of care they provide to vulnerable people living in Bristol. If I was asked what sets Alimo aside from other agencies I would say it's the fact that they care. They are consistent and reliable which is somewhat of a rarity in comparison to other agencies".

The PIR stated, "We believe that good service provision starts with good leadership, and as such we place the same degree of value to our team members as we do our service user. We recognise that only happy and appreciated staff will deliver high quality care to those we support".

The registered manager told us, "We acknowledge and thank our staff for personal achievements and ensure that throughout their employment with us they feel cherished, appreciated and driven to continue providing a good service to their service users. We recognise their commitment and hard work by holding initiatives like a Carer of the Month and Year Award, paying bonuses for someone who goes above and beyond and celebrating successes. Staff also receive small gifts at Christmas, birthday cards, cakes during meetings an occasional bar of chocolate etc. all of which help us to demonstrate that they are valued as a member of the team. Staff have told us that working for AliMo makes them feel like they belong to a family".

Staff morale was positive and they were enthusiastic about the service they provided. We asked them why they enjoyed working for Alimo and what they were particularly proud of. Comments included, "I absolutely love it, I have never looked back and I have a completely different outlook on life", "We are one big family across the board", "The clients mean the world to us, I am always proud of the care and attention we give them and I know we make a difference in their lives" and, "It's very rewarding, I go home every day feeling satisfied and happy that I have been able to care for someone". The PIR stated, "We ensure that our overall culture promotes being caring and treating all individuals kindly. We are proud of our achievements in this respect and we consistently monitor and encourage this approach. Because we assign staff an allocated round they get to know their service users and build a relationship with them of trust, empathy and understanding. We meet regularly with our service users and have carried out 254 spot checks in the past

year to ensure that the service is safe, respectful and caring".

Everyone who used the service was treated with dignity and respect and staff recognised people and colleagues as individuals. We saw in the staff survey that they were asked to use one word that described the services culture. Answers included, 'honest, thoughtful, inclusive, loving, respectful, committed, supportive, caring and friendly'. Staff were respectful of people's privacy and maintained their dignity. They told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. One staff member from the palliative team spoke about being a privileged visitor and recognised the need for sensitivity during such difficult, sad circumstances for the clients and their loved ones. One family recently wrote to the service and said, "We would like to thank you for your care and compassion and the respect you showed in maintaining our fathers dignity. You treated the whole family with kindness and understanding".

The service took part in sponsored events to raise money for national and local causes. The registered manager wrote in a recent reflective piece, "We have continued to build connections with the local community by carrying out a number of charity events including; MacMillan Coffee Morning, contributing to food bank donations, providing Christmas boxes for the homeless and supporting a local man who cycled from Bristol to Paris in aid of Prostate Cancer research. When community events or open days are held, we invite team members, service users, family members and the local community to visit our office and join members of the team. I am looking to increase these during 2018".

## Is the service responsive?

### Our findings

The service was responsive. People told us they were, 'very happy and more than satisfied' with the care and support they received. Everyone we spoke with told us they were involved in decision-making about the care and support they wanted to receive. People confirmed a thorough assessment had been completed when they were considering using the service. In addition people were supported to invite significant others to be part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered was detailed and supported the registered manager and person to make a decision as to whether the service was suitable and their needs could be met. One social care professional said, "The agency will only take on new service users when they have the capacity to do so safely. This results in the individual receiving the care they wish for and at the required preferred times".

The PIR stated, "We encourage our service users and their families to share with us their life stories, aspirations and goals, preferences and dislikes and with their permission record this in their care plans to help us build a picture of the person and how best to support them. We work with service users to produce a care plan which enables us to work together, achieving identified outcomes and / or maximising their independence, thus creating and delivering a holistic individualised person centred program. Working in this manner ensures they are given full choice and control regarding the help and support they receive".

The approach to care was person centred and staff confirmed the level of detail in care plans provided them with the information they needed and a step by step guide. They evidenced that people had been fully involved in developing their plans and how they wanted to be supported. The registered manager and staff were committed to ensuring that's people's experiences were enjoyed and preferred routines were always considered. Records reflected that people had thought about what would make them feel content and safe. One person requested that certain items were left on their table for them that were within in their reach, such as drinks, TV remote and telephone and contact details and medicines.

Staff told us they were always made aware of people's needs and any changes in their care. This was achieved through handovers, staff meetings and written daily records. Staff also used a secure mobile messaging service. Staff told us this system was, 'excellent for ensuring communication was effective'. One staff member told us, "It's perfect for passing on key information to the next carer that will be visiting a person you have just left. It keeps everything live and fresh, things really don't get missed".

People had taken time to provide and share specific details about preferred daily routines and the level of assistance they required with personal care and this was reflected in their records. Information helped ensure that person centred care was promoted and respected. Information contained the level of support needed whilst at the same time promoting independence and respecting people's wishes. One person's personal care plan was very specific about staff using light coloured towels for the top half of their body and dark ones for the bottom part. It also said they liked to use shower gel in the bowl of water and talc on the top half of their body.

There were some nice written examples about communicating effectively with those who had dementia.

One lady who could become anxious had specific needs and staff had got to know what worked well with the person and how to relieve those levels of anxiety. This included things like speaking in a calm level tone, using memory aids such as a memory book and photo albums and not using complicated sentences.

The service has a dedicated palliative care team that supported people when receiving end of life care. The registered manager told us, "The past 12 months have been both exciting and challenging for AliMo Care, having launched a new end of life service at the end of 2015 covering North Bristol, 2016 to 2017 has seen us continue to develop the service. Over this period we have supported 145 people who had been in hospital but wanted to return home to die. This has been one of the most satisfying of all the roles that we perform. People are often confused when I tell them that this job allows us an extreme privilege but as soon as they experience the role themselves they too are humbled and feel incredibly privileged to be able to support the dying and their families at such a highly personal and deeply emotional time. It is with a huge amount of pride, that I can say that without exception, all feedback about the end of life care that the team have provided has been outstanding. We regularly receive messages of thanks, cards, letters and mentions at funeral services for the care that we have given not only for those that have passed away but also their family and loved ones".

We spoke with four staff members who were part of Alimo's palliative care team. Staff were very passionate about their role and told us they felt proud, privileged and honoured to support people who wished to remain at home to die. Staff often received heartfelt thanks from relatives following the death of their loved ones. Written comments read included, "I am very grateful to everyone who was involved with my mother's care, they all showed compassion, patience and care beyond the basic requirements of her care plan and on occasion even put in extra, unpaid time to make her life more comfortable", "You all helped us cope at a most difficult time, the care and respect you gave was appreciated more than we can say" and "We can't thank the palliative care team enough for the compassionate care they gave to mum. We would have never been able to cope without you".

Staff supported the 'whole family' when providing care and support to an individual particularly those living with the client. They had built positive relationships based on trust and mutual respect. This helped to support sensitive, emotional situations when people were receiving end of life care. Bonds were built between staff, spouses and family members and staff genuinely cared about them all. Staff also recognised the feelings of loss that people felt after the death of their loved one and equally that they would also miss their visits to people's homes once the services were no longer required. Staff told us they supported each other when people passed away and often met in the office for a coffee and a hug. Many members of the team had become friends and they would contact or see each other to support one another. The registered manager also understood the impact on staff and a counselling service was available for staff is required.

The complaints policy and procedure was provided to people when they started using the service and kept in a folder in their homes. The registered manager and staff encouraged people to express any concerns or anxieties and dealt with these promptly. They felt that this approach prevented concerns escalating to formal complaints from relatives and relieved any anxiety that people may be feeling. The PIR stated, "If mistakes are made, we believe in transparency not only in dealing with the issue in a professional and honest manner but also by ensuring that we learn from any mistakes we make, we also communicate with all involved at every stage of the processes". One social care professional recently wrote to the registered manager with feedback about the service and stated, "As a social work practitioner in a busy team we spend a lot of time dealing with complaints from disgruntled service users and their families. In my experience there have been very few (if any) complaints in relation to the support provided by Alimo".

## Is the service well-led?

### Our findings

People received care and support from a well-led service. The registered manager told us, "Company values are bred across the depth of our company structure and are promoted and understood from the interview stage to ensure that our team continues to grow in tune with our own attitudes and commitments to providing a quality care service. We are 100% committed and passionate about providing the very best levels of high-quality care and support and believe that care services should not be determined by profit. The way that our services is managed and delivered reflects this and we do not intend to change. We are a small, reliable and caring service and as a result our staff and service user retention levels are very high".

The registered manager had considered ways in which the service would benefit from as little disruption as possible and avoid any impact on care provision, safety and the quality of care people received. They told us about a change since our last inspection around staffing and recruitment where this had been a positive measure. They told us, "Without a doubt, we have only managed to ensure the continuity of care and safety of our service by the creation of two 'spare' posts. One member of our palliative team is retained on standby 7 days a week, which means that they can be used to cover sickness or other short-term absences. We then have a further member of staff who is employed for 40hrs a week to simply provide ad-hoc support across any of the areas that we work in. This has meant that we don't have to rely on staff to work additional hours when providing cover for holidays or training and has meant that unlike in previous years we haven't had to cancel training just because we are short staff". Staff were very positive about this move and how they felt supported and relieved when there had been staff absence.

The PIR stated, "Our approach to quality assurance, allows us to take on board our service user's and staff opinions, experiences and concerns, it also allows us to review the service that is being delivered and to identify an improvements that can be made so that we constantly drive forward". We saw examples where requests from people had been listened to and actioned following comments received in a recent survey completed. One person had requested a copy of their weekly rota so knew who would be visiting them and another person asked if they could alter times when staff visited.

Since the last inspection the service had improved the way in which they gained and recorded staff satisfaction/views. This has been done by using anonymous online surveys, paper questionnaires and a suggestion box being placed in the office. In the PIR it referred to staff involvement in developing the service. The service wrote, "Our 'open-door' policy helps to promote a culture of honesty, trust and inclusion across our service. Staff are encouraged to share their opinions, concerns and suggestions in regards to our service and how we can improve as a team".

The registered manager told us, "These processes has allowed us to evidence, that as we had previously thought that staff are generally very happy to be part of the AliMo team. We also receive some very useful and constructive feedback from these exercises, which allow us to make improvements or change the way that things are done. One simple example of this is that in the online survey someone had said that they didn't know how to access additional training. We have now made a point to not only include this in the supervision forms that staff complete but also during team meetings. Furthermore, our new website has a staff area where we will soon be uploading all policy documents, work book training and links to e-learning

or other training opportunities that every team member will be able to access".

As a team they had considered the Key Lines of Enquiry (KLOE) which CQC inspect against and how they will plan for the future to improve and further enhance current good practice they were achieving. Regular audits were carried out including health and safety, environment, care documentation, medicines, recruitment, supervision, training, accidents, incidents, complaints and safeguarding.

To ensure the service kept up to date with relevant changes relating to good practice, the registered manager attended regular forums with other providers and registered managers. These included, Care & Support South West, National Skills Academy for Social Care - Registered Managers, South Gloucestershire Dignity In Care Network, Bristol City and South Gloucestershire Council providers forums. They ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and DoLs teams and CQC. The PIR stated, "Through the contracts maintained with both the NHS and local authorities in the area we will build upon relationships and links formed that promote best practice and a holistic care service; identified areas of best practice will be used to help train staff and drive service improvement. We will be working towards improving our annual career reviews in order that they can be more readily identified, and in doing so we will aim for a 100% compliance in completion and identifying future needs and objectives".

The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received notifications from the provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly and appropriately. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.