

Alternative Care Services Limited

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

This comprehensive inspection took place on 18 September 2018 and was announced. This was the first inspection since the provider registered with the Care Quality Commission (CQC) in September 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults and younger disabled adults and is the first provider in the UK specifically for the LGBTQI+ (Lesbian, Gay, Bisexual, Transgender and other ways that people can define themselves, for example Q (Questioning) and I (Intersex)) community.

At the time of the inspection they were supporting three people in the London Boroughs of Lambeth and Camden. Not everyone using Alternative Care Services Limited 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.

All three people had been receiving personal care for less than three months. This meant that although we were able to carry out an inspection we did not find enough information and evidence about parts of the key questions we ask about services, or the experiences of people using the service, to provide a rating for each of the five questions and an overall rating for the service. We were therefore not able to rate the service against the characteristics for inadequate, requires improvement, good and outstanding ratings at this inspection.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 who were supported with their medicines did not always have the full up-to-date information recorded in their care records. We had to seek clarification after the inspection to confirm the level of support that was being provided.

There were inconsistencies between the three care records we reviewed. Records did not always contain sufficient and detailed information about the care and support people received.

Risk assessments covered a range of factors that people were at risk of, including environmental assessments to ensure people's homes were safe. However, not all risks were fully addressed with sufficient information available for staff to follow to keep people safe.

Staff were aware of their safeguarding responsibilities and were confident the registered manager would take the appropriate action if they had any concerns. We could not confirm if safer recruitment procedures had been followed as some documents were not available at the time of the inspection. We requested them

to be sent after the inspection and we were still waiting for confirmation of them at the time of writing this report.

Staff had received training around the Mental Capacity Act 2005 (MCA) and there was evidence people had consented to their care. However, two care records did not fully reflect how consent had been sought in line with best practice.

An induction and mandatory training programme was in place when new staff started to support them in their role. Care workers spoke positively about the specific training they received about supporting people in the LGBTQI+ community.

Care records highlighted if people were supported with their nutritional needs and if they had any dietary preferences. However, for one person's care record more information was required to provide a more accurate summary of the support that was given.

People and their relatives had been actively involved in decisions about their agreed care and support. We received positive comments about the kind and caring nature of care workers and how positive relationships had been developed at the start of the care package.

People were provided with information on how to make a complaint. Relatives told us they would feel comfortable getting in touch with the provider if they had any concerns.

The service promoted an open and honest culture. We received positive feedback about the management team and staff felt well supported. Staff were confident they could raise any concerns or issues, knowing they would be listened to and acted upon.

Staff spoke positively about the values of the provider and the direction the organisation was going in. The registered manager was passionate about the rights of people who needed support from the LGBTQI+ community. He had been involved in campaigning for people's rights at workshops and national conferences.

There were arrangements in place to assess and monitor the quality and effectiveness of the service and use these findings to make ongoing improvements. Due to the size of the service, formal records of quality monitoring had not been completed.

We had further contact with the management team after the inspection and gave feedback about the shortfalls we had identified. We asked the registered manager to send us an action plan about the improvements they planned to make.

We will be in contact with the provider as the service develops and will aim to return within six months to carry out the next inspection and provide a rating for 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?

We did not have sufficient information to rate the service's safety.

Although risk assessments were in place to identify the areas of risk and to reduce the likelihood of people coming to harm, there were inconsistencies in the records we reviewed. Not all risks were highlighted with control measures in place or guidance for staff to follow.

Records did not show the full level of support people were being provided with in relation to the medicines.

The provider had not taken all the steps necessary to ensure robust staff recruitment procedures were followed.

Improvements were needed with how references and interview assessments were recorded. DBS records were not available at the time of the inspection.

There was a safeguarding policy in place and staff were confident any concerns brought up would be acted upon straight away. Staff had received training in safeguarding and knew their responsibilities to report any signs of abuse and protect people from harm.

Inspected but not rated

Is the service effective?

We did not have sufficient information to rate the service's effectiveness.

The registered manager had an understanding of the Mental Capacity Act 2005 (MCA) however minor improvements were needed to ensure people's consent was sought in line with best practice.

People were supported with their nutritional needs however further information was needed in one care record to provide a more accurate summary of the support people received.

Relatives told us that care workers were aware of people's health and well-being and knew how to respond if their needs changed.

Care workers completed an induction and training programme

Inspected but not rated

to support them to meet people's needs. There were no formal records of supervision but care workers confirmed they had one to one meetings with the management team.

Is the service caring?

We did not have sufficient information to rate whether the service was caring.

We saw that people and their relatives were involved in decisions about the care and support they received, and encouraged to express their views.

People and their relatives were happy with the care they received. Relatives spoke positively about the caring attitude of the care workers that supported them.

People were introduced to care workers to help them feel comfortable before the service started. New care workers were developing positive relationships with people they were getting to know and understand and treated them with respect.

Inspected but not rated

Is the service responsive?

We did not have adequate information to rate the responsiveness of the service.

Care records were discussed to meet people's individual needs. Staff knew how people liked to be supported but not all records were detailed or included important information about the care and support people received. The registered manager acknowledged improvements needed to be made with the level of detail recorded.

Although people and their relatives had no complaints about the service, they said they would be comfortable in contacting the management team if they had any concerns.

Inspected but not rated

Is the service well-led?

We did not have sufficient information to rate the leadership of the service.

Relatives told us that they were happy with how the first few months of the service had been managed. Staff felt supported to carry out their responsibilities and spoke positively about the management team.

The management team were in regular contact with people using the service and their relatives to monitor the quality of care

Inspected but not rated

and support provided.

The registered manager worked in partnership with a range of organisations in relation to care and support for people in the LGBTQI+ community.

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Detailed findings

Background to this inspection

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

The inspection took place on 18 September 2018 and was announced. The provider was given four days' notice because we needed to ensure somebody would be available to assist us with the inspection.

The inspection was carried out by one inspector. Inspection site visit activity started on 18 September and ended on 8 October 2018. We visited the office location on 18 September 2018 to see the registered manager and to review care records and policies and procedures. After the site visit was complete we then made calls to people who used the service, their relatives and care workers who were not present at the site visit.

Before the inspection we reviewed the information the CQC held about the service. This usually includes notifications of significant incidents reported to the CQC however none had been received. We had been in recent contact with the registered manager to monitor the size of the service.

We spoke with one person and two relatives. We also spoke with five staff members. This included the registered manager, the communications director and three care workers. We looked at three people's care plans, five staff recruitment files, staff training files and records related to the management of the service.

Is the service safe?

Our findings

We received positive comments about the service and were told that staff knew how to keep people safe. One relative said, "I feel comfortable being able to leave the staff with [family member] and have the confidence that all will be fine." Another relative said, "I'm happy that if I'm not there, they are doing their job and keeping [family member] safe."

At the time of the inspection, the registered manager told us that none of the people using the service were being supported with their medicines and were able to manage this themselves or had support from their relatives. One relative we spoke to confirmed this. There was a medicines policy in place and the registered manager told us that this was something that care workers could support people with and had the training available.

However, there were some areas for improvement as records for one person did not show the full level of support being provided as they were being supported with their medicines. After the inspection, the registered manager sent us a sample of one person's daily log records as they were not available on the day of the inspection. We saw entries from care workers in the daily logs that they had supported this person with their medicines but there was no information about this, or the name of the medicines in their care plan. There was also a medicines log where a care worker had signed that they had given two tablets on four days between 31 July and 6 August 2018, but there was no record of the name or dose of the medicine. We had also previously been told that care workers were not supporting this person with their medicines. The registered manager acknowledged this and told us that they would update the care plan immediately. We sent the provider the National Institute for Health and Care Excellence (NICE) guidance for the management of people's medicines in a community setting to ensure they followed best practice.

There were procedures in place to identify and manage risks associated with people's care. Before people started using the service an assessment was carried out by the registered manager or communications director. This identified any potential risks associated with providing their care and support, which included physical disabilities, health conditions, mobility, communication and nutrition and hydration. It also assessed the working environment, highlighted fire escape routes and gave specific information about accessing the person's property. For example, there were guidelines in place for care workers who supported a person with limited mobility and how long they should wait for the person to answer.

There was guidance for care workers to follow and the risks had been discussed where staff supported people with blood borne diseases. There was information about one person's state of mind that stated they experienced higher levels of anxiety at times which could dictate the way in which care was provided. We spoke to one of their care workers about this who had a good understanding about how their approach could change depending on the person's mood at the start of the visit.

However, there were some areas for improvement as not all records had a sufficient level of detail to record what control measures were in place to minimise any assessed risks. For example, one person's assessment stated they could be violent and aggressive at times due to them living with dementia but there was no

guidance in place on how to manage this, especially as their care plan stated they needed support with all care tasks. Samples of daily logs sent after the inspection showed that care workers managed this and recorded any incidents of aggression and the registered manager could explain what care workers did in this situation. The registered manager acknowledged this and said they would update the care plan.

The staff files we reviewed showed the provider could make some improvements to ensure safer recruitment procedures were followed. Where we found no formal records of applicants having two references in place, the communications director told us that they had taken verbal references over the phone. We recommended that if this is how they ensured that the staff they employed were of a suitable and good character, it is good practice to keep a record of this to confirm what had been discussed. The communications director told us that they had re-requested the references for two members of staff and sent records to confirm this on 7 October 2018. We also saw that references from applicant's previous employers in health and social care were not always sought. The communications director acknowledged this and told us they would make sure they did this for future applicants. There was evidence of photographic proof of identity and proof of address. Application forms and interview assessment notes were not available. The registered manager told us that notes had been taken at the time of the interview but were not kept.

At the time of the inspection all Disclosure and Barring Service (DBS) checks for staff were not available and the registered manager told us they would send confirmation of this after the inspection. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. The communications director contacted us on the 5 and 12 October 2018 and said that they had been having difficulties in accessing DBS records online and had made contact with staff to make their DBS available so they could take a copy. We asked them to provide us with these records as soon as possible as the regulations states that this information must be available.

There was a safeguarding policy in place which highlighted the provider had a zero-tolerance approach to any abuse and there were guidelines in place on the procedures for reporting any suspected abuse. Staff had received training in safeguarding and were able to explain what they would do if they thought somebody was at risk. One care worker said, "I am very aware of my safeguarding responsibilities. We covered safeguarding training in the induction and it was stressed that if we see anything or have any concerns, we must raise it as an issue." There had been no safeguarding incidents at the time of the inspection but the registered manager told us they had raised concerns with a local authority about the care and support for one person. We were unable to see if lessons had been learned or improvements made if things went wrong as there had been no recorded incidents. However, one care worker said, "They asked me how my first week went, whether there had been any issues and if so, was there anything that could have been done differently."

There were sufficient staff employed to meet people's needs. At the time of our inspection there were four care workers employed in the service. The registered manager told us that the communications director was also involved in attending shifts if support was needed. One relative said, "There are no issues with time keeping, they are very good and will always let me know if they are running late." The registered manager told us that electronic call monitoring (ECM) was in the process of being implemented but was not active at the time of the inspection. Due to the size of the service, they were able to contact care workers on a daily basis to ensure calls were made and this was confirmed with staff timesheets. The communications director told us an on-call service was available 24 hours a day, seven days a week and was shared between them and the registered manager.

We saw that staff were reminded of their responsibilities to ensure safe infection control procedures were

followed. One person's care plan highlighted information for staff to ensure good hygiene practices and to leave the environment in a clean condition when the call was finished. Infection control training was included in the induction when new applicants started with the organisation. Where one person had a range of allergies, the registered manager explained that specific gloves were used to minimise the risk of an allergic reaction.

Is the service effective?

Our findings

We received positive comments that staff understood people's needs and knew how to support them. One relative said, "The care workers are very competent and know what they are doing. I can see that they have lots of experience."

Newly recruited staff completed an induction training programme when they first started employment with the service. This covered mandatory training, a range of policies and procedures and shadowing opportunities for staff. Mandatory training covered topic areas which included health and safety, fire safety, infection control, food hygiene, moving and handling and human rights. The registered manager told us that they did not have certificates available for all training courses but staff confirmed they had completed this. We saw a new member of staff visited the office during the inspection to complete parts of the mandatory training. Comments from care workers included, "I completed my induction with [communications director] and went through all the training that was needed. We also discussed the company and what was important to people" and "I had over two weeks of shadowing which really helped with my own confidence and learning how to support people." Another care worker told us that new staff had shadowed their shifts when they first started so they had a better understanding of how to support the person. One relative told us that new care workers worked with them for the first few weeks to understand their family member's care and support needs. They added, "I have found them to be very good. They have worked with me and listened about the best way to support my [family member]."

The registered manager also provided more specific training for supporting people within the LGBTQI+ community. There was a two-day training programme covering LGBTQI+ matters for care staff. We saw the course covered the different types of discrimination, myths and stereotypes, gender identity and being different. Two of the three care workers we spoke with had also completed a one-day HIV training course with an accredited training provider that specialised in supporting people living with HIV. One care worker said, "It was really informative and discussed a lot of the myths, it was a real eye opener. I left feeling confident that I could support somebody and would be aware of any risks."

There were no formal records of staff supervision due to the size of the service. The registered manager told us that they met with staff regularly when carrying out home visits. Two of the three care workers we spoke with confirmed this. One care worker said, "You can contact the office anytime, you don't have to save it for a one to one chat. He has come to people's home or has taken me out for lunch to discuss anything. The support has been great so far, I can't fault it." Another care worker said, "I haven't had any supervision yet but I feel comfortable in my role and the support I receive."

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.

One person with capacity had signed an agreement of services contract and had consented to the planned care and support. Another person's care plan had been signed by a relative but there was no record to explain this or if they lacked the capacity to do so. Their care plan highlighted that despite the person living with dementia, they still had mental capacity. The registered manager said it was due to a physical reason and some capacity issues why the person had been unable to sign their own care plan. They told us after the inspection they would update the care plan and meet with the relative to see if there was a Lasting Power of Attorney (LPA) in place to confirm their relative was their representative.

Care workers were aware of their responsibilities to help people manage their health and well-being and knew what to do if their health deteriorated. One relative said, "They are fully aware of the support needs and what to do if anything happens. I am reassured that they know what to do." We saw correspondence from one person who was supported to a hospital appointment as they felt the support from staff would help them ask the questions they needed to ask as they sometimes got confused with information they were given. They added that they were very thankful for all the support that had been provided and the registered manager had worked with a range of health and social care professionals in relation to a surgical procedure. We saw care workers had recorded changes in people's health conditions in daily records and contacted the office. One record highlighted a person had an increase in pain and were supported to call their GP or NHS Direct to get some advice. This was also highlighted in people's care plans about the importance of monitoring people's health and reporting any changes to the office. One care worker told us that they always reported any concerns to the office and were confident that they would be listened to and given the appropriate advice or action would be taken.

Information was recorded in people's care plans about whether they had any specific dietary needs and whether any relatives were responsible for providing additional support. One person needed support to make meals but was independent when eating and drinking. It highlighted they had a nut allergy and followed a specific diet, with food to be prepared in line with their preferences. Care workers were responsible for heating up another person's meals that had been prepared by a relative and it was recorded for them to be aware of the temperature when the food was served. Staff were responsible for providing food snack options during visits and we saw preferences that had been highlighted recorded in a sample of daily logs.

Where a third person was supported with their nutrition, there was limited information in the care plan. We spoke with one of the care workers who said, "I am involved in preparing food. Most of the time I'm involved in preparing breakfast and I know what kinds of food they like." We spoke to the registered manager about this as records of daily logs confirmed they were supported but the care plan stated all the support was provided by a relative. The registered manager acknowledged this and said they would make the responsibilities of staff and relatives clearer. He added that their care packages were still very new and when they followed up with the relative for further information about the service, they had not yet updated the care plan if there had been any changes.

Is the service caring?

Our findings

We received positive comments about the attitude of care workers and people's relatives told us that they felt their family members were treated with compassion and respect. One relative told us that the support was having a positive effect on both them and their family member. They added, "They are very kind and helpful, they offer to help out with other tasks and use their initiative."

People had regular care workers to ensure they received continuity of care. One relative said, "We need consistency, it is really important and this is what we get. They have been able to accommodate this for us." The registered manager told us that care workers were always introduced to people before they started work with them. One relative said, "We had an introduction and it gave us the chance to meet which made him/her feel comfortable." One care worker said, "It helped me to understand them as an individual and I believe it has made a positive difference to both of us." Relatives spoke positively about the caring relationship that was being developed. Comments included, "There is good interaction and they are getting to know him/her and are building up a good rapport" and "They are doing well in building a relationship and right now it is working. As it is the same carers, this has helped improve the relationship day by day." Care workers we spoke with understood the importance of building positive relationships, especially when starting to work with people. One care worker said, "This job really gives me a sense of purpose and I have loved getting to know my clients as it is important to have a good relationship. I feel I have built up a good rapport in the early stages."

Records showed that people using the service and their relatives were involved in making decisions about their care and support. The registered manager told us they always made sure, where appropriate, a relative or health and social care professional was present with the person to ensure they had the support they required to discuss their needs. One person's care plan had highlighted the importance of promoting their independence and should only assist with specific tasks when the person asked them. One care worker said, "I know the [relative] was involved and saw they had helped to develop the care plan. They also update me if there are any changes." For one person, the registered manager told us that the care workers were supported by a relative for the first week to ensure they were comfortable with the care being provided. We saw the provider had also worked closely with a local authority on behalf of one person to support them in managing the transition of their direct payments. A direct payment is the amount of money that the local authority has to pay to meet the needs of people and is given to them to purchase services that will meet their needs.

One relative told us that they felt their care workers respected them. They added, "They have an understanding of the LGBT community, they understand us, they respect us. This makes it more comfortable compared to other agencies." The communications director said, "We give an overview early on about our values as we feel it is important to explain and highlight the importance to staff about supporting people in the LGBT community." One care worker said, "We went through the importance of the awareness of the LGBT community and understanding people's rights and making sure that they feel comfortable with us." When staff spoke about people and their support needs, they spoke about them in a compassionate and respectful manner, even if it related to sensitive incidents or examples of behaviour that challenged the

service.

Is the service responsive?

Our findings

Two people that received care from the provider had made the choice to use their services through the use of direct payments. The communications director told us for each new referral they would meet with the person and their families at the assessment. This would give them the opportunity to spend time with people and find out important things about them which would help when developing their care plan. They added that they would always give this overview to the care workers before they were introduced so they had an understanding of the person. A contract and service user guide was given to people to keep in their home which set out an overview of the service people could expect and how they could get in touch with the office if they had any questions or concerns, including out of hours. One relative said, "They are very responsive. They are flexible with us and how they do it is very personable." Another relative said, "The communication is good and I'm always getting updated. They let me know about the care that has been provided if I am not around and it is working well."

Care records contained people's personal details, their preferred names, their next of kin and health and social care professionals who were involved in their welfare. They identified health conditions and gave a brief description of people's needs, including if there were any communication needs that the care worker had to be aware of. For personal reasons, one person had requested only female care workers and we saw this had been accommodated. People's likes and interests were highlighted. One person had to follow a specific diet and records in their daily logs showed that they had been supported to go to vegan cafes.

However, in two people's records, there was limited information about the area of support needed regarding personal care. For one person, it stated they needed support with all areas of their personal hygiene, but had no further information about their preferences or how it should be carried out. Another person had limited information about their personal care but samples of daily logs showed they were supported with showering, dressing, oral care, shaving and companionship. The registered manager said this was because the care worker supported a relative with these tasks, who was the main carer, but acknowledged more detail was needed to reflect the levels of care that were being carried out.

We reviewed a sample of people's daily records and could see there were some good examples that recorded the care and support that was provided, including support with nutrition, spending time talking with people and providing emotional support. Where one person's daily records had less information about the tasks carried out, there were entries that recorded single words such as, 'showering, dressing, feeding, communication and companionship.' We discussed this with the registered manager as the level of detail was inconsistent with what we had reviewed in other records. They told us that they were aware that care workers were with people for limited periods of time and were doing everything to dedicate the time to the person. They did inform us that they would update training to all staff on how to record more detailed and accurate information.

The provider listened to people's preferences with regard to how they wanted staff to support them with their cultural or religious needs. One person attended church every Sunday and care workers were made aware of this. Another person's records highlighted the importance of their religion and samples of their

daily log entries showed that care workers spent time reading the bible with them. The communications director said, "We found out they had a favourite phrase in the bible during the assessment."

There was an accessible complaints procedure in place and a copy was given to people in their service user guide when they started using the service. It included information about the Local Government Ombudsman (LGO) and the Care Quality Commission (CQC) who people could contact if they were unhappy with the outcome of their complaint. At the time of the inspection there had been no complaints. Comments from relatives included, "We haven't had any issues and rarely need to contact the office as it is working well" and "I can approach and make contact with both of the office staff and I'm confident they'll get back to me if I have any issues." The communications director said, "Feedback is the key to ensure that we are providing a fantastic service. We let people know that they can contact us anytime, no matter how small the issue is and we will be here for them."

At the time of the inspection people were not being supported with end of life care. The registered manager told us that they were looking to produce a specific training programme for end of life for people in the LGBTQI+ community and their partners, as they had found that people's partners had not always been involved in important decisions at this time in people's lives.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. Our records showed he had been formally registered with the Care Quality Commission (CQC) since September 2017. He was present when we visited the office and assisted with the inspection. We were also assisted by the communications director after the inspection as further documents had been requested that were not available on the day of the inspection.

We received positive comments about how well managed the service was and the positive impact it had on people. Comments from relatives included, "Having this support has been transformative and very helpful", "I was specific about what I wanted and they were open and honest with me on whether they could meet our needs, and they have been able to do this", "Compared to previous agencies, it has been a seamless transition and is working well" and "We have a good relationship with the manager and I'm comfortable getting in touch if need to." We only received one slightly negative comment that the communication could be a bit better at times from the office, however it was not highlighted as a main issue.

Care workers told us they felt well supported and made positive comments about the management team. Comments included, "It's an intense job and the support is very reassuring and makes a big difference", "I don't have any issues or problems so far, it has been really good and I'm comfortable making contact and I know that I'll get a response", "They are a great agency, they always listen to us" and "I think I'm lucky and feel I've hit the jackpot as I know that I have chosen a great company to work for."

Care workers felt that the service promoted an open and honest culture and even though none of the care workers we spoke with had any concerns they were all confident that concerns would be dealt with immediately. Comments included, "They are very reassuring and patient, very open and easy to communicate with. They really care about the team" and "The manager is hands on, he comes out with us, he is aware of all the client and staff needs and listens to everybody."

The registered manager had monitoring processes in place to assess and observe the quality of service provided but no formal records were kept. Due to the size of the office, the provider was in the process of moving to a new building that would be able to accommodate meeting rooms. At the time of the inspection, care workers were updated during spot checks. Due to the size of the service the management team had regular contact with people, their relatives and staff. One care worker said, "The communication is good and we have contact every week." The communications director told us that they aimed to carry out unannounced visits every three months to check on the service. Records of daily logs were picked up on a monthly basis or dropped off to the office every month. One care worker was able to email over a copy of the weekly visits. The communications director added, "We check the care records regularly to see what is going on."

The registered manager had an active presence and was vocal about the care and support needs, rights and opportunities for providing care for people in the LGBTQI+ community. The registered manager had spoken at an Age UK conference about this and that the care system should reflect people's differing needs and

what barriers had to be overcome. He had been involved in conferences with the National Care Forum and Pride in Care. He was also involved in Opening Doors London, the biggest charity providing information and support services specifically for the older LGBTQI+ community in the UK. The provider had a contract policy in place that highlighted to all staff that people should be supported without fear of judgement, transphobia, biphobia and discrimination. Comments from staff included, "I really see that they support people from the LGBT community. [Registered manager] always listens, won't tolerate any form of discrimination, no matter what it is" and "It is a great place to work, especially as it is for people in the LGBT community, it is very specific and they fully understand the issues faced within this community."