Mrs Mavis Crabtree

About Care Services

Inspection report

Whitehouse Distribution Centre
White House Road
Ipswich
Suffolk
IP1 5NX

Tel: 01473741286

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About Care Services provides both 24 hours live in care and support as well as planned visits to people living in their own homes. Not everyone using About Care Services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This service was registered on 16 March 2017.This was their first inspection.

At the time of this announced comprehensive inspection of 23 May 2018, there were nine people who used the service. The provider was given 48 hours' notice because it is a small service and we wanted to be certain the provider who is also the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to seek agreements with people so that we could visit them in their homes to find out their experience of using the service.

A registered manager was 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.

People and their relatives had developed good relationships with the care workers and management team. People received care that was personalised and responsive to their needs. They were able to express their views and care staff listened to what they said and ensured their decisions were acted on.

People's care records were accurate and reflected the support provided. Care workers consistently protected people's privacy and dignity.
People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Procedures and guidance in relation to the MCA were followed which included steps that the provider should take to comply with legal requirements.

Systems were in place to minimise the risks to people, including from abuse, mobility, nutrition and with accessing the community. Care workers understood their roles and responsibilities in keeping people safe. Recruitment checks were carried out with sufficient numbers of care workers employed who had the knowledge and skills through regular supervision and training to meet people's needs.

Where people required assistance with their medicines, safe systems were followed. Care workers were provided with training in infection control and food hygiene and understood their responsibilities relating to these areas. Systems were in place to reduce the risks of cross infection.

The service worked in partnership with other agencies. Where care workers had identified concerns in

people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment. Where required, people were safely supported with their dietary needs.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and acted on. The service had a quality assurance system and shortfalls were identified and addressed. As a result, the quality of the service continued to progress.

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.

Systems were in place to help protect people from the risk of abuse and harm.

Risks were identified and reviewed in a timely manner.

There were sufficient numbers of care workers who had been recruited safely to meet people's needs.

People received their medicines in a safe and timely manner.

Care workers had received training in infection control and food hygiene and understood their responsibilities relating to these areas.

Processes were in place to enable the management team to monitor accidents, adverse incidents or near misses. These helped to identify any themes or trends, potential learning and continual improvements in safety.

Is the service effective?

Good

The service was effective.

Care workers received supervision and training to support them to perform their role.

The service worked with other professionals to provide people with a consistent service.

Where required people were safely supported with their dietary needs.

People were supported to maintain good health and had access to appropriate services.

People were asked for their consent before any care, treatment and/or support was provided.

Is the service caring?

Good

The service was caring.

Care workers were kind and considerate, respected people's preferences and treated them with dignity and respect.

People and their relatives, where appropriate, were involved in making decisions about their care and these decisions were respected.

People's independence was promoted and respected.

Is the service responsive?

Good

The service was responsive.

People contributed to the planning of their care and support. This was regularly reviewed and amended to meet changing needs.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

The registered manager was approachable and had a visible presence in the service.

Care workers were encouraged to professionally develop and understood their roles and responsibilities.

Effective systems were in place to monitor and improve the quality and safety of the service provided.

The service worked in partnership with other agencies.

About Care Services

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 announced comprehensive inspection on 23 May and 4 June 2018, was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider was given 48 hours' notice because it is a small service and we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to make arrangements with people so that we could visit them in their homes to find out their experience of the service.

As part of our inspection planning, we requested that the provider 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 plan to make. This was received from the provider. We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the local authority and members of the public. Providers are required to notify the Care Quality Commission (CQC) about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

Inspection activity started on 23 May 2018 and ended 11 June 2018. The inspector visited the office location on 23 May 2018 and 4 June 2018. We spoke with the provider who is also the registered manager, the deputy manager and four care workers. We reviewed the care records of four people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

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On 4 June 2018 with their permission, we visited two people in their homes and spoke to one person's relative. We also spoke with a member of care staff. Some people had complex needs, which meant they

could not always readily tell us about their experiences. They communicated with us in different ways, such as facial expressions, signs and gestures and used communication aids. We observed the way people interacted with the care staff.

On 29 May 2018 we carried out telephone interviews and spoke to two people who used the service and one relative. After our visits we spoke with two care workers on the telephone and received electronic feedback from two community professionals and two members of care staff.

Good

Is the service safe?

Our findings

People told us that they felt safe using the service and enjoyed being in the company of their care workers. One person said, "I have a new [care worker] they are lovely. Always on time but in the past, they could be quite late. I don't want to be having my breakfast at half past 10, so on occasion I have cancelled the call. This one is good though. Arrives pretty much on time. I have no problems and I do trust them. They are smart and presentable." Another person said, "I am very happy and safe with my carers." A third person smiled and, nodded their head when asked if they felt safe with the care workers. A relative told us, "The carers are very mindful and respectful. Keep people safe."

There were systems in place designed to minimise the risks to people in relation to avoidable harm and abuse. Care workers were provided with training in safeguarding people from the risk of abuse and they understood their roles and responsibilities regarding safeguarding, including how to report concerns. Where concerns had been received the service had raised safeguarding referrals appropriately. Safeguarding issues had been used to improve the service, for example, additional training to support care workers when learning needs had been identified in safe management of medicines or following the provider's disciplinary procedures.

Care workers were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, nutrition, accessing the community and risks that may arise in the environment of people's homes.
People who were vulnerable because of specific medical conditions such as Huntingdon's disease, cerebral palsy and epilepsy, had clear plans in place guiding care workers as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. Care workers told us and records confirmed that the risk assessments were accurate and reflected people's needs.

There were sufficient numbers of care workers to meet the needs of people. The registered manager explained how they did not take on care packages unless they were assured they had the sufficient number of care workers to provide the care required. They told us that they regularly delivered care to people which helped them to maintain relationships with people and to check care workers were competent. People and relatives told us that the care workers visited within the timescales agreed at the start of the care provision and at ongoing reviews. Conversations with people, relatives and records seen showed that there had been no instances of visits being missed and that they were provided with regular care workers which ensured continuity of care. One relative confirmed, "[Person's] carers are well known to us, been with us awhile."

There had been several personnel changes amongst the care workers and management in the last six months. Feedback received showed that continuity of care and communication had been affected but that the situation had settled. One person said, "Things have calmed down. Before I couldn't be sure who was going to come, it kept changing. Now I know who is coming and when. I have regular carers who cover each other and know how I like things done. They [office staff] let me know of any changes." The deputy manager

explained that to improve efficiency a care coordinator had recently been recruited to assist with the scheduling of people's visits. However, one person told us of their frustration at not having a rota to know who to expect, "I don't always know who is coming and I don't have a rota sent to me. I don't think they [care workers] know themselves who is coming most of the time! They always turn up though." We passed this feedback onto the deputy manager who assured us they would address this.

Records showed that the service's recruitment and selection procedures were robust. Systems were in place to check that care workers were of good character and were suitable to care for the people who used the service. Gaps in an applicant's employment history had been explored during the interview process. The management team told us about the short-listing process used to identify applicants they wished to interview. They also explained the purpose of the interview questions to determine the knowledge, skills and potential of the applicant to work with the people using the service. We saw that appropriate checks had been carried out, which included Disclosure and Barring Service Checks (DBS). A DBS check verifies whether applicants have any criminal records and whether they are barred from working in care. Care workers employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people and had completed a thorough induction programme once in post. This included working alongside experienced colleagues, and reading information about people using the service, including how identified risks were safely managed. Records we looked at confirmed this.

There were suitable arrangements for the management of medicines. One relative said, "The carers help [family member] with all their tablets; getting them ready to take with some water. [Family member] needs encouragement to take them. Carers will often have to encourage [family member]. They are ever so good they don't rush and they watch to make sure they have been swallowed." Medicines administration records (MAR) were appropriately completed which identified that people were supported with their medicines as prescribed. People's records provided guidance to care workers on the level of support each person required with their medicines and the prescribed medicines that each person took. People were provided with their medicines in a timely manner. Where people had medicines to be administered 'as required' protocols were in place to guide care workers on when to offer these.

Care workers were provided with medicines training. The management team carried out competency checks on the staff and audited people's MAR audits to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and further support for care workers where required.

Care workers received training in infection control and food hygiene and understood their responsibilities relating to these areas. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment, such as disposable gloves and aprons. Care workers confirmed that these were readily available to them in the office and they could collect them when needed.

The management team were implementing positive changes to ensure lessons were learnt where shortfalls were identified and to reduce further risk. This included reviewing their falls processes as well as evaluating existing policies and procedures to ensure they were fit for purpose, bespoke to the service and less generic. Staff demonstrated understanding of accident and incident reporting procedures. We saw examples of investigations completed after an incident had occurred by the registered manager or deputy manager, and the written responses provided. The management team shared investigation findings with the staff team and implemented changes to practice where possible to prevent risk of reoccurrence.

Good

Is the service effective?

Our findings

People's care needs were assessed, planned for and delivered to achieve positive outcomes in line with best practice and current legislation. This took into account their physical, mental and social needs and these were regularly reviewed and updated. The service worked with other professionals involved in people's care to ensure that their individual needs were consistently met. Feedback from professionals involved with the service confirmed that appropriate referrals were made and guidance was acted on.

People and relatives confirmed that the care workers had the skills and knowledge to provide them with the care and support they needed. One person commented, "The staff do a good job with my personal care and help me where I need it. They seem adequately trained." A relative shared with us, "The carers are well trained, professional, they just get on with it."

Care workers told us they were provided with the training that they needed to meet people's needs. This included an induction before they started working in the service which consisted of the provider's mandatory training such as moving and handling, medicines and safeguarding. Additional training to meet people's specific needs was also provided this included: Parkinson's, stroke awareness, fluid and nutrition and peg feeding. Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube (PEG tube) is passed into a person's stomach, to provide a means of feeding when oral intake is not adequate. One care worker said, "I love my job. Training is provided and if you need more support just have to ask." Another care worker said, "We do have training and supervision. I feel supported [registered manager] is hands on, very involved. They go out and deliver care so if you have a query not a problem to ask them as they most likely will have the answer; they know the people inside and out."

Care workers told us and records showed that new employees completed training and shadowed shifts where they worked with more experienced colleagues as part of their induction. The management team explained how care workers were encouraged with their career progression. This included being put forward to obtain their Care Certificate, if they were new to the health and social care industry or completing nationally recognised accreditation courses and or qualifications. The Care Certificate is an identified set of 15 standards that sets out the knowledge, skills and behaviours expected of health and social care workers.

Care workers described how they were encouraged to professionally develop through ongoing learning and training opportunities and were provided with one to one supervision meetings but could also approach the management team when needed. Records showed that in these supervision meetings, care workers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. This showed that the systems in place provided care workers with the guidance that they needed to meet people's needs effectively and to identify any further training. One care worker told us, "I have a supervision coming up. Not had one in a while but if I had something I wanted to discuss I would pop to the office. Wouldn't wait for my supervision. Not a problem to speak to the managers." The deputy manager advised that there had been some slippage with supervision due to the changes in personnel but shared with us their plan to address this. We saw that staff were booked in for supervision in the upcoming month.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. A relative told us, "They provide [family member] with snacks and drinks during the visit, anything they want really. As a family we are completely sure of the care." Another relative commented, "The carers always make sure [family member] has something to eat and drink and leave a snack and drink when they go for later." Where care staff identified concerns, for example, with people maintaining a safe and healthy weight or if people were at risk of choking, they contacted relevant health professionals for treatment and guidance. Where guidance had been provided relating to people's dietary needs, care staff recorded this in people's care records to guide staff in how risks were reduced.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received the help they needed to see their doctor and other healthcare professionals such as community nurses and occupational therapists. There were also letters and information on people's files from other professionals and hospital visits people had attended. One person described how the care workers supported them to attend healthcare appointments, "They take me to see the doctor and to hospital [appointments]."

Care records reflected where care workers had noted concerns about people's health, such as weight loss, or general deterioration in their health and the actions taken, in accordance with people's consent. This included prompt referrals and requests for advice and guidance, which was acted on to maintain people's health and wellbeing.

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. We checked if the service was working within the MCA principles.

Care workers and the management team demonstrated a good understanding of the MCA and what this meant in the ways they cared for people. Conversations and records seen confirmed that care workers had received training in the MCA. Guidance on best interest decisions in line with the MCA was available in the office as well as in the employee handbooks.

People were asked for their consent before care workers delivered care to them, for example, with personal care or assisting them with their medicines. We observed this practice during the visits to people's homes, the care workers and deputy manager listened and acted on people's decisions. This also included respecting someone's wish to be left alone when they had refused support. One person said about the care workers, "They ask me what I want." Where possible, people had signed their care records to show that they had consented to their planned care and terms and conditions of using the service. The management team explained how as part of continual improvement of the service they were enhancing people's care records to reflect a more person centred/holistic approach. This included providing further information on how people made decisions about their care and how best to support them if they needed any assistance, such as if they had variable capacity or the type of decisions they needed assistance with.

Good

Is the service caring?

Our findings

People had developed positive and caring relationships with the care workers who cared for them. This was reflected in the complimentary feedback we received. People told us that their care workers treated them with respect and kindness. One person said, "The carers are really nice to me. Listen to what I want and get on with it. We have a laugh together. I like them." Another person commented, "My carer is very kind. You can talk to [them. They are] really very nice and always treats me respectfully." A third person shared with us their positive experience, "Staff are kind and we do have some good banter." A fourth person smiled and nodded when we asked if the care workers were kind to them.

Feedback from relatives about the approach of the care workers was equally favourable. One relative commented, "The staff are caring. They cater for anything [family member] needs. [Their] welfare is our priority and we are very happy as a family, entirely so." A second relative commented, "Overall the carers are good. I don't have any issues. Some are better than others and really do get [family member] and have a knack for how to get the most out of [family member]. Some will take a no as the final answer and maybe could try other ways to encourage [family member]. I have spoken to [deputy manager] about this and they are looking at how we can all work together."

Care workers knew about people's individual needs and preferences and spoke about people in a caring and affectionate way. Everyone, from the service including the management and staff based in the office, spoke about people with consideration. They understood why it was important to respect people's dignity, privacy and choices. We heard this when office staff spoke with people by telephone on the day of our inspection and through interactions seen between people and the care workers and deputy manager during our visit to people's homes.

People's care records identified their specific needs and how they were met. The records also provided guidance to care workers on people's choices regarding how their care was delivered. People and relatives shared with us how they had been included in developing their ongoing care arrangements through regular reviews and this was reflected in their records.

Relatives told us that the support provided by the care workers helped people to be as independent as possible. One relative described how a person was encouraged by the care workers to maintain their personal hygiene. They said, "It can be tricky. [Family member] can neglect to look after themselves. Without the carers prompting, they would most likely stay in bed, forget to eat regularly and probably not get washed and dressed. I appreciate it is easier for me to go in and nag them to get up and out as I'm family." People's records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected.

People's right to privacy and dignity was respected and promoted. People and relatives shared with us how the care workers closed curtains and doors and used towels to cover people's modesty when supporting them with personal care. One relative said the care workers, "They are treated respectfully and spoken to kindly; never heard any shouting or a carer being rude."

Good

Is the service responsive?

Our findings

People were provided with care and support which was responsive to their needs. One person told us, "They [care workers] are okay, I like them right enough, they help me when I need it." Another person shared with us that they were satisfied with the care, it met their needs and it changed when it needed to, "I have more visits if I am not well or when I come out of hospital. [Registered manager] pops by to see me and if I need any more help."

People and their relatives where agreed, were involved in the assessment of their needs, before they began receiving care and support from the service. This was followed by regular care plan reviews in people's homes to check the agreed care arrangements were appropriate. One person told us, "The manager has been here to see me once or twice." A relative told us about the care plan in place that documented all their family member's agreed care arrangements saying, "There is a folder with lots of information in it. Very detailed instructions for the carers to follow. It has changed a lot as we figured out what was needed and works best. [Management team] and I meet regularly; it is a collaboration. The carers and I use a notebook to share messages with each other; little reminders like things I need to get, running low of. This is helping with communication."

As part of continual improvement, the management team had implemented new care plan formats to make them more individualised and person centred. This included further details on people's life history, experiences, hobbies and interests. This provided care workers with information about the individual and subjects they could talk about when providing care. This was a work in progress. The management team explained how care records would further reflect people's diverse needs, specific routines and preferences so care workers were aware of how to support them in line with their wishes. For example, explaining the order a person preferred to be mobilised and details of the individual equipment required to transfer them safely. Enhanced documentation to reflect this approach including people's daily records was being devised with training in record keeping planned to support care workers to achieve this.

People's care records were comprehensive, regularly reviewed and care workers confirmed reflected people's needs. They covered all aspects of an individual's health, personal care needs, risks to their health and safety, and personal preferences. There were clear instructions for care workers for when a person needed assistance and when to encourage their independence. There were also prompts throughout for the care workers to promote and respect people's dignity. The care plans included pre -assessments of care for people which had been completed before they used the service and reflected their diverse needs, such as specific conditions, communication and mobility needs.

There had been several compliments received about the service within the last 12 months. Themes included 'caring staff approach' and 'families feeling supported' by the service.

People and relatives told us that they knew how to make a complaint and that information about how they could raise complaints had been provided. One person described how if they were not satisfied with the care they would not be afraid to let the management know, they said, "If I wasn't happy then I would tell

them." A relative described how their concern had been acted on and they were satisfied with how the matter had been dealt with. They said, "I requested a change in carer. It wasn't working; [family member] wasn't happy with them as they are with some of the others. [Deputy manager] was great when I phoned them and told them. Sorted out straight away, that carer doesn't come anymore and the ones that do are brilliant."

No one at the time of our visit was receiving palliative care. However, care records showed us that the service had sought the wishes and preferences of people including if they wanted to be resuscitated and these were kept under review. Care workers were able to tell us how they would ensure that a person had a comfortable and pain free death. The management team advised us they were planning further training and support to staff on advance care planning (ACP), working closely with the local hospice team and palliative care teams. ACP is used to describe the decisions between people, their families and those looking after them about their future wishes and priorities for care.

Good

Is the service well-led?

Our findings

Feedback from people, relatives, care workers and professional stakeholders was positive about the leadership arrangements in the service. The registered manager was hands on in the service and acted when errors or improvements were identified. They were able to demonstrate how lessons were learned and how they helped to ensure that the service continually improved. The registered manager had established an open and inclusive culture. The management team and care workers were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. Care workers said they felt the service was well-led and that the registered manager was a visible presence in the service. One care worker said, "They know exactly what is going on. They deliver care and have made some good changes to how we do things. Both [Registered manager] and [deputy manager] are approachable and will listen to what you have to say. I feel supported and would recommend working here." Another care worker said, "Fantastic team, carers, office staff and managers have all been really supportive."

People and relatives told us the management team were available and approachable. One person said, "I would speak to [deputy manager or registered manager] if I had a really big problem I couldn't sort out with my team leader. Hasn't ever happened but know they would be able to sort it out for me." A relative said, "I have a good relationship with both the managers, always get back to you if you want a quick word."

Improvements had been made and were ongoing to the systems and procedures used to monitor and improve the quality and safety of the service provided. Audits and checks were carried out on all aspects of the service, this included safe management of medicines and care records. The management team were working collaboratively with the local authority contract's team and had recently implemented a new reporting tool. This monitored and analysed incidents, accidents, complaints, missed and late visits. The reporting of this supported the management team to identify any trends and patterns and to act accordingly to reduce further risks, such as taking disciplinary action where needed in addition the outcomes and actions from the reporting tool fed into a development plan for the service.

The management team showed us their development plan which identified the areas that had been prioritised to ensure people received a safe quality service. For example, active recruitment, staff training, enhancing people's documentation to be outcome focused, staff supervision, communication both internal and external and engaging in the healthcare community.
As part of ongoing development of the service the provider had recently invested in new technology to increase efficiency with the co-ordination of visits and rostering of care workers. This enabled the management team to remotely review, monitor and track the care delivery tasks to ensure they were completed and if a problem ensued to respond quickly. At the time of the inspection it was too early to see if this had led to a reduction in missed and late visits. One care worker said, "I think from a safety point of view this will be really good, especially when it gets darker when winter comes. I work in some rural areas and am on my own. I like the idea that if I don't sign in an alarm goes off to the office or on call to see where I am, check I am okay."

People were regularly asked for their views about the service and their feedback was used to make

improvements in the service. This included opportunities through regular care review meetings, telephone welfare calls and quality satisfaction questionnaires where people shared their views about the service, anonymously if they chose to. We looked at responses from people about their experience using the service and these were complimentary. Feedback showed that people felt valued, involved in the planning of their care, they were supported to make choices and to be independent and knew who to contact if they had concerns.

The management team acknowledged that there had been several personnel changes which had impacted the service in terms of continuity of care but the staffing situation had settled. They advised that they had recruited a care coordinator to provide support in the office and they did not take on extra care packages unless they had the care workers available. Records showed that they were actively recruiting to support the growth of the business. To improve communication the management team had implemented regular welfare checks and visits which were documented on people's records in the office. This information was accessible to the management team and reflected that people's views and experiences was gathered and acted on to develop the service.

Care workers told us they felt comfortable voicing their opinions with one another and the management team to ensure best practice was followed. They described how their feedback was encouraged and acted on and they were provided with the opportunity to comment on the service, including in staff meetings. A care worker shared with us, "We have meetings, and talk about what is working well, what needs changing. It works well." The minutes of these meetings showed that suggestions from care workers, for example, how they supported people, were valued and listened to. The minutes showed that care workers were reminded of their roles and responsibilities and kept updated with any changes in the care industry.

The management team acknowledged that communication had been an issue and attending team meetings could be difficult as care staff were usually working and using preferred agency staff was not ideal. The deputy manager explained how to address this and keep all staff informed, a private group chat had been set up using social media to communicate with staff. The management team used this to update staff on key changes and to also give positive feedback. Records seen confirmed this. A member of care staff said, "The What's App group chat is really good. Tells us what we need to know. Heads up on any changes to people." The deputy manager advised that the provider had invested in smart phones for the staff which were linked to the computer system, "We have a company What's App group which is encrypted and password protected and only management has admin authority too, to ensure that it complies with data protection laws. This has meant greater and quicker communication ensuring that all staff have up to date and prompt information which is straight from the management and not lost in translation."

Where relevant the management team submitted appropriate notifications to inform us of any issues. The service worked in partnerships with various organisations, including the local authority, hospital, community nurses and, GP surgeries to ensure they were following correct practice and providing a high-quality service.