Live Life Care Limited

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Inspection report

Agos Acres
Greenbottom
Truro
Cornwall
TR4 8GF

Tel: 01872561761

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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 inspection took place on 27 and 28 November 2017 and was announced 48 hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services.

The service was last inspected in October 2016, when it was rated as Requires Improvement. This was due to concerns about the safety of the service due to an inconsistent system for ensuring that all commissioned calls had taken place. At this inspection we found the provider had addressed the issue by implementing a new call tracking system which automatically made an alert if a scheduled call was not registered as having taken place within a set time scale. The provider told us, "The new tracking system has been great. It has safeguarded everything we do and is a safety net against missed and late calls. It's our safety alert that everyone has had their visit."

Live Life Care is a domiciliary care agency that provides care and support to adults, of all ages, in their own homes. The service provides help to people with physical disabilities and dementia care needs in central and west Cornwall. The service mainly provides personal care for people in short visits at key times of the day to help people safely maintain their independence to live in their homes.

At the time of our inspection 115 people were receiving a personal care service. The services were funded either privately or through Cornwall Council or NHS funding. The service employed 67 staff including management.

The service had a registered manager in post. 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's feedback about their experience of the service was positive. People said staff treated them respectfully and asked them how they wanted their care and support to be provided. People told us they had their care visits as planned. Staff arrived on time and stayed for the allotted time. Nobody reported any missed visits.

People confirmed there was a stable staff team and that care was provided by familiar faces. Staff told us that travel times were sufficient, so they were not rushed. People's comments included, "I get to see the same face; that makes me feel safe"; "They make sure I have something to drink and prepare my meals for the day" and, a relative commented, "They are always on time and they stay their time as well."

Staff were knowledgeable about the people they cared for and responded appropriately as people's needs changed. Staff spoke positively about the people they supported and were motivated to provide an individualised service in line with people's needs and goals. Comments from staff included, "I have worked here for a long time; that says it all for me. I wouldn't stay if I didn't think they were a good employer and

providing a good service to people we support."

People had a care plan that provided staff with direction and guidance about how to meet people's individual needs and wishes. Care plans were regularly reviewed and any changes in people's needs were communicated to staff. Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. People told us they were involved in decisions about their care and were aware of their care plans.

Daily care records were kept; these were predominantly task focused and did not provide adequate detail of the person-centred care and support provided to people. We have made a recommendation about this in the report.

The service worked successfully with healthcare services to ensure people's health care needs were met and had supported people to access services from a variety of healthcare professionals including GPs, occupational therapists and district nurses to provide additional support when required. One healthcare professional told us, "I have always found the service good to work with from the point of view of keeping us aware of any issues with clients. No-one I have assessed has complained about the service."

Staff were recruited safely, which helped ensure they were suitable to work with vulnerable people. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

Staff received appropriate training and supervision. New staff received an induction, which incorporated the care certificate. All staff received an appraisal of their work. Staff comments included, "I think the training is very good. We are always doing refresher training and there are opportunities to do further training in areas like dementia care."

Accidents and incidents were accurately recorded and reported and any lessons learned were shared with staff. The service learned from any mistakes and used these as an opportunity to raise standards. There was a culture of openness and honesty and staff felt able to raise concerns or suggestions.

People's rights were protected by staff who under stood the Mental Capacity Act and how this applied to their role. Nobody we spoke with said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age.

The service had a contingency plan in place to manage emergencies. Risks to people, in the event of an emergency, had been assessed and rated, in order to identify who would be at the highest risk. There was an out of hours telephone contact service available to people so they could contact staff in an emergency. This demonstrated the provider had prioritised people's care provision during such an event. People were protected as robust processes were in place to manage emergencies.

There was a positive culture within the staff team and staff spoke positively about their work. Staff were complimentary about the management team and how they were supported to carry out their work. The provider and registered manager were clearly committed to providing a quality service to people and aimed to provide leadership by example. For example, the provider herself would undertake caring shifts in the community when needed and told us, "Our vision for Live Life Care is to provide high quality care for people in their local community; as much as possible to ensure people feel part of their community, aren't lonely and feel valued."

The provider was keen to provide additional community based services for people experiencing a degree of memory problems. Under the banner of Live Life Care, the provider had established different community groups as a service to people living with dementia. These included social groups to support people to make and keep social connections within their local community.

There were quality assurance systems in place to make sure that areas for improvement were identified and addressed. The service sought the views and experiences of people, their families and the staff in order to continually improve the service. People who used the service and their families told us they felt the service was well led and they felt actively involved in arrangements for their support package.

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. People received their care visits as planned.

People were supported by staff who knew how to recognise and report signs of abuse or mistreatment.

People were supported by staff who had been safely recruited.

People had a range of risk assessments in place covering various aspects of their daily lives.

Is the service effective?

Good

The service remained effective.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service remained responsive.

Is the service well-led?

Good

The service was well-led. There was a clear management structure with regular involvement from the provider.

There was effective governance including assurance and auditing systems to monitor and drive improvement in how the service operated.

The service sought the views and experiences of people, their families and the staff in order to continually improve the service.

Live Life Care Limited

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 27 and 28 November 2017 and was announced 48 hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services.

The inspection was undertaken by one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make.

During the inspection we used a range of methods to help us make our judgements. This included talking to six people that used the service and six relatives, interviewing four staff, pathway tracking (reading people's care plans, and other records kept about them) and we reviewed other records about how the service was managed.

We looked at a range of records including four care plans, records about the operation of the medicines system, three staff personnel files, and other records about the management of the service. After the inspection we contacted three professionals who were external to the service for their feedback.

Good

Is the service safe?

Our findings

At the last inspected in October 2016, we had concerns about the safety of the service due to an inconsistent system for ensuring that all commissioned calls had taken place. At this inspection we found the provider had addressed the issue by implementing a new call tracking system which automatically made an alert if a scheduled call was not registered as having taken place within a set time scale. No-one reported experiencing missed calls over the last 12 months. The provider told us, "The new tracking system has been great. It has safeguarded everything we do and is a safety net against missed and late calls. It's our safety alert that everyone has had their visit."

People told us they felt safe. Comments included; "I feel safe, I trust them with everything"; "I feel very safe" and a relative told us, "My relative never has any late calls and he feels really safe with the staff."

People were supported by staff who understood how to recognise and report signs of abuse or mistreatment. Safeguarding and whistleblowing policies and procedures were available for staff to access and safeguarding was a standard agenda item at staff meetings.

Staff had received training on how to recognise the various forms of abuse, which was regularly updated and refreshed. There was an open and transparent culture in which staff were encouraged to report any concerns. The service had a whistle blowing policy so if staff had concerns they could report these without feeling there would be any unreasonable action for making valid criticisms of the service. Where concerns had been expressed about the service; for example if there had been safeguarding investigations; the registered persons had carried out, or co-operated fully with these. Suitable action has been taken where there have been investigations for example, improving how staff recorded their visit times.

Staff were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse. The registered manager told us if they had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals when it was appropriate. During the inspection process we were aware that staff reacted appropriately to report welfare concerns to the local authority safeguarding team.

Staff were aware of the reporting process for any accidents or incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident. Where incidents had occurred the service had used these to make improvements and any lessons learned had been shared with staff. A staff member said; "We have a no blame culture here; we are all human and sometimes mistakes happen but we are always encouraged to talk and be open about anything like that so we learn from it as a staff team and it is less likely the same thing will happen again in the future.".

Risk assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person, such as the risk of falls.

There was a stable staff team which provided people with continuity of care. This enabled staff to build positive working relationships with people over time. People confirmed the same group of people provided their support. The service did not use any bank or agency staff as they were able to cover all the required care visits from their existing pool of staff.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The service recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available.

The service produced a staff rota which recorded details of people's visit times and which staff would provide the visit. The service used an on-call system outside of office hours and carried details of the rota, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness. People confirmed they had been given the telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of office hours.

People were supported by staff who had been safely recruited. Recruitment checks were in place and demonstrated that the staff employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two satisfactory references and a Disclosure and Barring Service (DBS) check.

People were safely supported with their medicines if required. The arrangements for the prompting of and administration of medicines were robust. Support plans clearly stated what medicines were prescribed and the level of support people would need to take them. Medicine administration records (MAR) were kept as necessary to record when people took their medicines if this was part of their care package. We saw these were completed appropriately and audited regularly. All staff had received training in the administration of medicines which was regularly refreshed. The service had a medicines policy which was accessible to staff.

The service had a contingency plan in place to manage emergencies. Risks to people, in the event of an emergency, had been assessed and rated, in order to identify who would be at the highest risk. There was an out of hours telephone contact service available to people so they were able to contact staff in an emergency. This demonstrated the provider had prioritised people's care provision during such an event. People were protected as robust processes were in place to manage emergencies.

People were protected by staff who followed good infection control practices. Staff were provided with PPE (personal protective equipment) such as gloves, hand gel and aprons. Staff had received training on infection control and understood their role in preventing the spread of infection. People who used the service commented, "They always wear plastic pinnys and gloves when giving me personal care."

Staff supported some people with their meals. Staff had received training in food hygiene and were aware of good practices when it came to food preparation and storage.

Good

Is the service effective?

Our findings

People's physical, mental health and social needs were holistically assessed before Live Life Care accepted the care package. Assessments assisted staff to develop a care plan for the person so care was delivered in line with current legislation, standards and guidance.

Nobody said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age.

Staff had appropriate skills, knowledge and experience to deliver effective care and support. People who used the service told us; "They certainly know what they are doing" and, "I certainly think the staff are well trained."

Staff completed an induction when they commenced employment this included shadowing more experienced members of staff. Shadowing continued until the person and the service felt confident that they were comfortable and competent to carry out their role. All staff who were new to the service completed the care certificate. The care certificate is an identified set of national standards that health and social care workers should follow when they are new to work in the care sector.

Records showed staff received comprehensive training which enabled them to carry out their roles effectively. Staff told us, "I think the training is very good. We are always doing refresher training and there are opportunities to do further training in areas like dementia care."

There was a system in place to remind staff when their training was due to be renewed or refreshed. Aside from the subjects which the provider considered to be mandatory, such as moving and handling, infection control and health and safety, staff received training which was relevant to the individual needs of the people they supported. For example, all staff were in the process of undertaking training in mental health and dementia care.

Staff told us they felt supported in their roles by colleagues and senior staff. Staff received regular supervision and appraisal from the registered manager and a senior staff supervisor had been employed to focus exclusively on supervising care staff and ensuring staff competency on the job was regularly checked. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future, and training and development needs. One staff member said; "We have regular sit down one to ones' and also supervision on the job. They are very thorough at making sure we get support and people are being properly supported with their care."

Staff encouraged people to maintain their health by supporting people to access services from a variety of healthcare professionals including GPs, occupational therapists , dentists and district nurses to provide additional support when required. The registered manager commented, "We are aware it is up to us to report any concerns, so we work closely with medical personnel." We saw evidence of this during the inspection when a member of care staff shared their concerns about a person's welfare which resulted in the

person being visited by medical staff to ensure their physical health needs were appropriately addressed.

Some people required support at mealtimes to access food and drink of their choice. Staff had received training in food safety and were aware of safe food handling practices.

Office based communication diaries demonstrated staff shared information effectively with professionals and involved them appropriately. However, daily records recorded by care staff tended to be task focused and did not consistently reflect key information that was passed between care staff and office staff. While we were satisfied that people's needs were being met and appropriate information was passed onto healthcare professionals, it was not always apparent in daily records what information had been shared with the office. For example, one staff member had phoned the office and also made a referral to a healthcare agency but had not appropriately recorded this in the daily records. This meant that information in the daily records was not appropriately detailed to provide a consistent and accurate record of how the service had responded to a person's health needs.

It is recommended the service review the system for recording people's calls to ensure they provide an accurate, person centred account of the care provision.

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. The registered manager and staff had received training on the MCA. There was also a policy on the MCA which was accessible to staff. Staff we spoke with were knowledgeable about how the Act applied to their role.

Staff told us they asked people for their consent before delivering care or support and they respected people's choice to refuse care. People we spoke with confirmed staff asked for their agreement before they provided any care or support. Care records showed that people signed to give their consent to the care and support provided.

Good

Is the service caring?

Our findings

People and their relatives told us they felt the service provided consistently good care and that staff were kind and caring in their attitude towards people they supported and their families. People said they were respected and valued as individuals and had confidence in Live Life Care to provide their care package. Comments from people included; "All the carers are extremely nice and pleasant ", "I like the staff, they are very engaging" and "They are all (staff) friendly and nice people." A relative of a person who used the service commented, "We are very happy with the care my relative has."

Staff were kind, compassionate and caring toward the people they cared for. All staff we spoke with were enthusiastic about their role in supporting people. Comments from staff included; "I really enjoy my job. I love supporting people to be able to stay in their own homes and it's always lovely to catch up with people and have a chat" and "I love working here." The provider told us staff often went above and beyond what was asked of them to ensure people were well cared for. For example, we heard about staff who had taken Christmas dinners to people who lived alone and one staff member who had cleaned a person's carpet in their own time. The provider said, "I have a very good staff team who want to give back to people of the older generation."

Staff confirmed that the service gave them the time, training and support they need to provide care and support in a compassionate and personal way. For example, minutes of a recent staff meeting underlined the need for staff to think and be aware of the environment they were leaving people in. Minutes reminded staff, 'Is it going to be dark before the next visit? If so please make sure you put the light on or the person could be left in the dark. Put some music on if the person would like you to. Remember that we want Live Life Care to give the very best care to people with dementia.' This meant the staff team were aware of people's wider social and emotional needs as well as looking after people's physical support needs.

Rotas and practical arrangements were organised in a way that allowed staff time to listen to people, answer their questions and involve people in decisions. One person commented, "They [staff] do take time to listen to me and if there's time we have a cup of tea and a chat."

The service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as was possible. People told us they knew what was in their care plan and were routinely involved in reviews. A customer satisfaction survey was carried out annually to request feedback from people about how the service was operating. The findings from the last survey, conducted in September 2017 were mostly positive.

Staff knew the needs of the people they supported well. Staff were able to describe in detail, their likes and dislikes, background and history. One person commented, "They help me to get in and out of bed, washed and dressed in the morning and make sure I am comfortable for the day ahead."

The culture within the staff team was positive. From discussions with staff it was clear that respect for individuals was at the heart of the service's values. The provider told us they were part of a community

project with a local supermarket to distribute unsold flowers to people and their relatives. We were told this was very much appreciated by people who received them.
Staff spoke about people with warmth and fondness. Comments from staff included, "I've really got to know most of my clients who I support really well. We have a laugh with people and they brighten my day."

People's religious and cultural needs were respected and supported. There was information about this in people's care records. One person's care plan stated their religious preferences and recorded that attending church had been important to them throughout their lives.

Information to people who used the service and their families about community organisations and advocacy services that could provide independent support and advice was available. The registered manager told us this was something discussed during the initial assessment and when necessary people were signposted and supported to contact other agencies such as social services and Citizens Advice when appropriate.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs because an appropriate care needs assessment had been carried out by the service which identified what each individual's needs were and ensured an appropriate care plan was in place to meet these needs. People or those with authority to act on their behalf, had contributed to planning their care and support, and this had taken into account each person's strengths, levels of independence and quality of life. A relative of a person who used the service commented, "My wife's care changes for her different needs. We are satisfied with the care package." A person who used the service told us, "I wouldn't look anywhere else. I am very happy with the service."

Peoples' care plans reflected their physical, mental, emotional and social needs and took into account relevant. protected characteristics under the Equality Act. There were details regarding personal history, individual preferences, interests and aspirations. Staff demonstrated a good understanding of people they supported and were aware that people should have as much choice and control over their lives as possible. For example, care plans provided clear guidance to staff about appropriate levels of support which did not undermine a person's independence and ability to continue to carry out care and domestic tasks for themselves wherever possible.

Care documentation informed staff of the person's background and how they would like to receive support. It identified the person's communication needs and this was shared with other agencies when necessary. For example, where people had memory difficulties or impairments of sight and/or hearing this was clearly set out in the care plan with guidance for staff about the most appropriate way to communicate with the person.

Care plans were reviewed monthly and updated as people's needs changed. A complete re-assessment of the persons' needs and wishes was carried out annually with people and their families. Copies of people's care plans were kept in their homes and people were aware of them.

Staff responded swiftly when people required their support. Staff also responded promptly to any changes in people's needs. This included increasing visits or visit times if required, for example, due to illness of injury. One person told us they had requested an earlier visit in the morning because this suited their needs better; the request had been agreed and the visit time varied to suit the person.

One staff member found a person who had fallen at home. The staff member alerted emergency services and sat with the person until they arrived, providing them with comfort and reassurance.

Most people we spoke with confirmed that care visits were on time and that staff stayed for the allotted time. If staff were ever late, they phoned ahead to let the person know. One person commented, "The staff aren't always on time, but they turn up eventually", and, "They are not late often. They would always apologise if that happened".

The service used technology in the form of a call tracking system to support people to receive timely care

and support. This ensured that planned calls were consistently made and allowed management to regularly audit that calls were made within an acceptable and agreed time frame. Staff told us the system was easy to use and provided them with confidence that all planned calls would be made. One person told us they had been supplied with a personal alarm call and a disc to wear around their neck to inform medical staff they were penicillin sensitive in the event of an emergency.

People who used the service told us they knew how to make a complaint and/or raise any concerns and said they were comfortable contacting management to raise any issues they had. One person told us, ""If I had to complain, it would be easy to just ring the office." People told us they were satisfied that when they did raise a complaint it was dealt with appropriately and sensitively. People's comments included, "The manager comes out so often with a form to see if we have any complaints."

No-one we spoke with said they had ever experienced discrimination, harassment or disadvantage as a result of raising a complaint. People were happy that complaints were mostly handled to their satisfaction. One person told us they had complained about the variability in call times and discussed this with management. The person acknowledged that while it could be frustrating that their calls could sometimes be delayed, they did understand that this was sometimes outside of the control of staff due to heavy traffic.

Staff supported people at the end of their life. This included working alongside community nurses to help ensure people experienced a comfortable and pain free death. When appropriate, people's preferences and choices for their end of life care were included in their care plans including information about where they wished to die and their spiritual and cultural needs. These were clearly recorded, communicated, kept under review and acted on. For example, where a person wished to live out their lives at home rather than going into the hospital this was clearly documented and understood by the service who worked with the person and their family to support and respect the person's wishes.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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.

There was a positive culture within the staff team and staff spoke positively about their work. Staff were complimentary about the management team and how they were supported to carry out their work. The registered manager and senior staff team were aware of, and kept under review, the day-to-day culture in the service, including the attitudes, values and behaviour of staff and whether they feel positive and proud to work in the organisation. This was done by operating an open door policy for staff who were encouraged to speak freely about their work and any concerns that they had. Also, the provision of regular formalised supervision as well as on the job supervision and competency checks provided opportunities for staff to check in with senior colleagues. Many of the staff had worked for the service for a considerable period of time and staff told us they felt Live Life Care had the right values towards providing care to people in the community but also to caring for their staff.

The provider and registered manager were clearly committed to providing a quality service to people and aimed to provide leadership by example. For example, the provider herself would undertake caring shifts in the community when needed and told us, "Our vision for Live Life Care is to provide high quality care for people in their local community; as much as possible to ensure people feel part of their community, aren't lonely and feel valued."

There were clear lines of accountability and responsibility within the service. The registered manager was supported by the provider and a core staff team who were responsible for the day to day running of the office and supervision of care workers. Staff told us they believed the service was well led. One person told us; "There's been a lot of work done over the last year and improvements made. It's a good job and I do feel the management are very approachable." Staff spoke about their roles confidently, and were aware of who was responsible for the various aspects involved in running the service. The registered manager had oversight of the service and was a visible presence. A relative told us, "The manager called round a few weeks ago to see how I am."

Feedback we received throughout the inspection was mainly positive with people telling us they were satisfied with the care and support they received. People's comments included, "We are very pleased with the service" and "This agency is fantastic."

There were effective quality assurance arrangements at the service in order to raise standards and drive improvements. The service's approach to quality assurance included completion of an annual survey. The results of the most recent survey were positive. There was also a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits were regularly completed included checking care practice, checking records which demonstrated people received their

visits on time; checking medication records were accurately completed, monitoring care plans to ensure they were of a good standard and regularly reviewed and monitoring accidents and incidents.

Both the registered manager and the provider shared an understanding of the key challenges, achievements, concerns and risks to the service provision. One of the key challenges for the service was ensuring continuous recruitment of high quality care staff to ensure they had the right amount of staff and a good skills mix available to meet people's needs. We spoke with the provider about the possible difficulties regarding employing staff who were in a personal relationship. While this had never caused a problem in the past, the provider recognised such practices could cause potential issues. For example, one person who used the service had made it clear they were not comfortable being supported with this arrangement and was offered alternative support. The provider was in the process of taking professional advice about working practices regarding this.

The service had an equal opportunities policy in place. Staff confirmed that the organisation promoted equality and inclusion within the workforce. Managers promoted equality and inclusion within its workforce. One staff member had become unwell and was no longer able to undertake physically demanding tasks. Their work had been adapted so that their work was less physically demanding but they were still able to work for the organisation.
When staff were involved in stressful or traumatic situations, they were offered additional support and supervision and a thorough debrief after the event. Any learning from such events was shared with the team during team meetings or supervision sessions to aid continuous improvement of the service and standards.

Staff worked together in a cooperative and mutually supportive way and there were appreciative relationships among staff. For example, staff spoke positively of colleagues and it was clear there were mutually respectful and friendly relationships between staff. The staff team worked collaboratively, shared responsibility and resolved conflict quickly and constructively to ensure the focus was always on providing a good quality service for people.

The registered persons had ensured all relevant legal requirements, including registration and safety obligations, and the submission of notifications had been complied with. The previous Requires Improvement rating issued by CQC was displayed. The registered manager felt staff had a clear understanding of their roles and responsibilities. This was evident to us throughout the inspection. There were also policies in relation to grievance and disciplinary processes.

The service fostered strong links with the local community. For example, under the umbrella of Live Life Care the provider also offered a number of community groups to support people with memory difficulties to prevent them from becoming socially isolated. For example, people could attend cognitive stimulation therapy sessions up to twice a week. These were offered as a free service for anyone living with memory loss in the community. The provider told is, "The idea is to provide an opportunity to meet new people in a friendly, informal setting." these groups provided "group social gatherings for people with memory loss."