Fosse Healthcare Limited

Fosse Healthcare - Leicester

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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service provides care and support to adults with a range of needs.

This is the second comprehensive inspection of the service. This inspection took place on 1, 2, 7 and 22 August 2018 and was announced. At the time of our inspection visit 180 people were using the service.

At our last inspection in May 2017 we rated the service overall as 'Requires Improvement'. At this inspection the service had improved, we found evidence to support the rating of Good.

The service did not yet have a registered manager the current manager has begun the registration process. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of harm. Staff had been trained in safeguarding people and understood how to assess, monitor and manage their safety. A range of risk assessments were completed and preventative action was taken to reduce the risk of harm to people.

People were supported with their medicines in a safe way. People's nutritional needs were met and they were supported with their health care needs when required. The service worked with other organisations to ensure that people received coordinated care and support.

People were protected by safe recruitment procedures to help ensure staff were suitable to work in care services. There were enough staff to meet people's needs. Staff received training for their role and ongoing support and supervision to work effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider followed the principles of the Mental Capacity Act, 2005 (MCA) in planning and delivering people's support. People's consent was obtained before they were supported.

People and where appropriate their relatives were involved in planning peoples care. Care plans were reviewed and updated as people's needs changed. Staff were provided with clear guidance to follow in the care plan which included information about people's preferences, daily routines and diverse cultural needs. Staff had a good understanding of people's needs and preferences and worked flexibly to ensure they were responsive.

Most of the people and their relatives were happy with staff who provided people's personal care and had

developed positive trusting relationships.

People, relatives and staff were encouraged to provide feedback about the service which was used to assess the quality of the service and to make any required improvements. The provider had a process in place which ensured people could raise any complaints or concerns and people felt comfortable to do this should they need to.

The manager and staff team were committed to the provider's vision and values of providing good quality, person centred care. The provider's quality assurance system to monitor and assess the quality of the service was used effectively to improve the service. Lessons were learnt when things went wrong and improvements made to prevent it happening again. The provider worked in partnership with other agencies to meet people's needs and people's health and well-being was continuously monitored by the staff.

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.

Risks associated with the delivery of people's care and support had been adequately assessed and planned for. People felt safe at the service. Staff were safely recruited and there were sufficient numbers of trained and skilled staff working for the service. Medicines were safely managed and people were protected from the risk of infection. Incidents were being responded to, to ensure people's safety.

Is the service effective?

Good

The service was effective.

People's consent was sought before staff provided care and support and the principles of the Mental Capacity Act 2005 were being followed by the provider. People were supported to eat and drink enough to maintain a balanced diet. People's health and well-being was supported and people's home environment was checked to ensure it was safe and suitable for people and staff. People were cared for by staff that received the training and support to enable them to carry out their roles.

Is the service caring?

Good

The service was caring.

People were involved in the planning and delivery of their care and support. People's privacy and dignity was respected and people were supported by kind and compassionate staff.

Is the service responsive?

Good

The service was responsive.

People received care that met their needs and had plans of care that were updated as their needs changed. People and their relatives had information on how to make complaints, though some were displeased about how they were responded to. People were supported to plan and make choices about their care at the end of their life.

Is the service well-led?

Good

The service was well-led.

There was a visible leadership at the service, with a clear vision to provide good quality care. Systems had been updated to monitor the quality of care and support people received. Care plans and risk assessments were regularly updated. People and staff were engaged to suggest changes and improvements to the service.

Care Quality Commission

Fosse Healthcare - Leicester

Detailed findings

Background to this inspection

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

This inspection took place on 1, 2, 7 and 22 August 2018 and was announced. On the first two days we spoke with people who used the service or their relatives. On the final day we spoke with staff about the service. We gave the service 48 hours' notice of the inspection because we needed to be sure that a manager would be in to help us.

The inspection visit was carried out by one inspector and an expert by experience. An expert by experience completed the telephone calls to the people who used the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise was in the care of the elderly.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. This was returned to us by the provider and used to inform our judgement. We reviewed the information we held about the service. This included statutory notifications regarding important events which the provider must tell us.

During the inspection we spoke with eight people who used the service and eleven relatives and a friend. We spoke with four staff who provided care and support to people, a care coordinator, an area manager and the manager.

We looked at the care records of four people who used the service. These records included care plans, risk assessments and daily records of the support provided. We looked at four staff recruitment files and staff training records. We looked at records related to how the quality of the service was monitored. We also had some documents sent to us following the inspection. These included quality audits and checks, minutes of meetings, and feedback provided by people who used the service and their families.

Good

Is the service safe?

Our findings

At our last inspection in April 2017 we found people did not receive their care at the agreed times and there were not enough staff to meet people's needs. At this inspection we found there had been improvements.

Staff were employed in sufficient numbers to meet people's diverse and cultural needs. One person said, "The regular staff can speak the same language as my late husband and therefore we can talk together, I love to talk."

We spoke to the manager about the staffing numbers. They said they were continually employing staff to cover all the areas in the Leicester and Melton Mowbray areas and had currently succeeded in reaching a full quota of staff. They said they looked at the Melton Mowbray area carefully and only took on new contracts if there were enough staff to cover the small villages around the town.

Staff recruitment processes protected people from being cared for by unsuitable staff. Staff files contained the required evidence that the necessary employment checks had been carried out prior to staff commencing work at the service. For example, Disclosure and Barring Service (DBS) checks, employment history and references were sought to show that staff were suitable to work with vulnerable people. The staff team confirmed that these checks were carried out before they commenced their employment.

Most people we spoke with were happy with the consistency of the visiting staff. People said they had been transferred from another agency that closed down recently. The times that visits were planned for were subject to change at short notice. We spoke to the manager about this. They said they were experiencing problems at the beginning of the transfer period, but the transferred staff had now settled into a better working pattern.

The manager added the changes of staff were also occasionally necessary to compensate where staff had unplanned emergencies. That resulted in changes to staff rotas, sometimes at the last moment, but these were kept to a minimum to try and provide consistent care staff to visit people.

We asked staff if they felt people received their care calls were now on time. All the staff we spoke with agreed, one staff member said, "It's easier now the new people that came on board recently have got more permanent staff and visit times."

When we asked people if they were introduced to new staff prior to care being offered, one person said, "There is no shadowing new staff just turn up." We spoke with the manager about this. The manager said, all staff have a minimum of two days shadowing when they commenced employment and more if they think this necessary. They also said that when changes to care packages occur staff routes are re-planned to increase staff efficiency with their travel time. Office staff attempted to inform people of the changes in advance but this was not always possible.

Some people told us staff continued to visit later than their appointed time, and they were not always

contacted by the office. We spoke with the manager and they said there could be times where people were still not contacted about late visits. This resulted where the 'out of hours' on call senior had to go out and cover visits where staff had emergencies to deal with.

We looked at the new system of staff logging in and out of their calls. The system sent live information to the monitoring staff about the planned time of the call and what time staff actually visited. We saw the system in use and spoke with staff who operated it. They told us there were automatic alerts that came onto the computer screen where a carer was late, they then attempted to call the people involved. The system was monitored from 7.00am till 10.00pm, and ensured staff safety especially when working alone and of dark mornings and evenings.

The staff team were trained and understood their responsibilities in relation to protecting people from the risk of abuse. There was a safeguarding policy in place which included information about external agencies who could be contacted if people had concerns about their safety. There were systems in place for recording and reporting safeguarding concerns. The manager had taken appropriate action when any allegations of abuse had been made or identified and had a good understanding of their responsibilities in this area. Staff were trained in whistleblowing.

People and their relatives told us they felt safe with the care provided and staff who supported them. One person said, "Oh yes I am very safe, I will not be bullied." A relative said, "I think [name] is safe with the staff here yes." A second relative said, "[Name] has never said I don't like so and so [staff], therefore I am sure they feel safe and have no concerns."

Before care commenced for people using the service an assessment of their needs had been completed which identified any potential risks associated with the delivery of their care and support. The written risk assessments provided staff with information about the risks people faced and how to reduce them. These covered all aspects of people's safety such as the support people needed to move around and potential hazards within the home environment where people would be supported. Risk assessments were reviewed regularly when people's needs changed which ensured their safety and well-being.

Care plans provided detailed information and guidance about how people should be supported. Staff had been trained in moving and handling people and their practices had been checked before staff were able to support people. One person said to us they were regularly assisted by staff to move from one area to another, and there had not been any accidents. That meant staff used the training they received to keep people safe.

Staff were trained to provide people's medicines safely. Care plans provided detailed guidance about how and when people needed to be given or prompted to take their medicines. Most people told us their relations handled their medicines where they were unable to do it themselves. People who were assisted by staff were satisfied with the staff competency and times they were administered.

Staff told us they ensured they recorded when they prompted or gave people their medicines. One member of staff said, "There's MAR charts [medication administration records] in place and you read them before giving them [medicines]." These records were checked regularly by management staff to ensure people were getting their prescribed medicines. Staff were checked regularly to ensure their remained competent and their practices were in line with the providers policies and procedures. Medicine stock and storage arrangements for medicines were monitored to ensure a plentiful supply that remained safe and out of reach of people unauthorised to handle them.

People were protected from the risk of transferred infections. People confirmed with us that staff used personal protective equipment (PPE) such as disposable gloves and aprons to protect them from the risk of infection. One relative said, "I know the staff wear gloves as they are putting them on as they come in the door."

We viewed the training records which confirmed staff were trained in infection control. Staff told us they had received training in infection control procedures and had a plentiful supply of protective clothing such as disposable gloves, aprons, shoe covers and antibacterial hand gels. The manager told us that the senior carers and management team worked with staff in the delivery of care, which meant they were able to check that staff followed the policies and procedures and ensure people's safety.

Any incidents which took place at people's homes were recorded and investigated. We saw that action was taken to ensure people were safe. Incidents were monitored by the management team to identify any trends so that action could be taken to prevent any re-occurrences. The manager told us that any lessons learnt from incidents were shared with the staff team to ensure people remained safe and included any complaint outcomes. This was done through the periodic staff newsletters, or raised with individual members of staff when necessary to improve their individual practices.

Good

Is the service effective?

Our findings

At our last inspection in April 2017 we found people were not supported in line with the requirements of the Mental Capacity Act 2005 (MCA). At this inspection we found there had been improvements.

Peoples consent to care and treatment was sought in line with current legislation. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. No applications had been made to the Court of Protection.

We checked whether the service was working with the MCA principles. Assessments took account of people's capacity and their consent had been sought about their care and support. We saw that some mental capacity assessments had been carried out and that best interest decisions had been made and documented as required. The manager and staff team understood their responsibility in relation to the MCA and staff had received training in this area of care. Staff we spoke with described obtaining people's consent when offering support to them, and told us they offered people choices and respected their decisions.

People had access to advocacy services should they need these as some people using the service did not have any friends or family to act on their behalf. We saw details of advocacy services which the manager told us they would access should this be required.

People had their needs assessed before commencing their care with the service. Care assessments were usually undertaken by a senior member of staff prior to the care package commencing. This enabled the provider to ensure that they could meet the person's needs and had the staff with the right skill mix to provide the care and support. People when able took part in the assessment process, though if they were unable, with permission, relatives were included in the process.

Staff had received adequate training to support people safely and effectively. A relative said, "One staff called [name] is very good, they seem to know what they are doing."

When we asked people if they felt the staff that visited were trained to meet their needs, one person said, "The staff are all lovely and do whatever I ask of them." Some people using the service could, at times, display behaviours which may have been challenging for staff to manage. The service delivered training to staff in this area where needed.

Staff we spoke with all felt that they received enough training to support people safely. One staff member told us, "I had induction training and shadowing before I went out visiting people alone." Shadowing is

where the new member of staff accompanies experienced staff to allow them to have an introduction to domiciliary care.

Records confirmed that staff had completed the range of training specified by the company which is related to health and safety, person centred care, nutrition, and training on different health conditions. The training was based around current legislation and best practice guidance. New staff completed an induction into the service and staff we spoke with told us that this was in-depth and that it had equipped them to carry out their role. They told us the amount of shadowing experienced staff was flexible and staff were encouraged to ask for more if they felt it was required.

The staff team felt supported by the manager and management team. They received regular supervisions and annual appraisals. Supervision is one way to develop consistent staff practice and ensure training is personalised for each member of staffs' needs. A member of staff said, "We get supervision every three months, but you can just call the manager or office staff, they are very supportive."

People told us they were well supported to have enough to eat, drink and to stay healthy. One person said, "Staff help warm me a lunch or an evening meal in the microwave and some will use the oven. I get a choice on what I want to eat." A relative said, "Staff plate up a lunch for [name], a sandwich or something." A second relative said, "The staff do all they can to persuade [name] to eat."

Staff who provided meals for people understood the importance of a daily balanced and healthy diet. Any special dietary requirements and support required such as portion size, allergies or food intolerances were documented within care plans.

People were supported to live healthier lives and were supported to attend regular health checks and medical appointments, though these were usually arranged by peoples' relatives. One person said, "Getting a GP appointment is a nightmare but I am sure the staff would help if needed."

Staff ensured that people's home environment was suitable and safe and any risks associated with this was documented in people's care records. Equipment and assistive technology was used to provide effective care to promote people's wellbeing and independence. For example, when necessary staff were instructed to remind people to wear their pendant alarms, to ensure they could call someone in an emergency.

Good

Is the service caring?

Our findings

At our last inspection in April 2017 we found people felt that staff did not take the time they wanted them to when supporting them. At this inspection we found there had been improvements.

Most people and their relatives told us the staff team were kind, caring and treated them with respect. Most people and their relatives confirmed the staff team delivered care to meet people's individual needs and preferences. One person said, "All the staff are nice we have no complaints about the care staff." A second person said, "The staff are all lovely gentle, nice and kind." A third person said, "The staff talk to me, I love to talk." A relative said, "The care staff are all lovely and they move [name] so gently." A second relative said, "Staff treats [Name] like their own mum and speak so nicely to them. The staff are very respectful and meet [Name] needs."

However, one person was dissatisfied with some of their carers and said, "I do not like the quiet people, some are odd I don't like miserable people." We spoke with the manager who said, "We try and match staff with service users and work around people's likes and dislikes.

Most people told us they had developed positive relationships with the staff group. However, some people told us that their carers were changed and they had to get to know new staff all over again.

People were included and enabled to make decisions about their care and these were documented and reviewed regularly. When people were unable to make decisions for themselves, these were made in their best interests following the correct processes and in consultation with the person's relative or representative. One relative said to us they asked for specific gender of carers for their relation and the office staff have planned the change in to all visits.

The manager had a good understanding when people may have needed additional independent support from an advocate. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Staff understood the importance of promoting equality and diversity, respecting people's religious and cultural beliefs and their personal preferences and choices. Staff were able to describe people's needs and preferences and how they needed to be communicated with, which showed they understood people and their care plan. Most care plans were detailed with information about people's wishes, preferences, their life history, and their preferred means of communication. The manager said that most of the people who transferred from another agency had now had their needs re-assessed and care plans re-written. This helped staff ensure they had accurate information to support people's individual needs and choices.

People were treated with dignity and their privacy was respected. A relative said, "Staff are very respectful and treat [name] very well."

Staff told us about how they cared for people and respected their privacy by closing doors and curtains and

using well placed towels to preserve people's dignity. The language and descriptions used in people's care plans and daily records referred to them in a dignified and respectful manner.

People using the service were provided with a 'service user guide'. This provided information about the service. This clearly described the aims and values of the service which centred around respect, trust and a person-centred approach to care. The manager said staff go through the document with people and their relatives when they commence the service and left one in their property.

The manager was aware of changes needed to comply with General Data Protection Regulation, (GDPR) that relates to how people's personal information held by the provider, is managed. A confidentiality policy was in place and staff were trained and regularly reminded to use the confidentiality process.

Good

Is the service responsive?

Our findings

At our last inspection in April 2017 we found people did not always receive the care that had been agreed and some people's care reviews were not up to date. At this inspection we found there had been improvements.

Prior to the service commencing staff gathered information which was used to develop a comprehensive care plan. Care plans supported people's independence and details were discussed and agreed prior to care commencing. Care plans were updated regularly, and in response where people's needs had changed. This showed the manager was responsive in reviewing the care plans to reflect the people's needs.

People and their relatives were unsure if they took part in care plan reviews. Some people told us that staff from the office had visited and 'had a chat', but they were unsure if their care plan had been updated as many people did not regularly look at their care plan. Care plan reviews we looked at resulted in the care plans being amended.

Records showed that for each call there was a planned routine for staff to follow so they knew what was expected of them. This had been agreed with people in advance and helped to ensure that care and support was personalised and responsive to people's needs. People told us staff knew their preferred routine, and this helped them accept the care offered.

Some people said they had the same staff visit at regular times but these were changed at short notice. We spoke with the manager about this and they said they only changed calls at the last minute due to unplanned emergencies. They said office staff attempted to get in touch with people to inform them. However, this was not always possible if the office staff were out of the office supporting staff in the emergency, which could happen out of normal office hours.

The manager was aware of the accessible information requirement. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service provided information about ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). Where necessary care plans included information about people's communication needs and a plan to support the person.

People and their relatives told us they were happy to raise concerns with the office staff and were aware how to use the complaints process. We had mixed comments on how complaints were dealt with by office staff. One person said, "When I ask to speak with the manager they are always in a meeting, and they never call back." A relative indicated that their concerns were not taken seriously. A second relative said they were always on the phone making comments and complaints. They said, "The office is very nice, but nothing is done I am not listened to."

However other people and relatives were happy with how their complaints were handled. One person said,

"[My visit] was missed completely one night, my family made a complaint and it is better now." A second person said, "There are no complaints it is all excellent. If I had a complaint I would speak to the manager." A third person said, "There are regular staff [that visit]. They come in pairs and call four times a day. After a complaint about timekeeping it is much better."

We spoke to the manager about the comments, they said they had introduced a new specific staff team who would now contact the manager to call people back. This was used in conjunction with the telephone 'spot checks'. This is where staff ensure people are satisfied with their current care package and visiting staff. People's opinions would be taken into consideration and care packages and visiting staff changed where required. This demonstrated the manager is striving to be responsive to people's needs.

People were aware of the contact details of the office and had access to a copy of the complaints procedure. The manager said all the people that used the service and their relatives or representatives were given a copy of this when the service commenced.

The management team had recorded complaints and had an open and responsive approach to complaints. We noted the service received thirteen formal complaints in the last 12 months. Staff used the service's complaints management system to log complaints and the action taken to resolve them. Records showed that complaints were taken seriously and complainants kept informed of how the service was dealing with them and the outcomes. The manager told us they had audited the complaints and there were three main areas where complaints were focussed. These were late and missed calls and communication between staff. They told us the new monitoring system that had been recently introduced had cut down the late calls and staff were re-allocated calls to ensure none were missed. They also said they had taken steps to improve communication between staff.

Information on complaint outcomes was relayed to staff via the staff newsletter to drive improvement from the wider staff group. Full information on how people could make a complaint was included in the service user guide, which was given to people when their service commenced.

People felt confident that they could make a complaint or raise any issues should they need to. The provider had procedures in place to record and respond to people's concerns.

People were supported to have a dignified pain free death. The manager told us the service recently provided personal care and support for a limited number of people who were terminally ill. They explained how the information sent from their healthcare colleagues was used to provide a detailed support plan.

Good

Is the service well-led?

Our findings

At our last inspection in April 2017 we found the manager could not be sure that staff had provided care to people at agreed times. At this inspection we found there had been improvements.

A new monitoring system had been installed last year which had dramatically reduced the number of late and missed calls. The manager explained late calls still happened though people were usually contacted and made aware. The manager also said there had been two missed calls since the new system had been implemented. One was where a person was discharged from hospital and the care was not re-started by the social care staff. The other was a computer error which had now been rectified. Any missed calls must be reported to the area manager who investigated all the circumstances and made amendments as necessary. This demonstrated a well led service.

Records showed that the manager carried out regular audits of the service to ensure the staff were performing their duties efficiently and safely and were keeping to visit times. Staff had regular supervision meetings. Staff supervision can be used to advance staff knowledge, training and development with meetings between the management and staff group. That benefited people who used the service as it helped to ensure staff were well-informed and able to care and support a person effectively. The manager showed us the plan of supervision meetings for the staff. These were examples of a well-led service.

The manager said that when staff were performing caring duties, the management team took the opportunity to do 'spot checks' and supervise all of the visit. The company had produced a form to ensure all these visits were recorded and performed the same way. Checks included the staff's time keeping, if they were wearing the proper uniform and used their personal protective equipment appropriately. They said there was also an opportunity to look at the care notes made by the staff. This meant they could directly oversee the quality of information recorded and the level of service provided and make adjustments where necessary.

People we spoke with said, "There had been no surveys or anything like that." However, we found the agency had sent out annual questionnaires and contacted people by telephone to assess their satisfaction of the service. We asked the manager why people might think they had not had a survey. They said the surveys were sent out in January and February 2018 and if people had their care commenced after this they would not have had a survey from Fosse Healthcare Leicester.

People who used the service, their relatives and staff were engaged in suggesting changes and improvements to the service. The annual questionnaires which were posted and emailed to people and their relatives were used to improve the service by using any suggestions and feedback. The manager said they responded to those that were not returned anonymously if further clarification was required. We saw some of those that had been recently returned.

We looked at a sample of questionnaires that had been returned and saw what people had stated. One person commented, 'We are happy with the carers, all very friendly and efficient. [Name] care has gone from

high dependency to having more mobility due to the care received'. A second person commented, 'Nothing to change a great service'. However, one person commented, 'I do not want [name] in my house, very rude'. The manager told us they had spoken to the person and re-assigned carers that the person was happy with. people we spoke with were mostly satisfied with the care they received, one person said, "I would recommend the care staff."

Other parts of the questionnaire were based on care staff's time keeping and abilities and also included the office staff's responsiveness, and asked what improvements could be made to improve the service people received. Staff were also sent questionnaires which allowed their involvement in the development of the service.

There continued to be a consistent and visible leadership throughout the company and at the service. There was a clear vision to provide good quality care and the company values were distributed to staff in the 'team handbook' when they commenced employment.

Staff told us the culture at the service was open and transparent and they were positive about the overall management of the service. Staff told us the directors, and area managers regularly visited the office as they were based close by.

Staff confirmed the manager was approachable and supportive and could be contacted for advice. A member of staff said, "[Manager] is very helpful she is passionate about her job."
Staff felt if they had issues they could raise them with the management team or speak with one of the company directors', and felt they would be listened to.

Staff told us they felt valued and respected by the manager. They told us they liked working for the service and felt supported by the manager. Staff we spoke with told us that they would recommend the service if a relative of theirs needed domiciliary care, as they rated the care provided as very good.

We saw the manager communicated with the staff regularly. This was done through personal meetings, the monthly newsletter and regular staff meetings. These were all used to inform staff of changes to the service and ensured the information was provided consistently.

We saw that the manager had a business continuity plan in place. That ensured the business would continue to operate if, for example, staff could not use the current office premises for any reason. The manager told us where there was such an event, the management staff would either work from home or another of the company offices.

The manager told us that they were aware of their responsibility and circumstances under which to submit notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law, and in a timely way.

The service worked in partnership with the local authority and healthcare to provide care for people in line with the company's policies and procedures. The manager indicated staff had access to specialist information and advice. For example, we found some policies referred to best practice guidance such as National Institute for Health and Care Excellence (NICE). This ensured policies and procedures used the latest guidance.

The manager understood their role and was aware of the legal requirement to display the rating from this inspection.