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Dinarie

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Dinarie is a domiciliary care agency that specialises in providing care and support to people who are Receiving end of life support. The agency provides personal care to people living in their own homes. At the time of the inspection, care was being provided to 10 people all of whom had complex health needs and some of whom were living with dementia.

People's experience of using this service and what we found
The service was new and had only been supporting people for nine months. Some of the documentation we saw was incomplete and some forms were still being developed. For example, risk assessments and mental capacity assessments. Auditing processes were in place but needed time to fully embed so that meaningful conclusions could be made. The registered manager maintained complete oversight of the service and knew people, relatives and their staff well. However, there was a need to support the role to allow the registered manager time to devote to management tasks. The service had recently appointed a deputy to support the registered manager.

Support for people was person centred and everyone held the registered manager in high regard. The registered manager was aware of their responsibilities under the duty of candour. Feedback had been sought from people and relatives and the registered manager spoke with all staff daily.

People were safe and protected from harm. Staff understood safeguarding and were able to tell us the actions they would take in the event of emerging risk. Staff understood risk and what this meant for people they cared for. Staff had been recruited safely and completed an induction process before working independently. There were enough staff working each day and no care calls had been missed. Most people had support from their families for medicine administration but where the service helped, all details were correctly recorded. The service had policies and procedures for the safe management of infection prevention and control. Policies were in place for the recording of accidents and incidents.

The registered manager completed thorough pre-assessments with people details which formed the basis of people's support plans. Most people were supported by family with their nutrition and hydration needs but staff sometimes helped if needed. Staff had received mental health and dementia training and understood the importance of gaining consent from people. 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.

Staff were caring and treated people in a dignified way. Staff supported family members and loved ones in caring for their relatives as they approached the end of their lives. People's privacy was respected and their independence promoted. Staff did not have rigid time restrictions when supporting people and staffing schedules enabled staff to spend as long as was required with people.

No complaints had been recorded but a copy of the complaints policy was available to people and relatives. At the time of the inspection no one had specific communication needs but the registered manager advised us that they had used electronic devices to help people to write down or listen to messages. The service specialised in end of life care. All staff were trained in end of life care and were able to tell us the important aspects of caring for people at this important time of their lives. Importantly, support was also provided to families and loved ones as part of the overall package of care.

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

Rating at last inspection
This service was registered with us on 16 June 2020 and this is the first inspection.

Why we inspected
This was a scheduled inspection on a previously unrated service.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 safe. Details are in our safe findings below.	**Good**
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**

Dinarie

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The 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.

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we received about the service since the last inspection. We sought feedback form the local authority. We spoke to four relatives. Due to the Covid-19 pandemic and in order to minimise our time spent in the office, we requested that some documents be sent to us by e-mail. For example, policies, procedures, business and contingency plans and details of staff training.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We visited the office on 11 October 2021 and spoke with the registered manager and deputy manager. We looked at a range of records including three care plans, medicine records and three staff personnel files. We looked at records concerning the governance of the service including complaints, compliments and auditing processes.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We were not able to speak to people because of their poor health. We spoke with four members of staff and two professionals.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● Relatives told us that their loved ones were safe and were protected from harm. Comments from relatives included, "Absolutely safe. As soon as they come in, we know they are safe in their hands," "When moving them, everything seems correct" and "Absolutely wonderful, completely safe."

●Staff had received safeguarding training and knew what action to take if they had concerns about people's safety. A staff member told us, "I'd report to the manager, respecting the person's confidentiality. I'd do what I can to make the situation safe and write down everything." Another said, "I'd call CQC or the local authority if I had serious concerns."

● The registered manager had not raised any safeguarding issues however they told us they had sought advice from the local authority in one case. The registered manager told us they were confident in identifying and reporting any issues of concern. We were shown a safeguarding policy that contained clear guidelines for managers and staff.

● Staff were aware of the whistleblowing policy and told us they would be confident in taking this approach if required. A member of staff said, "People's safety is paramount."

Assessing risk, safety monitoring and management

● The service provided bespoke care and support to people who were towards the end of their lives. Staff told us they very quickly got to know people and their specific needs. In all cases the support from relatives and loved ones was a significant part of the process and this was acknowledged by staff. A staff member told us, "No one wants to die alone. Lack of family involvement would be a genuine risk to people."

● We saw care plans that reflected potential risks to people. For example, some people's anxiety increased due to frequent waking at night. This was addressed by ensuring that relatives had administered medicines in the evening and ensuring that people used bedpans before going to sleep at night.

● We were shown drafts of risk assessments and although some had not been fully completed, the registered manager and staff were able to tell us about individual risks and how they were managed. See our well-led domain for more about risk assessments.

● The registered manager told us about some people's homes where environmental risks were apparent. These included pets that could present trip hazards and in one case poor hygiene and self-neglect. The latter was raised with the local authority and a successful move was made to a nursing home.

Staffing and recruitment

● At the time of the inspection the service had ten members of staff including the registered manager, deputy manager and a member of staff that provided administrative support. This was enough to meet the needs of people. We were shown shift rotas and every care call was scheduled with enough time to provide

the support needed.
● Staff told us that the times of care calls was led each day by people and their families. For example, a morning call could be made before or after breakfast depending on when people wanted the support. A staff member told us, "We are never late or early. We go every day but when they want us. We always have enough time to do our job."
● Relatives told us, "We don't have the same carers each day but it doesn't matter. We know them all and they are all wonderful." Another said, "We have three calls a day. They are about the same time and they fit around us. I'm sure they would tell us if they were running late." No care calls had been missed and in the event of a call running later than expected the registered manager would plan for later care calls to be covered.
● Staff were recruited safely. We looked at personnel files which contained all the required documents for example, application forms, photographic identification, employment history and Disclosure and Barring Service (DBS) checks. DBS checks ensure that staff have no previous cautions or convictions that would prevent them from working with vulnerable people.

Using medicines safely
● Most people were supported with their medicines by family members. In some cases, support was provided by staff and records of administration was recorded on medication administration charts (MAR). We were shown completed MAR charts that had been correctly completed with the amount of medication given, the date, time and signature of the member of staff involved.
● Medication was only given by staff who had received medicine training.
● A relative told us, "We do the medicines. But I'd always ask the carers if I was unsure, they always help. It's such a comfort to me."
● We were shown a separate policy relating to 'as required' (PRN) medicines, for example pain relief. Details of these medicines, if administered by staff, were recorded on the MAR charts. Staff told us they would always ask the registered manager if they were unsure.

Preventing and controlling infection
● Staff had plentiful supplies of personal protective equipment (PPE) and used it in accordance with current government guidelines. A member of staff said, "We always have enough PPE and it's readily available." A relative told us, "Yes they wear masks, aprons and gloves all of the time."
● Training records showed that staff had completed PPE and infection prevention and control (IPC) training. Every member of staff had been issued with a booklet which they carried at all times with information relating to IPC.

Learning lessons when things go wrong
● We were sent accident and incident policies which provided clear directions to staff in the event of something going wrong. None had been reported however, we were reassured by the registered manager and staff that they were confident to report issues if needed.
● Specialising in end of life provision meant that several people had passed away. After every passing the registered manage has a face to face meeting with the staff involved with the person to fully debrief each element of the care provided. Any learning was then shared with all staff.
● The registered manager told us that they had learned to improve communication pathways between professionals. They told us, "If one phone call is missed then the chain breaks and things do not happen." A call from a local hospital to the registered manager advising them that a person had returned home had been missed. The registered manager said that they now double check all calls so there is no break in communication.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Referrals were made to the service by NHS Continuing Healthcare (CHC). CHC provide people with long term complex healthcare needs financial support to meet their needs. On receipt of a referral the registered manager carried out a pre-assessment process with people and their relatives. In most cases another member of staff also attended.
- The visits took place in people's homes and every aspect of their ongoing care and support needs were discussed. The registered manager would ensure that they had the right staff with the right skills and training to be able to provide the necessary care and support. All the information obtained would then be transferred to the care plan. The registered manager told us they liaise with other professionals for example GP's and the local Crisis Team to get a full understanding of people's needs. A professional told us, "I deal with them every week, time often being really important. The referral and assessment process work really well."
- People and their relatives were involved in care planning and reviews. A relative told us, "My mother, my daughter and myself have been involved every step of the way."
- The registered manager told us the service support people with appointments when needed and that they liaise with professionals to ensure people have everything they need to be cared for safely. For example, a relative told us, "They sorted all of the equipment with the physio and delivery team. They just said, 'Don't worry, we'll sort it.'" Another relative said, "They liaise and help with appointments and will contact others for advice, for example, GP for medicines.'

Staff support: induction, training, skills and experience

- An external company was employed to manage staff induction and training, which was overseen by the registered manager. Most new staff that joined the service did so with a lot of previous experience of working in care. Staff were able to attend pre-assessments to ensure involvement with people and their families from the start and to get to know them. New staff shadowed more experienced colleagues before being signed off by the registered manager to work alone.
- Staff comments about induction included, "It was very informative," "I have a lot of previous experience but I still found the induction helpful," "There were chances to shadow with (registered manager)" and "I do some assessing too which is really helpful getting to know people."
- Staff were up to date with training and we saw copies of training certificates within personnel files. Training included safeguarding, manual handling and dementia awareness. A relative told us, "They

absolutely know what they are doing. They have helped and given us advice about mouthcare and how to manage the catheter."
● There was no formal supervision process but the registered manager told us this was starting soon. The staff team is still small and the registered manager told us that they spoke to every staff member at least twice, every day.

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutrition and hydration needs were met. Relatives and loved ones supported people to eat and drink. Relatives told us, "They would help if we asked" and "If we need support, they will help us." A member of staff said, "Most clients have family members present and they provide diet and fluids. If fluids are given, we ensure the client is awake, upright and able to swallow without issue."

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA
● People's mental capacity and ability to make decisions was explored at pre-assessment and details recorded in care plans. Care plans contained a 'consent to care' form signed by people or their relatives or loved ones on their behalf. Most people had capacity. The registered manager told us they were developing mental capacity assessment forms specific to individual decisions. (See our well-led section for more information about MCA's.)
● Staff had completed training in mental capacity and understood the importance of seeking consent from people. Staff always asked people before helping with personal care and ensure people are happy to be supported. A member of staff said, "If they say no to a wash, we'll just try again later." Another said, "We ask each time we visit and involve them in care." Seeking consent and outcomes were recorded in care notes.
● During the pre-assessment the registered manager will check if there were Recommended Summary Plan for Emergency Care (ReSPECT) in place. ReSPECT forms contain recommendations for people's care in the event of people losing capacity. These forms are only discussed with people and family if they want to and if not already in place the registered manager will discuss ongoing care with the district nursing team.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- Relatives told us that staff were caring towards their loved ones. Comments included: "Absolutely professional and caring," "They are caring and knowledgeable. They feel like part of the family" and "Staff are very empathetic; they make a lot of effort." A professional told us, "They really understand the needs of people."
- The registered manager told us that when people passed away, they were notified and staff attend as soon as they can, usually within a couple of hours, to support the family and loved ones. The registered manager believes in providing a complete package of care that supports families at these difficult times. A professional told us, "I know that relatives can call anytime of the day or night, it must be such a reassurance when your relative is dying."
- Care plans reflected any cultural needs that people had including their religious beliefs. These had been discussed with people and their families and included for example, the wish to have their faith leaders present to administer prayers towards the end of their lives.

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

- People were given the opportunity to make choices about aspects of their care and support. This included how they wanted to receive personal care, whether to be bathed, showered or washed in bed. This also included the timing of care, for example some people may choose to receive personal care in the morning, others in the evening. A choice was always offered to people.
- People and their relatives were involved in the decision making about care and support. A relative explained, "As (relative) condition changed, they (staff) always asked how we would like them left. They always placed them in a comfortable position before they left." Another relative told us, "We are all involved in decision making. We feel as though we are able to contribute to what is best for them." A member of staff said, "We review things daily and make and record any changes in the care notes."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was protected. All personal information held about people kept away from their homes was kept in locked cupboards in a locked office accessible only to the registered manager and deputy manager.
- People's dignity was respected. A relative said, "(Name of relative) really trusts them, they treat her with great respect and dignity." Another explained, "They always have enough time, they are never rushed. They make you feel like you are real people. (Relative) needs more time to get their words out now but they are

always patient and kind."

● Staff confirmed that they treated people with dignity and told us they knew how important this was for people towards the end of their lives. Staff said, "All clients are kept covered when having a wash to make sure they do not feel vulnerable or exposed" and "Just making sure loved ones are there at important times and respecting people's wishes, it's all part of dignity."

● People were encouraged to be independent and this was safely promoted by staff. A staff member said, "Because people are towards the end of their lives and we spend a lot of time with them and their families, we get to know them well very quickly." The staff member went on to say, "We never rush them, we encourage them to do what they can." A relative said, "They encourage them to wash the areas they can reach. Important for motor skills."

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care that met their care and support needs. Needs were assessed and individual preferences, likes and dislikes were considered. A relative said, "They (staff) are constantly adapting to deal with a declining situation, they know how she needs to be cared for."
- Care plans reflected the information collected as part of the pre-assessment process. One person was very independent and initially reluctant to receive help with personal care. As time progressed, they became increasingly dependent on staff and the care plan reflected how trust and confidence was developed, for example, by encouraging the person wash themselves with support being provided only if needed.
- People's support needs were constantly reviewed. As people were cared for towards the end of their lives, their needs changed. The registered manager spoke with staff, people and relatives every day and people's needs were constantly assessed. The registered manager also told us they liaised with people's GP's to review medicine regimes to ensure people were receiving only what they required. As people's mobility reduced the registered manager made sure district nurse were involved with people to reduce the chance of pressure sores developing. A staff member told us, "Reviews are constant, tweaks and changes are made daily."
- Staff knew people well. Staff told us that sometimes they attended the pre-assessment meeting so that they could get to know people and their needs right from the start. A member of staff said, "We get to know people quickly. We spend a long time on care calls and never rush away. We get to know their likes and dislikes."

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 told us that relatives were very supportive with any communication needs that people had although at the time of the inspection there was no one with any specific needs. Relatives and loved ones were able to provide a link to exchange messages if needed.
- The service was able to access equipment to help for example, electronic devices where messages could be written down or verbally recorded had been used. Support with communication was discussed at the pre-assessment and any equipment that might be helpful was put in place prior to care calls starting.
- Staff told us that people living with dementia sometimes required more time to understand conversations. Staff said they took time, spoke slowly and clearly and repeated messages as often as

needed. Similarly, having relatives present to support helped in getting people to understand what was being said.

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 were cared for in bed. However, some people were able to be supported on short trips. A staff member told us they had recently taken a person out with their family for lunch. Another person was supported to attend bingo.

● Having family and loved one's present was the most important thing to people as they approached the end of their lives. This was recognised by the registered manager and all staff and every effort was made to ensure that these relationships were supported and people had access to those they loved whenever needed.

Improving care quality in response to complaints or concerns

● The service had a complaints policy that was accessible to people and their relatives and loved ones. Copies of the document were available in people's homes. No complaints had been made against the service however relatives told us they were confident to complain if needed and that any matters they raised had received an immediate response and resolution.

● Comments from relatives included, "I'm very confident any complaint would be handled well," "I know they would deal straight away" and "I have a lot of trust in (registered manager) and would always approach them if I needed to."

End of life care and support

● The service provided care and support for people towards the end of their lives. We spoke to the registered manager about the importance of the type of care provide at this time and they said, "You can't do it again. Death is what the family remember and you have to get it right." The registered manager was passionate about providing the best care for people and support for their families.

● The service had policies in place for end of life care and for death of a person. All staff were familiar with these documents which gave clear guidance for end of life care and the steps to take and consider when a person dies.

● Staff had received training and guidance from the registered manager about the important aspects of providing care and support to people towards the end of their lives. A member of staff told us, "To make them comfortable, safe and not afraid. This includes their family too." Another said, "Being comfortable and having family close and maintaining people's dignity." Another member of staff said, "It's a privilege to be there."

● A professional commented on the registered manager, "Makes herself available 24/7. I've seen them come in to support people at the most difficult of times."

● Comments made by relatives confirmed the level of care and support provided to families at this very important time. We were told, "Their (relative) last day could not have been better," "Always there to help and advice, a real comfort to me," "An important job to do, they make a lot of effort" and "They turned up within 20 minutes of (relative) passing. They washed and dressed them for us. That's over and above."

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We were shown risk assessments for people relating to aspects of people's care, for example, nutrition and hydration, mobility and skin integrity. Although the registered manager demonstrated knowledge about specific risks to people, not all risk assessments had been fully completed and some were in draft form which left gaps in care plans.
- Similarly, people's mental capacity had been assessed but there were no decision specific assessments in place to demonstrate that people or their relatives or loved ones understood the decisions being made on their behalf.
- Although the service had only been operational for about nine months some auditing processes had taken place but auditing of all systems and processes needed longer to embed so that the registered manager could be sure that the care and support provided by staff was fully compliant.
- The registered manager maintained complete oversight of the service, the people and the care and support provided. However, there was a need for greater support for the registered manager who told us they had not had a day off work for several months. A deputy manager had recently been employed but again this support needed time to fully embed to enable the registered manger to have greater resilience in their role. All these areas we identified as requiring improvement.
- The registered manager knew people and their staff well. A staff member said, "(Registered manager) is fantastic but she is stretched."

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

- The care provided to people was person-centred. Staff knew people well and demonstrated extensive knowledge of individual needs. Staff knew they were able to contact the registered manager for advice at any time and that, most days, they had face to face meetings to discuss people's needs. A member of staff said, "(Registered manager) is in contact with us each day for us to ask questions and give any support needed." Another said, "(Registered manager) has achieved so much in such a short period of time."
- Relatives spoke highly of the registered manager. Comments included, "It's very well run," "The manager is out there with their team" and "Makes you feel like part of the family. I'd recommend this service to anyone."
- Similarly, professionals when speaking about the registered manager told us, "As a former hospice nurse, understands the needs of people and relatives" and "If only everyone was as good."

● Everyone we spoke to described a positive culture being promoted by the registered manager.

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 understood their responsibilities under the duty of candour to report significant incidents to the CQC. The registered manager was open and honest with us throughout the inspection.

● There had not been any reportable incidents but the registered manager explained to us, correctly, the process they would go through in the event of an incident occurring. Legally certain incidents must be reported for example, serious injuries or where there is risk of abuse or harm.

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

● Although there were no official questionnaires to capture feedback from people and their relatives, there were daily opportunities for feedback to be given. The registered manager visited people daily, carried out reviews of care and asked for feedback. Feedback was shared with staff. The service also used an independent website for capturing feedback from relatives. At the time of the inspection 14 entries had been made, all of which were positive.

● Similarly, with staff, the registered manager maintained daily contact. A staff member said, "Our 121's are held as we work. The manager is always there to support us." Another said, "(Registered manager) is in daily contact. We phone each day to discuss the clients and give our views and are able to ask questions."

● People's equality characteristics were recorded and respected. For example, some people followed certain faiths. Any requirements relating to a person's faith were documented and complied with. For example, a person required a faith leader to attend to say prayers with them during their final hours and another's faith required the funeral arrangements to be made within a specific time frame.

Continuous learning and improving care

● We were shown a 'Business Contingency and Emergency Planning' document. This provided details of contingencies to be adopted in the event of significant events affecting the service. The service began supporting people during the pandemic and provided an uninterrupted service to people throughout. Relatives told us they were reassured by the registered manager and their team that support for their loved ones was not affected.

● The registered manager told us that after every passing of a person they held a meeting with all staff involved in the person's care to discuss the care provided and any learning that could be shared and carried forward. After one recent meeting it was noted that staff who attended after a person had passed had spent time preparing the person for the family to see. Positive feedback was received from the family for the support and care provided at that difficult time.

● The registered manager kept themselves up to date with the most recent bulletins received from the local authority, public health England and the CQC. Key messages were cascaded to all staff.

Working in partnership with others

● The registered manager had developed positive relationships with professionals and partners including, CHC, the local hospital, local GP's and district nurses. A professional told us, "It's an excellent service and the communication, whether by phone or e-mail is particularly effective."

● From the pre-assessment stage the registered manager knew if any additional support might be needed for example, the provision of a hospital bed or other equipment such as commodes and walking aids. A relative said, "They worked with other departments to get all the equipment we needed."