

Circle of Care Service Limited

Circle of Care Service, West Green Learning Centre, Park View Academy

Inspection report

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16 December 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Circle of Care Service, West Green Learning Centre, Park View Academy is a domiciliary care agency. It provides personal care to people living in their own houses, flats and special housing. At the time of our inspection it was providing a service to four people.

People's experience of using this service

People and relatives felt the service was safe. Systems and processes were in place to support care staff to understand their role and responsibilities to protect people from avoidable harm. Staff were knowledgeable about the actions required to protect people from abuse. People were protected from the risks associated with the spread of infection. Systems were in place to record and respond to accidents and incidents.

There were systems in place to ensure the proper and safe use of medicines. Care staff were recruited safely to ensure they were good character to work with people who used the service.

Systems were in place to support staff in their role including training, supervision and appraisals. People's care and support needs were assessed and monitored to ensure the service was able to meet their needs. Risks to people were minimised because there were effective systems and processes in place. Risk assessments detailed information about how to support people to make sure risks were minimised.

People had their nutritional needs met where this support was provided. They told us care staff left food or drink within reach before leaving people's homes. The service worked with other health care services to ensure people's health needs were met.

People were treated with dignity and respect and involved in decisions about their care. Although staff were aware of the people's communication needs, this detail was not always included in the care plan.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives were made aware of the complaints procedure and felt able to approach the service with any concerns. Quality assurance systems were in place, such as spot checks and audits. However, improvements to the service required time to be embedded.

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

Rating at last inspection

The last rating for this service was inadequate (published 12 June 2019) and there were multiple breaches of

regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since May 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Circle of Care Service, West Green Learning Centre, Park View Academy

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided

Notice of inspection

We gave the service 24 hours' notice of the inspection visit because we needed to be sure that someone would be in the office when we visited.

Inspection site visit activity started on 11 December 2019 and ended on 16 December 2019. We visited the

office location on 11 December to see the manager and office staff; and to review care records and policies and procedures.

What we did before the inspection

The provider was not asked to complete a Provider Information Return prior to this inspection. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We spoke with three people who used the service about their experience of the care provided by the agency, including two relatives. We spoke with five staff members including the registered manager, two field care coordinators and two care workers.

We reviewed a range of records. This included three people's care records, including care plans, risk assessments and medicine administration records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and systems for monitoring the quality of the service provided, such as audits, complaints and accidents and incidents.

After the inspection

After the inspection we gathered additional evidence and information to corroborate what we had reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant although people were safe and protected from avoidable harm, improvements made to the service required additional time to be embedded.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection we found risk assessments lacked the detail required to effectively mitigate risks and medicines were not consistently managed in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, these improvements will need time to be embedded before the rating can improve to Good.

- The registered manager had introduced a new medicine policy and monitoring system. This included conducting weekly audits of medicine administration records (MARs) to immediately establish and act on any medicine errors.
- Staff completed medication training and had their competency assessed.
- Medicine administration records reviewed were detailed, accurate and up to date and people received their medicines as prescribed. This was confirmed by a relative who told us, "[Staff] are very good with the medicine. They are very careful, checking once or twice to make sure they are giving the right medicine."
- Systems for assessing and mitigating risks to people had improved. The registered manager had introduced different risk management tools, including malnutrition universal screening tool (MUST) to identify whether people were at risk of malnutrition.
- Risks to people were assessed and managed well. This covered various areas of risk, such as, risks related to falls, diabetes, choking, pressure ulcers, medication and the environment.
- Staff understood risks to people and how to manage these. For example, a staff member told us the risk assessment for one person at risk of falls was to ensure there were no trip hazards and walk ways were kept free from obstruction, before leaving the person's home for each call. Records confirmed this.
- Risks related to behaviours that challenged the service were also assessed and documented, including triggers and action staff should take to minimise the risk of the person becoming agitated.

Staffing and recruitment

At our last inspection the provider had failed to ensure safe recruitment practices were robustly followed to ensure staff employed were safe to care for people. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19. However, these improvements will need time to be embedded before the rating can improve to Good.

- Systems for recruiting new staff had improved. The registered manager had introduced a new recruitment policy and procedure. This provided guidance on how staff would be safely recruited to the service.
- The interview process was more robust and involved the registered manager first speaking with potential applicants, before calling them in for an interview. At interview stage applicants were asked to complete a set of questions related to their understanding of social care, such as what they understood about abuse. Records confirmed this.
- Records showed the necessary staff checks were carried out to ensure they were safe to work with people, including verification of references and the right to work in the United Kingdom. Staff had to register with the disclosure and barring service (DBS) update service. This enabled the service to keep up to date with criminal records checks. A relative told us they felt reassured knowing that staff were subject to background checks and cleared prior to working with people.
- Staffing levels were assessed using a dependency assessment tool. This covered areas such as mobility, personal hygiene, communication, social dependency, dressing and feeding. Care staff were allocated based on geographical location of staff and people who used the service.
- The rota was completed using an application linked to each staff members phone. This also included details of the care to be provided. An electronic monitoring system enabled staff to register on their mobile phone to indicate their arrival and departure after each visit. This enabled the registered manager to monitor staff attendance and make any necessary changes to the rota.
- People and relatives told us staff arrived on time and notified them if they were running late. A relative told us, "[Staff] do come on time, we had an issue last week and had a call straight away. The [registered manager] calls every week and checks that everything is ok."

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with staff who they could trust to provide safe care. A relative told us their relative received care from care staff who they were familiar with. "It is regular carers, that is a very good thing. Always given a carer who is familiar." Another relative told us their relative was, "Absolutely, 100% safe."
- Systems were in place to safeguard people from abuse. Staff completed safeguarding training and knew actions to take should they suspect or witness abuse. Staff understood whistleblowing procedures and the external authorities to report to, including the local authority, police or the CQC.
- There had been no safeguarding reports since our last inspection, but the registered manager and office staff were aware of their legal responsibility to formally notify CQC of any allegations of abuse.

Preventing and controlling infection

- People were protected from the risk of cross infection because staff followed good infection control practices. A relative told us, "[Staff] have gloves, aprons, blue shoe covers for their shoes when they go in to the shower; they definitely wear that. We asked when preparing any food, they just wash their hands."
- Staff completed infection control training and told us they were provided with the necessary protective equipment to provide care. A staff member told us, "When you first go to a client's [people who used the service] home you have to wash your hands before doing anything, then get gloves and an apron to start your task."

Learning lessons when things go wrong

At our last inspection we recommended the provider sought advice from a reputable source regarding recording incidents and learning from them; and acted to update their practice accordingly. At this inspection the service had made some improvements. However, these will require time to be embedded.

- The registered manager had introduced new procedures for dealing with accidents and incidents, including any learning from these.
- The registered manager told us the staff induction included the reporting and acting on incidents and accidents.
- Staff understood their role in reporting and acting on incidents. A staff member told us they would, "Call the office. If person had a fall, it would be according to severity, would call [emergency service] and ensure person is comfortable."
- Systems for monitoring incidents, including completing an analysis and preventative measures for the future had been introduced. These processes had not yet been established.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received sufficient induction and supervision to ensure people's needs were met. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff had completed an induction and mandatory training to effectively carry out their role. Staff took part in practical training delivered by an external provider and online training which covered areas such as: safe handling of medicines, basic emergency aid, moving and handling, safeguarding, including MCA and DoLS, dignity and respect and food hygiene and safety.
- Staff told us the training they received had been effective and specific to the needs of the people they cared for. For example, A staff member told us they had received specialist training in motor neurone disease awareness and this enabled them to develop a better understanding of the condition and how to support people living with it.
- Records and staff confirmed they had also completed training in specialist areas to support people who had specific health conditions and their competency in these areas were assessed. Such as, diabetes, dysphagia (swallowing difficulties) and dementia awareness.
- Most staff were new to the service and had completed an induction, this included observing how care was delivered by staff.
- The registered manager told us supervision and appraisals were planned for 2020, including dates when these would take place. Records reviewed confirmed this.

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

At our last inspection we recommended the provider sought guidance from a reputable source about the safe management of people with swallowing difficulties.

- At this inspection we found improvements had been made. Records showed the service worked with various healthcare professionals to assist people in meeting their health needs. This included GPs, dietitian

and mental health services.

- People had their health conditions detailed in their plan of care and staff were aware of these. People and relatives told us they felt staff generally supported them well and understood their health conditions. One relative told us, "[Relative] is diabetic [care staff] know about the family background. Care plan [reflects needs] and is very detailed".
- People had access to other health professionals who worked with care staff and family members to ensure people's health needs were met. For example, records showed the service had made a referral to the GP in relation to one person who was experiencing swallowing difficulties.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

At our last inspection we recommended the provider sought guidance from a reputable source about the safe management of people's information relating to mental capacity assessments. At this inspection we found improvements had been made.

- At this inspection we found people's care records contained information regarding their mental capacity, their ability to make decisions or to consent to care and treatment.
- The registered manager told us, with the exception of one person, people had capacity to make decisions about their care. Records confirmed this.
- People, or their representative signed to give their consent to care, support and treatment and to share information with other healthcare professionals.
- Staff completed training and understood the principles of MCA and giving people choice about their care. A staff member told us, "You still have to give [people] their choice and [respect their] preferences. For example, ask what do you want to wear? Also, if [people] lack capacity you do things in their best interest, you [treat] the person like you would your father. If in doubt you call the office or talk to the family."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and relatives confirmed staff had completed an initial assessment of people's needs. A relative told us, "They [the service] did an assessment of need." They also told us their relative was able to make all the decisions, but they were always present during an assessment to provide support.
- The initial needs assessment covered areas such as, religious belief/spiritual needs, previous medical and mental health history, medication, personal hygiene/preferences, oral health care, nutritional and communication needs.

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

- People had their nutritional needs assessed and met where this support was required.
- People were offered food and drinks of their choice, appropriate to their needs. A relative told us they prepared culturally specific food for their relative and care staff assisted the person with eating. Another relative told us, "Before [care staff] leave, they leave a drink," within their relatives reach.
- Care records documented the support people required with eating and drinking. For example, one person's care records noted the person was able to feed themselves but required monitoring and prompting; and staff should also encourage the person to drink plenty of fluid.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff treated them well. A relative told us, "They know [my relative] well and how to care for them."
- Staff told us they knew people well. One staff member commented, "I understand everything about [person] and try to do the best for [them] as I can."
- People told us they were well treated by staff. A relative told us staff were patient when supporting their relative and they gave them the time they needed to ensure their relative was well cared for.
- People's diverse needs and protected characteristics were taken into account. We saw these were discussed with people as part of the care planning process, for example, their culture and religion or gender preferences
- Staff told us they treated people without discrimination. A staff member told us, "We treat everybody equally, don't have a right to judge anybody. [The registered manager] explains this during induction. I have worked with [people who identify as LGBT] and had a policy, we ensure we protect people from any abuse."

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

- People and their relatives told us they were involved in making decisions about their care, including developing people's care plans.
- One relative told us, "Anything coming through from carer or the company goes through us [the family]. The carers will let us know everything, the communication is [good]." For example, care staff had reported to the family that the hoist was faulty, and this was immediately replaced.
- Staff gave us examples of how they supported people to make decisions about their care. A staff member told us, "You still have to give them their choice and preference e.g. [in terms of clothing] you ask which one you want to wear?"
- Staff completed person-centred training, covering care and approach. Prior to working with the person, staff were required to attend the office to read the care plan.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated them with respect. A relative told us, "When carers come in they will ask discreetly for everyone to leave the room. As far as I am aware [they encourage relative to be independent] They pass [relative] the soap and...let them hold the shower."
- Staff provided examples of how they treated people with dignity and respect. A staff member told us, "When speaking to [person] I tell [them] what I am going to do. When taking clothes off would use a towel so [person] is covered."

- Staff encouraged and promoted people's independence and respected their privacy. A staff member told us, "[Person] is a bit independent, needs help to put on shoes and clothes. For example, I put on clothes and [person] would button trousers and do up the belt, they do that themselves. I understand everything about him and try to do the best for him as I can."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

At our last inspection the provider had failed to ensure that care and treatment provided was appropriate and met people's needs. This was a breach of regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received care and support appropriate to their individual needs. For example, one person had a diabetic care plan detailing how staff should support them to manage their health condition, including special dietary requirements.
- There was a process in place for reviewing and updating care plans as and when required. The registered manager told us care plans were reviewed every six months or when there was a change in need.
- Care plans were person-centred and informative, they provided background information about important aspects of people's lives, including their interests and personal preferences.
- People received care that met their beliefs and respected their culture. Staff knew people's likes and dislikes for care and this was recorded in people's care plans. This meant staff were able to support people appropriately.

Improving care quality in response to complaints or concerns

At our last inspection we recommended the service sought advice and guidance from a reputable source about ensuring people understood information they were given about how to make a complaint. At this inspection the service had made improvements.

- Systems were in place for dealing with and acting on complaints. At the time of our inspection the service had not received any complaints.
- People and relatives knew how to complain if they were unhappy with the service. A relative told us, "We've been given a complaint form which is also part of a feedback form. This is in the file and includes [details of another local government complaints organisation]."
- The complaints policy and procedure provided advice and guidance on how to make a complaint. This included timeframes for dealing with these.
- People and relatives said they would talk to the registered manager if they had a concern or complaint.

Meeting people's communication needs

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

- The registered manager was aware of the requirements of AIS and had produced questionnaires in an easy read format. They were also looking at producing an easy read complaints policy.
- Care plans sometimes included details of people's communication needs and how those needs should be met. For example, in one care file it stated, "The person was unable to communicate their needs and requires their needs anticipated."
- A relative told us staff understood their relative's communication needs, "Relative is non-verbal, [staff] talk to [them] continuously. [Staff] Recognised certain gestures as time goes along." For example the person would point to the bed, indicating that they wanted to go to bed.
- Staff understood people's communication needs and how to support people to make sure their needs could be understood. Although staff were aware of the people's communication needs, this detail was not always included in the care plan.

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

- Most people using the service accessed the community with support from relatives. This was confirmed by records and people's family members.
- The registered manager recognised the importance of supporting people to maintain relationships important to them. The service worked closely with relatives and other professionals involved in people's care. This ensured that people's needs could be met

End of life care and support

- People's end of life wishes were explored and recorded in their care plan. This included funeral arrangements and burial wishes.
- The service had an end of life policy and procedure in place should the time come when they need to provide this support. Records showed staff had completed training in death, dying and bereavement.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. Although leaders and the culture they created promoted high-quality, person-centred care, the service needed time to embed improvements to ensure consistency.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure that systems were effective in assessing and monitoring the safety of the service provided. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, these improvements will need time to be embedded before the rating can improve to good.

- Since our last inspection in July 2019 the provider had appointed a new registered manager and Nominated Individual. The new management structure included two field care coordinators with a number of years experience in health and social care, including studying at management level in health and social care.
- The registered manager was keen to make improvements to the service and had introduced new monitoring and management systems to improve the quality and safety of the service. They told us they wanted to lead by example and ensure people received the quality of care they required.
- New care plans and risk assessments were implemented and provided more details about people's needs and capacity.
- Staff had received various training relevant to their role and people's needs, including guidance to ensure they were able to effectively carry out their role and knew what was expected of them.
- Systems for monitoring the quality of service were more robust, such as audits covering supervision, accident and incidents, care plan reviews, medication, safeguarding, recruitment and spot checks had been introduced but these had yet to be fully embedded into the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives spoke positively about the management of the service provided and the registered manager. A relative told us, "I think [the registered manager] is very good, he is very present and takes time to explain everything. He keeps saying if any problems, I'm here to make sure you get the best service you

need."

- Staff felt supported by the registered manager and care coordinators and could call them anytime for help and advice. A staff member told us, "I can call [the registered manager] and talk to him if something is not right. He is responsive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a very good understanding of the 'Duty of Candour' and being transparent when things went wrong with care and treatment. This included informing people and their relatives about any incidents, providing reasonable support, providing truthful information and an apology when needed. The registered manager told us, "If there is a major incident I am duty bound to inform CQC, such as when going away, death, if somebody broke a limb. I am very transparent, would also inform the next of kin."
- There had been no incidents since our last inspection, however, systems were in place to ensure any incidents were appropriately reported and acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives confirmed they were consulted about the care and support people received. This included review meetings held and telephone monitoring calls to check whether people were happy with the level of care being provided.
- Staff communicated with people and relatives when there were any issues. For example, a relative told us, "[Staff] were always on time, if any delays they will call." Another relative told us, "[Staff] always write in a book what they do each time, if any issues they write to say what happened."
- Relatives spoke highly of the registered manager and field care coordinators, stating they were keen to ensure people received high quality care.
- We saw evidence that systems to obtain feedback via a questionnaire had been developed, but these had yet to be implemented.
- The registered manager understood the importance of equality and providing a service that met the diverse needs of people who used the service. The service had made practical arrangements to ensure people with physical disabilities were involved in their care. This was confirmed by a relative who told us, "[Relative] uses computer skype on computer, [staff] put the phone to [relatives] ear [to carry out an assessment of need]." This enabled the person to be involved in the assessment process, as well as the relative.
- Staff told us they felt supported and the registered manager involved in discussions about people's care needs.

Continuous learning and improving care

- The registered manager told us they had a background of working with people with mental health needs and learning disabilities. The registered manager was also a dementia champion. The field supervisor had studied for a master's degree in health and social care and care coordinator was studying a level 5 qualification in health and social care. This meant current management structure supported the current needs of the service.
- The registered manager told us it is important to "Learn from the past, whenever improvement is required. Now have a people's planner, all staff are going to be competently trained.
- Following our July 2019 inspection a service improvement action plan was put in place. This identified the areas where the service needed to make improvements, such as recruitment of a new manager, reviewing risk assessment, care planning, recruitment and medicine procedures and reviewing processes for checking and monitoring the quality of the service. At this inspection we noted most items listed had been completed.

Working in partnership with others

- The service worked in partnership with other professionals to ensure people's needs were met. Records of contact with health and care professionals confirmed this.
- The registered manager told us they had a good working relationship with health professionals, including ensuring they had a full medical history for people. They told us the service continuously kept in touch with professionals to improve outcomes for people. Records confirmed this.
- We were shown evidence of a new survey form produced by the registered manager to obtain feedback from professionals about how the service was progressing and areas of improvement.