First Line Healthcare Limited

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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?	Good

Summary of findings

Overall summary

About the service
First Line Healthcare Limited is a domiciliary care agency. The agency provides personal care to people living in their own homes. At the time of the inspection, care was being provided to four people. Some were living with dementia and some had physical disabilities.

People's experience of using this service and what we found
People told us they felt safe and protected from harm. This was supported by relatives and loved ones. Staff had completed safeguarding training and were able to tell us the steps they would take if they had concerns. Everyone had risk assessments relating to their specific care and support needs for example, diabetes and dementia. Accidents and incidents were recorded within people's care plans and had been investigated. Staff had been recruited safely. Some people were supported with medicines by staff who had received appropriate training. The service had robust policies and procedures relating to infection prevention and control.

New staff completed a 12-week induction process. This was followed up with supervision and appraisal meetings and regular unannounced checks on staff working practices during care calls, by the registered manager. People had the same staff supporting them and staff had got to know people very well. Some people were supported with food and drink needs including checks on blood sugar levels for those living with diabetes. Staff understood the importance of gaining consent from people and had received training in mental capacity and best interests. 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 told us that staff were caring. People were treated in a dignified way; privacy was respected and independence promoted.

Care was provided in a person-centred way and people's wellbeing was supported. Staff sometimes offered support to people to meet medical appointments and were aware of the importance of communicating clearly with people who required more time. No complaints had been made about the service but a policy was in place and easily accessible to people and their loved ones. No one was in receipt of end of life care at the time of the inspection but all staff told us they had previous experience in supporting people at this important stage of their lives.

The registered manager showed us business continuity and contingency plans which demonstrated a clear understanding of management of the service and vision moving forward. Everyone we spoke to, people, relatives, professionals and staff, spoke highly of the registered manager, their ongoing support, knowledge and presence when needed. Feedback was sought through questionnaires and day to day conversations. Auditing of all key areas of documentation was carried out by the registered manager.

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 3 December 2019 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 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

First Line Healthcare Limited

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
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 24 hours' notice of the inspection visit because we needed to be sure the registered manager would be available 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 from the local authority and professionals who work with the service. Due to the COVID-19 pandemic and in order to minimise our time spent in the office, we requested that several documents be sent to us by e-mail. For example, policies, procedures, business and contingency plans and details of staff training. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We visited the office on 25 May 2021 and spoke with the registered manager and one senior carer. We viewed a range of records including four care plans, medicine records, safeguarding, accident and incident reports and two staff personnel files. We looked at records about the governance of the service including complaints and auditing processes.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with two people, two relatives, two 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

- People told us they felt safe and were protected from the risk of harm. All staff had received safeguarding training and knew what to look for and what action to take if they had any concerns about safety. A person told us, "Do I feel safe? Yes, very much so." A relative said, "I know they are in safe hands. I live a little way away and I find that reassuring."
- Staff spoke with confidence about safeguarding, one member of staff told us, "Anything I was not happy with I'd report to (registered manager). I know I can go to CQC, the police and social services too If I need to."
- The registered manager told us they were confident in using the safeguarding process if required, although none had been reported up to the time of the inspection. We saw a safeguarding policy which had clear guidelines for managers and staff.
- All staff were aware of the whistleblowing policy and told us they felt confident to use this process if needed. Whistleblowing protects staff from being identified when raising concerns.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of their specific care and support needs. For example, a person was at risk from developing pressure sores. Staff told us that they applied creams and moisturisers each day and that they made sure the person was repositioned regularly and given the opportunity to stand to reduce the risk of sores developing. A person living with a specific mobility challenge told us, "They know all about me and what I need to do each day."
- We saw care plans and daily notes that reflected people's ongoing health needs and recorded any emerging risks or concerns. For example, body charts were included to record any redness to skin. Staff told us they had time to read previous daily notes before providing support to people so they had the latest information about people. A staff member said, "I always read the care plans and daily notes. I'll record and report any changes."
- Risk assessments specific to people's needs in care plans, were easily accessible and clear to read. Risk assessments included potential triggers to emerging risks. For example, a person living with dementia who enjoyed and was supported with food and drink. Their care plan said if they declined food and drink it was an indication that they were feeling unwell and medical advice was sought.
- Environmental risks in people's homes were recorded and reviewed monthly. These included checking that smoke alarms had been tested, ensuring electrical equipment was correctly connected and that there were no trip hazards caused by wires or loose carpeting.

Staffing and recruitment

- At the time of the inspection the service had six members of staff including the registered manager. This

was enough to meet the needs of the four people they were providing care for. People told us they had regular carers, that they were never late and that they always had enough time to meet their needs. A person told us, "I always have the same carers, they are never rushed. We get on well together."

● Although a small team there were contingencies in place if a carer was running late or had reported sick with short notice. The registered manager and one other member of staff were always kept free to provide this cover if needed.

● Staff were recruited safely. We looked at staff personnel files and saw the following checks had been carried out before staff could start work: references, photographic identification, checks on gaps in employment and Disclosure and Barring Service (DBS) checks. DBS checks provide information about people's previous cautions and convictions to ensure potential staff are safe to work at the service.

● Staff were matched to people according to their skills and training and based upon people they had a rapport with and get on with. A staff member said, "We're introduced to them by the manager in their homes. It's so they know we'll get on together."

Using medicines safely

● People who needed support with their medicines were looked after by staff who had received medicine training and who had their medicine competency checks done regularly. A staff member said, "All medicines are in the blister pack. We always check them and prompt when taking."

● Medicine administration records (MAR) were kept in people's homes and collected monthly for auditing. We saw completed records which had a clear code for medicines that had been taken, signed by the staff member providing, dated and timed. A person living with dementia sometimes refused their medicines. Staff told us that they spent time talking to them and explaining the importance of their medicines. The person would then take them willingly.

● A relative told us that following a review of their relatives medicines the registered manager had called them to discuss. The relative told us, "They told us they had consulted with the GP but did not want to start new medicines without speaking to us first. I thought that was very good."

● Some people received 'as required' (PRN) medicines, for example, for pain relief. Care plans had details of these and a separate code was used on the MAR chart. A separate protocol was in place for PRN medicines which staff were aware of. A staff member said, "If unsure I'd always ask the manager, I would not give without permission."

Preventing and controlling infection

● Staff had access to personal protective equipment (PPE) and used it in accordance with current government guidelines. A person told us, "They always have a mask on when they arrive and put on gloves and aprons when they come inside." A staff member said, "We keep large plastic storage boxes in people's homes, we never run out."

● We looked at staff training records which showed that all staff had completed infection prevention and control training and specific training relating to the COVID-19 pandemic.

Learning lessons when things go wrong

● Accidents and incidents had been reported and recorded within people's care plans. As there were only four people in receipt of support at the time of the inspection this process was manageable and allowed the registered manager to audit each care plan and to pick up on any trends that were then shared with all staff.

● For example, care plans recorded falls and in one case, an increase over a short period of time. The risk assessment had been updated, staff informed and specialist advice sought from the local authority falls team and medicines reviewed with the person's GP. Although none of the incidents had met the threshold for reporting to CQC, the registered manager correctly told us the process they would follow in the event of a significant incident.

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

- The registered manager carried out pre-assessments. All available information was collected, and visits arranged to people's homes with a family member or next of kin present. During lockdown some initial assessments were carried out over the telephone but were always followed up by home visits. The registered manager told us they always spoke with the person's GP and other professionals for example, district nurses, where appropriate.
- Pre-assessments were thorough and ensured that all care and support needs were discussed so that the registered manger was confident that their staff had the correct skills and training to look after people. For example, some people were living with dementia or diabetes. Appropriately trained staff were paired with people with particular needs. A staff member said, "We go to people's homes to meet them as part of the assessment. To make sure we can care for them and that we'll get on well together."
- During the pre-assessment the registered manager will visit people's homes and look for any environmental issues that might affect a person's safety and ability to move freely around their home. The registered manager had made referrals to occupational health when mobility equipment was needed.
- People and relatives were involved in care planning and ongoing reviews. A person said, "Oh yes, they came and saw me and sorted everything out." Another said, "They came and assessed what I needed." A relative told us, "Everyone was at the pre-assessment. We talked it all through, exactly what was needed. We did it again with a new carer too."
- The registered manager told us that they were in regular contact with people's GPs, social workers and other professionals. In one case it became necessary to liaise with a practice nurse and podiatrist to ensure care provision was supporting others involved in the person's care.
- People told us that their relatives / loved ones helped them with health appointments, for example, visits to the GP or hospital. A relative told us, "I know the carers would help if we asked them and they have been to see them in hospital." Staff told us, "Families are very supportive." Another said, "I monitor (name of person) all of the time. I'd call for help from their social worker, GP or nurse if I needed to."

Staff support: induction, training, skills and experience

- New staff had a 12-week induction program involving initial training, opportunities to shadow more experienced staff and observations of their practice leading to sign off to work independently. Details were recorded in staff personnel files. A staff member said, "There was a large pack we had to work through. We had lots of shadowing days."

● The registered manager carried out regular spot checks, unannounced visits to observe staff at work carrying out specific tasks such as personal care and providing medicines. Support was ongoing and people had regular supervision meetings. We saw records of supervision meetings which were opportunities for the registered manager to support staff and provided an opportunity for staff to raise any issues or concerns.
● All staff were up to date with training. We were shown a training schedule confirming all key areas had been covered and refresher sessions scheduled. Training included: safeguarding, moving and handling, dementia and diabetes.
● All staff were experienced in domiciliary care work and most had nursing backgrounds. A relative said, "They are so well trained."

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutrition and hydration needs were monitored and met. Most people were either independent in preparing their own food and drink or were supported by relatives or loved ones. A person said, "They don't have to but sometimes they do help me with getting food ready." A relative said, "They do help at weekends. They always offer a choice and have sometimes made a couple of things for them."
● Some people had dietary needs for example diabetes. Staff had the required skills to support people living with diabetes. In one care plan we saw a risk assessment which included records of staff monitoring daily glucose levels and had access to glucotabs if needed. Glucotabs are used to boost glucose levels if needed.
● Staff acted on any concerns or issues arising when people's dietary patterns changed. We saw in daily notes that a person had been eating very little for several days. This was identified by staff and a referral was made to the GP and the person was taken to hospital for an assessment.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Where people lacked the capacity to make some specific decisions, these had been made on their behalf. Decisions had been made following best interest meetings involving people, their relatives / loved ones, the registered manager and following consultation with other professionals for example, the person's GP. An example was a decision for a person to remain living at home with support from carers.
● People had consented to the care they received. Consent was documented in care plans and signatures counter-signed by relatives / loved ones.
● Staff understood the importance of consent. A member of staff told us, "Always ask, always explain. Sometimes I ask, 'can I help you'?" Another said, "I always make sure a person is comfortable, talking is very

important."

● Staff knew people well and understood people who lacked capacity to make some decisions had to be approached in a way they understood and were comfortable with. Staff told us that if a person refused personal care this was sometimes about understanding the question. Staff knew to wait and approach people again in a few minutes and sometimes gently start preparing to provide care, so people understood what was happening.

● Do not attempt cardiopulmonary resuscitation (DNACPR) had been discussed with people as part of the pre-assessment meeting. Some people had been happy for these forms to be completed with original documents being kept in people's homes and a copy at the office.

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

- People told us that staff were caring. Comments from people included: "I can't fault them," "They are very cheerful and will often have a joke with me," and "We get on well together, they take their time with me."
- We spoke to relatives who supported this view. One told us, "They are a very good team, they know (person) so well and are lovely with them. I would give them 11 out of 10." Another relative told us the registered manager sent birthday cards each year and remembered a significant anniversary and sent a bunch of flowers. The relative said, "I think that was definitely above and beyond."
- A person had recently been taken to hospital. A relative told us that on hearing this the registered manager went straight to the hospital to support them and remained there for several hours. Staff who were present at the person's home were able to provide a full medical and recent history of the person including the events leading to them becoming unwell.
- A professional said, "(Name of person) does not warm to people straight away but they have developed a great relationship with them. I know they are very happy."
- The registered manager told us that most people had strong links to a local church. Relatives and friends from the church would take people for services each week but the registered manager and staff would step in to help if needed.

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

- People were given choices when being supported by staff. Choices included whether they wanted to bathe or shower, how they would like to take their medicines and what clothes they would like to wear each day.
- People and their relatives were involved in decisions about care and reviews about the current levels of care and support needed. The registered manager told us that reviews of care plans took place in people's homes every month and that people were at the centre of this process and were involved.
- Staff understood the importance of involving people in decisions. A staff member said, "I will always respect a decision not to do something. I'll always ask again and record details in the daily notes." Another member of staff told us about a person who, due to living with dementia, usually said no even when they mean yes. The staff member said that they never took things for granted and would always double check and fully explain everything that was happening to the person.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were protected. All personal information held about a person away from their homes was kept in a locked cupboard in a locked office and was only accessible to the registered manager

and a senior carer. Staff told us that maintaining dignity was important, one member of staff said, "I treat people like I would treat my own relatives." Another said, "I'll always cover up and shut doors during personal care. Privacy is important but I'd always make sure they were safe too."

● Staff promoted independence for people. A person said, "I'm very independent, I like to do things myself. They let me but make sure I'm safe at all times." A relative told us that their relative lived with dementia and never chose to wash. They explained that the staff would fill a basin of water and lead them towards it. They said, "They give them the opportunity each day to wash themselves. If they need encouragement and support, they are there on hand." We saw in daily notes that staff always recorded that they checked the water temperature before leaving people to wash.

● The registered manager told us that they assess every aspect of a person's needs and wishes, including what they like to achieve themselves and the things they need support with. We saw all this information in care plans.

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 needs based on care and support requirements and individual preferences, likes and dislikes. People told us their wishes were respected. One person said, "They know me well and that I like to be independent." A relative told us, "They know exactly what (person) wants."
- Care plans contained a 'client compatibility assessment'. This assessment contained personal details and preferred daily routines including what people preferred to do for themselves, for example, brushing their own hair and teeth. Cultural and faith were included and several people had religious beliefs and were supported to attend local places of worship. Another had details of preferences relating to the preferred gender of the staff that cared for them.
- People's needs were constantly reviewed. Following a stay in hospital a person's needs were completely refreshed, the registered manager liaised with hospital staff and the person's GP to review medicines, mobility and dietary requirements. A relative said, "They completely reviewed the plan when they came out. They came straight to the house."
- At the time of the inspection there was a small staff team supporting four people. The same staff supported the same people and they all knew each other very well. A member of staff said, "I know them so well. I can tell if they are off colour, I know when to give them a little more time and space."

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 knew how to secure resources to help with communication if needed. At the time of the inspection there were no people with specific communication needs.
- Staff told us that people living with dementia sometimes needed more time to understand conversations. Staff told us that they always had enough time to support people and that they would speak slowly and clearly and repeat important messages. Staff said that leaving a few minutes in between specific tasks often worked.
- Similarly, when people were feeling unwell the same approach would be taken, speaking clearly and taking time with people. The registered manager told us that relatives and loved ones provided a great support to people and their staff and would always help facilitate communication and pass on messages if needed. Communication needs were discussed at the pre-assessment meeting.

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

● People had different interests and this was acknowledged by the registered manager. Staff were matched with people, where appropriate, where they shared similar interests. Some people had a strong Christian faith and were supported to attend a local church. When people were unable to attend the registered manager had arranged for the pastor and friends from the church to visit.

● A staff member told us that they shared an interest in music with a person they supported. As part of their weekly routine they would help with a visit to a local music shop.

Improving care quality in response to complaints or concerns

● The service had an up to date complaints policy that was accessible to people and relatives. A copy was kept in people's care notes at their homes. No complaints had been made but people and relatives told us they were confident in raising issues and they knew about the policy and what steps to take if needed.

● Comments from people included, "I've never had any issues but I'd call the manager if I had," and "I'd speak to the carers or raise it with the managers." Relatives said, "I'd get straight on the phone to (name of manager)," and "They have always said just call if any problems. Whatever the issue, they always deal with it."

● People were encouraged to feedback issues including any complaints or concerns either in writing or verbally.

End of life care and support

● At the time of the inspection no one was receiving end of life care. Although no specific end of life training had been provided by the registered manager, all staff had recently received training from places they had previously worked.

● Staff were able to tell us the important aspects of people's care and support towards the end of their lives. A staff member told us, "I do have previous experience. Treating people with respect and dignity is important, involve them as much as possible and tell them exactly what you are doing." Another said, "Awareness of pain, make them as comfortable as possible."

Good

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 good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Care plans promoted person-centred care. People living with particular needs for example, diabetes, dementia and mental health had specific plans and risk assessments in place to help manage their day to day lives.
- People spoke highly of the registered manager and told us that they ran the service well, nothing was too much trouble and often went the extra mile. Comments from people included, "Excellent," "On the ball," "Will come and see me for a coffee" and "I can call then anytime, so supportive."
- Similarly, relatives told us, "They were straight round when (relative) was taken ill," "We once gave them just one days' notice to cancel calls as we were taking (relative) away for the weekend. They did not mind at all" and "They are excellent, adaptable and willing to help in any situation."
- Professionals told us of an effective working relationship with the service and the registered manager. A professional told us, "They are very helpful and always respond quickly."
- Everyone we spoke to described a positive culture being constantly promoted by the registered manager. A relative told us, "We have had bad experiences with care in the past. It's very different here, regular contact and nothing is too much trouble." A staff member who had worked in care for many years said, "I'd absolutely recommend this as a place to work. The manager is so supportive."

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 was open and honest with us throughout the inspection. The registered manager understood their responsibilities under the duty of candour and knew what and how to report significant incidents to the CQC.
- The registered manager had not had occasion to report anything to the CQC. By law, certain incidents for example, where the police were involved, where a serious injury had occurred or where there were issues of abuse or risk of harm, must be reported. The registered manager was able to explain to us the process they would follow if required.

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

- The small staff team were overseen by the registered manager. A senior member of staff supported the registered manger with some supervisory tasks for example, auditing and supervision meetings.

● We were shown an auditing file. There was a schedule of monthly auditing that included medicine records, daily notes, PPE supplies, health and welfare issues and a detailed look at timings of care calls.
● As the service was small some audits took place three monthly. For example, accidents and incidents, including falls. Few had been reported and the registered manager had detailed knowledge of each case. No specific patterns had been identified due to the small number of incidents. Systems were in place to identify future trends and patterns with learning to be shared with all staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The registered manager knew people well. They were involved in all aspects of people's care provision and people told us that they would often visit informally to catch up and seek feedback from people and make sure they had everything they required.
● The registered manager understood the importance of feedback to help inform the service, highlight good practice and to consider areas for improvement. We saw completed questionnaires form people and relatives that were very positive about all aspects of the service. Everyone had completed a questionnaire at least once and the overall summary of care was 'excellent.'
● Staff had regular supervision meetings and annual appraisals. We saw records of regularly held team meetings. Staff told us that they were in daily contact with the registered manager either by telephone or when attending care calls. A member of staff said, "We're in touch all of the time. I have plenty of opportunities to raise any issues and I'm always listened to."
● This level of contact with staff had been maintained throughout the pandemic. At the height of the pandemic a further questionnaire was completed by people, relatives and staff specifically related to COVID-19. This was completed to ensure everyone felt safe and supported. Similarly, the result of this questionnaire overall was shown as 'excellent.'
● People's equality characteristic were acknowledged and celebrated. For example, some people had strong connections to a local church and this was supported by staff respecting people's faith and helping them to practice their beliefs.

Continuous learning and improving care
● Business continuity and contingency plans were in place. The service had started to operate a few months before the pandemic. The registered manager had been able to keep the support for people going despite the challenges caused by the pandemic. People, relatives and staff were all reassured by the registered manager about safety and were supported every day to work or to continue to receive the care needed.
● The registered manager kept themselves up to date with the latest bulletins and information passed to them from the local authority, Public Health England (PHE) and CQC. Key messages were cascaded to all staff. The registered manager attended forums with other managers which they told us they found very helpful to share good practice and lessons learned.

Working in partnership with others
● The registered manager had developed positive relationships with professionals including, hospital staff, GP's and occupational therapists. The registered manager told us that although people were quite independent, they had asked them to liaise with practice nurses and podiatrists. A professional told us, "I was involved in a review recently, very helpful, no issues."