Maria's Homecare Companions Ltd

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Inspection report

100 High Street
Rottingdean
Brighton
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23 June 2021

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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
Maria's Homecare Companions is a home care service providing support and personal care to people in their own homes. At the time of our inspection there were 24 people receiving personal care from the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People and their relatives felt they were safe and cared for. People's choices and preferences were identified and respected by staff who understood their needs and wishes. There were safe processes and practices to manage people's medicine and to manage the risk of infection.

People's care needs had been effectively assessed and staff had the skills and knowledge to provide person centred care. Care was individually tailored to what people wanted and needed. People's health and wellbeing was monitored with them and their representatives and any changes were responded to promptly.

People experienced kind and caring support from managers and care staff. People and relatives felt their views were listened to and respected. People were supported to remain in their homes when this was their choice and their independence and dignity was promoted.

The service worked with health professionals to support people's health and wellbeing needs and goals. People and relatives were confident to raise concerns and issues with the service and experienced responsive changes and improvements.

Managers were approachable and easy to contact. People, relatives and staff told us there was an open culture of feedback and development of the service. They felt their feedback and contribution was valued and that the provider worked in partnership to provide good care.

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.

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

Rating at the last inspection
This service was registered with us on 01/05/2019 and this is the first inspection.

Why we inspected
This inspection was planned due to the length of time the service had been registered without being rated.

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.

Maria's Homecare Companions Ltd

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 two inspectors. One inspector visited the office and then made contact with people by email and telephone, one inspector made contact with people following the visit.

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. The registered manager is also the nominated individual and provider of this service. This person is legally responsible for how the service is run and for the quality and safety of the care provided.

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

Inspection activity started on 23 June 2021 and ended on 28 June 2021. We visited the office location on 23 June 2021.

What we did before the inspection

We reviewed information we had received about the service since it was registered, this included statutory notifications received from the service. Statutory notifications include important information which the provider is required by law to send us. We asked the registered manager to send us a range of information about the service including policies and documents about how the service was run. We used all of 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 spoke with two relatives about their experience of the care provided. We spoke with three office managers including the registered manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We spoke with three people who use the service and four relatives. We spoke with five care staff and continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with an external professional who knew the service.

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

- Staff and managers understood how to recognise and respond when people were at risk or experiencing abuse or harm. There were clear processes for recording and raising concerns which staff and managers were confident to use. Staff could identify the different forms of abuse and knew these should be communicated to managers.
- There were policies in place to protect people from abuse and harm and these were communicated to staff. Staff told us the polices were easy to find online and could be accessed at any time they needed to refresh their knowledge.
- Staff had received training about safeguarding people, they understood their responsibilities to support and protect people from abuse. Staff told us, "We always work with people to find out what they want if we are concerned about them, they are the important ones.", and, "The training has been really good, I'm really clear about what I need to do if someone tells me about abuse or if I see something of concern."

Assessing risk, safety monitoring and management

- People's needs and risks were assessed with them before care and support was provided. Risk assessments were clear and identified aspects of concern, who was involved and what the person wanted to happen. People's choices were taken in to account in risk assessments. For example, one relative told us, "They do everything for [my relative] which enables her to stay in her own home."
- Risk assessments were reviewed with people when risks and circumstances changed. The service worked closely with community health professionals to ensure staff worked in collaboration with risk and health plans. One member of care staff told us, "There is good communication with community professionals like district nurses. We know when someone's care has changed or when someone has new health advice, it goes into the care plan really quickly by our managers. Everyone who needs to know, knows."
- Staff and managers communicated risks with people and their network when necessary. One relative said, "I've been pretty impressed by their level of attention to care and their ability to flag up issues. One of the carers flagged up that one of the fire alarms needs replacing." A member of care staff told us, "People and their relatives are involved with reviewing risks, we know when risks have changed because we handover information to each other and careplans are updated promptly."

Staffing and recruitment

- Managers regularly reviewed staffing levels to ensure people's needs were being safely met. Recruitment plans were responsive to the overall support people required and managers were committed to ensuring staff were not over stretched. One member of care staff told us, "I really like that we have the right time allocated to people. I never feel rushed and there is always time to talk with people, carry out the tasks they need and give people attention."

● Staff were safely recruited to their roles. There were robust processes in place to manage candidate's applications, interviews and suitability before they started employment. Managers met weekly to discuss the rota and people's needs to ensure people had staff with skills to meet their needs. There were processes to ensure potential staff all had a Disclosure and Barring Service (DBS) check. This provides information to employers about candidate's previous criminal convictions and suitability to work with vulnerable people.
● New staff were provided with a clear induction programme, training and support from managers when they first started. One member of staff told us, "When I first started I was really impressed, I'd worked in residential care before. The managers are always there for us." Another member of staff told us starting work with the service was "A breath of fresh air. Induction training has been really good and easy to access."
● People and relatives had praise for the care staff employed by the service. One relative told us, "Staff are really helpful and genuinely very nice people. I think they vet their staff during recruitment very well. They are just brilliant."

Using medicines safely
● People's care plans clearly recorded the support they required with medicine. Details about individual needs and prescriptions were recorded in careplans, were easily accessible for people and staff and were updated promptly. Medicine risks were identified for people as well as guidance to promote people's independence.
● People and relatives we spoke with were confident the service communicated any issues or concerns with medicine management. One relative told us, "There was a bit of trouble with the GP being slow. [A manager] was like a dog with a bone, she was on that surgery all the time to make sure [my relative] got her medicine."

● Staff who had responsibility for administering and supporting people's medicine needs had received training and had competency assessments by managers.
● There were policies and processes in place to ensure staff understood their role when supporting people with medicine. Managers carried out audits of records and practices and carried out refresher training for particular areas where staff needed reminders or updates.

Preventing and controlling infection
● Staff had received training in managing infection prevention and control and COVID-19 risks. There were regular updates to staff about government guidance, safe practices and reminders about keeping people safe. Staff told us information was regularly shared with them through team messages, links to information and policies and conversations with managers.
● The provider ensured staff had good supplies of personal protective equipment (PPE) to work safely and according to government guidance. Staff told us they felt safe and supported with the right PPE. One member of staff told us, "It's been a worrying time to work through the pandemic but managers have made it feel safe. They've made sure we had everything we needed for people and have been reassuring about our wellbeing too."
● There were polices and processes in place to respond to infection prevention and control and specifically COVID-19 risks. This included risk assessments, contingency plans and information sharing with staff and people using the service. The provider promoted safe practices and linked staff to online guidance, information and training videos.

Learning lessons when things go wrong
● The provider actively sought feedback and suggestions from staff about how to improve the service and support to people. Staff were invited to share ideas through online team messages and group conversations as well as supervision sessions. Staff told us managers were open to ideas and very approachable. One member of staff told us, "Myself and others have given feedback about things like careplans and staff rotas.

Managers always listen and welcome ideas."

● There were policies and processes for formal feedback such as a Whistleblowing Policy and Duty of Candour Policy. Staff knew about these policies and received supervision where concerns and compliments were discussed. One staff member said, "Things don't go wrong very often but we all talk about what we can learn and improve."

● Accidents and incidents were recorded and analysed for lessons to be learned and improvements to be made where possible. Medication errors and near misses were audited by managers to inform responses to risk, training and safety improvements.

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

- People had detailed person centred assessments and care plans. Details of people's health and care needs, important contacts and representatives and personal preferences were recorded clearly. Changes were updated promptly. A relative told us, "If there are any changes to her health, I'm confident they will pick it up. They often reference it in their notes, they write how she's feeling. If it was a more serious concern where they were worried about leaving her on her own, I'd get a call."
- People's relatives and professionals were contacted according to agreed preferences and wishes. Staff knew when people had legal representatives and family members who were involved in peoples support. A relative told us, "I can access the notes from carers to see what they do and if there were any concerns or problems. My mum has had a variety of care plans because she started off with companion care but as her support changed so did her care plan."
- People had contributed to their care plans and felt these represented them, their choices and needs. People told us they were confident that their preferences were recorded and that care staff read and understood these.

Staff support: induction, training, skills and experience

- Staff were trained and supported to have necessary skills and knowledge to provide care to meet people's needs. The service provided a range of induction and refresher training and staff were supported to gain national care qualifications such as NVQ level 2 or the Care Certificate. This covered many areas of knowledge important to providing care such as communication, being person centred, safeguarding and dementia awareness.
- People who used the service and their relatives told us staff were well trained and received additional training when required. A relative told us, "They have been really good with communication and are flexible. All of the carers are well trained and they're all very different, but they've all looked after my mum as I would. Any problems they get in touch."
- Supervision and ongoing support was provided to care staff to develop their knowledge and skills. Managers carried out spot checks and gave feedback to staff, recommending refresher training when necessary. Staff were allocated to people according to their training and knowledge, ensuring people received carers with specific skills when needed, such as stoma care and hoist safety.
- During the restrictions of the COVID-19 pandemic the management team had found flexible ways to ensure training was available to staff such as sourcing online training and making videos. Care staff shared their knowledge through online group chats and told us, despite pandemic restrictions, they felt well connected to each other and managers.

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

● People's meal and drink choices were clearly reflected in their care plans. Particular needs and preferences, likes and dislikes were recorded. As care staff learned more about people's preferences these were recorded. Staff told us care plans were important for keeping up to date about what people had asked for or needed for their nutrition.

● Health related nutritional requirements were clearly identified and it was clear when people's nutritional intake should be encouraged more closely. For example care staff were advised to offer 'small portions', that a person 'needs encouragement' or had allergies. When people needed to have their food and fluid intake monitored this had been recorded.

● People had flexibility and choice about when and what they ate and how food was prepared. Care plans noted if people liked routines, such as a lighter lunch, or if they liked their meals made in batches and frozen.

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

● There was collaboration and partnership with people's healthcare professionals and pharmacy professionals. We saw that the service worked alongside district nurses and community health professionals and recorded how carers should support skin care, mobility and pain management with people.

● People were supported to make decisions about their health and medicine. Care records showed that staff had raised conversations with people and their representatives about changes in their health, skin condition and wellbeing. People and relatives told us staff communicated with them about any concerns or observations about health changes. Records showed that referrals and contact was made with doctors, pharmacies, dieticians and the falls prevention clinic for further advice and assessment when required.

● People and their relatives appreciated they way the service was well connected and knowledgeable about local healthcare services. A relative told us, "They're locally based. It's nice in the sense that carers are local, and they have good knowledge of the local area. They were able to recommend services like nail care for [my relative]."

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.

● Care staff told us they sought consent before providing care and support. One member of staff told us "People have already told us what they want and how they want it but they still have a right to decline care. It's respectful to have part of the conversation with people as a check that they want a particular task carried out." People and relatives confirmed this and told us staff followed their care plans but also checked people's agreement for care at each visit.

● Staff and managers understood how to apply the Mental Capacity Act and understood that decisions in

people best interests should be all about them. Care plans noted if people had been assessed as lacking mental capacity for certain decisions and how that person should be supported.

● Managers and staff understood the various Power of Attorney roles and how these were relevant to care when people lacked mental capacity to make decisions about care. Staff we spoke with assumed people had mental capacity to make decisions in their lives unless they had been assessed to lack mental capacity. Care staff told us they would raise concerns about mental capacity to managers and senior staff for further assessment.

● People's records showed if they had made arrangements for Lasting Power of Attorney or Enduring Power of Attorney, copies of formal paperwork had been sought by managers.

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

- All of the people and relatives we spoke with received a respectful and caring service from staff and managers. A relative told us, "I 100% trust them and their carers." Relatives said, "Yes, they are kind and listen to [my relative]. The carers themselves, they do know her well.", and, "All of the carers are well trained and they're all very different, but they've all looked after [my relative] as I would. Any problems they get in touch."
- People's individual experiences and perspectives were central to the care provided. Care staff respected that people liked things doing their way and managers responded to feedback from people and their relatives if they wanted changes. Managers and staff took a flexible and person centred approach to ensuring support was what people wanted.
- Staff and managers valued and promoted people's diversity and individuality in a respectful way. Managers actively matched staff to people and considered the skill, tasks and experience people needed support with. People and their relatives told us staff were often matched to people's individual preferences. One person told us, "They do treat me nicely. I need to be washed occasionally. They have a male nurse and I prefer him to do it. I suppose the office must realise that."

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

- People and their representatives were involved in how care was set up and their views were listened to. They had confidence that care staff were looking out for them and providing a service in the way they wanted and needed. People told us, "They listen to me.", and "The regular ones know me well". A relative said, "They are kind and listen well".
- Staff respected people's individuality, choices and views, all of the people and relatives we spoke with told us managers and staff listened to their views. Care staff valued the opportunity to build trusting relationships and people told us they felt comfortable asking care staff for support. One person said, "If there is something I need, they will do it." A relative told us, "It has taken a while for [my relative] to let her guard down and feel comfortable. Now, I think [she] genuinely forgets that [the staff] is a paid carer, they get on so well."
- Care staff spent time talking with people and their relatives to understand past preferences and wishes. A relative told us, "Recently, they asked about [my relative's] life story which they've put into a book. They have included some photos and each day they come they sit and talk to her about her life and the pictures and go through the book. [My relative] seems to really enjoy talking about it and it's wonderful to bring back those memories for her. It's great for them to get to know [her] too."

Respecting and promoting people's privacy, dignity and independence

● Care staff had time to get to know people and could identify changes in their independence, improvements and decline. People's relatives and representatives told us they were kept informed about changes in people's needs and they felt staff encouraged independence. One staff told us "I think it's really important to keep a person's dignity when you're in their home. Not everyone likes people coming in at first, so you have to be friendly and respectful, always, even when they get to know you."

● People told us they received care which respected their privacy. One person told us they had felt embarrassed about receiving personal care from strangers and were supported with this: "[Carer] was patient and I became comfortable enough to let her help me. I have got a bit more security, I feel happier and they've given me more confidence than what I had in the first place."

● People experienced a service which promoted their independence and enabled them to meet their needs. One person said, "When I've needed them they've been there. When I was going over from compressive bandages changed every few days to these new stockings, it meant that carers had to come in every day because I can't do it myself. They've been a blessing. I am feeling more like a human being."

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; End of life care and support

- Managers and staff were proud to be supporting people to remain at home. We were given examples of dignified and respectful care being provided when people needed a high level of care and support. One relative told us, "[My relative] has had an amazing recovery. She was on 24hr care a day, but thanks to them, we've been able to reduce it. It really is a tribute to them, and her main carer. They go over and above their remit every time to help her."
- The service was responsive to changes in need and increased risk and kept people's wellbeing central to care provision. Relatives who represented family members had confidence that carers worked in a person centred way. One relative told us, "[My relative] was struggling to make meals for themselves. I'm in contact with one of the carers quite often, she allows it. We'll often say to each other "Did you notice this was different?" and share ideas."
- Care plans provided details of how people liked to receive support and were updated promptly when things changed. A relative said, "When the care first started, they asked lots of questions and it's all in the care plan. They included [my relative] in the conversation too and asked them questions. They're always asking [my relative] questions, involving her. They pick up on changes too."
- Managers had oversight of the care provided to ensure people's assessed needs were met. Care records were kept electronically and were reviewed, staff promptly spoke with managers about concerns so that reviews could be carried out.
- People had been asked about their wishes at end of life and these had been recorded. Care plans stated when people had made a do not attempt cardiopulmonary resuscitation (DNACPR) decision. Where people had specific faith based wishes, these had been noted.
- Staff were supported to access bereavement or emotional support when people passed away. This was appreciated by staff who told us they felt valued and happy that their feelings and role as a carer was understood.

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.

- Care plans contained information about people's sensory impairment and communication needs. There was guidance to staff about what this meant for individual people and how they wanted to be communicated with and supported. A relative told us, "There are quite comprehensive notes in place which details important things like what mum likes or dislikes, that she's hard of hearing, is sight impaired etc."

● Staff understood about people's communication needs resulting from sensory or cognitive loss. Staff told us they changed their approach to communication based on different people's needs. One member of staff said, "We have really good care plans to follow so that even if we don't know that person well, their important information and communication needs are highlighted." Another member of staff said, "It depends on the person, some people have dementia and we have a really good chat, others struggle with words or memory, so everything is about facial expressions and being in the moment."

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

● All of the staff and managers we spoke with valued the supportive relationships they built with people. This was particularly valued during the pandemic and staff were aware that they were sometimes people's main social contact. People and relatives all valued having regular staff who knew them well.

● People's social interests were recorded in their care plans and staff were interested in people's histories and relationships. Staff told us they enjoyed talking with people about what was happening locally and supporting people with local shopping. Staff spent time listening to the things that were important to people. Staff told us, "Sometimes during the lockdown it has just been important to ask about people's family or history and just listen.", and "I think it's part of showing you care that you get to find out what people are interested in."

● Relative's told us care staff were proactive in keeping people busy and occupied. One relative told us, "They've been encouraging [my relative] to crochet and crafty stuff like that. She is making things for Maria's charity. It keeps her occupied, she loves it." Another relative said, "We try to encourage [our relative] to keep her brain active by having the carers reading with her or playing cards, but [she] is old and tired, she just wants them to do the chores. [She] loves it when they take her shopping. Whilst I might encourage other activities, they're led by her and what she wants to do."

Improving care quality in response to complaints or concerns

● Relatives knew how to raise any concerns or complaints and found staff and managers easy to contact. There were policies to enable complaints and compliments about care and managers followed up concerns raised at regular governance meetings. One relative told us, "Yes, I think the service is well managed, from our perspective it is. They're all very approachable. If it wasn't good, we would have changed."

● Staff knew how to raise concerns or offer feedback about the quality of care and told us there was a positive culture for doing this. There were team discussions and online conversations which staff could use to share concerns. Staff told us, "Managers are easy to speak with and very open.", and "Managers are always putting people's needs first, they are very person centred and want people to have good quality care. If something needs changing, they'll change it."

● People and relatives were complimentary about how managers responded to any issues which arose. They told us managers were prompt to resolve any errors or misunderstandings and that their communication about this was timely and reassuring.

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

- The provider's values and expectations of care were shared with staff through the service's meetings and conversations. Staff understood the values of putting people at the heart of the service and proving care. These values were role modelled by managers relationships with people and staff and in the local community where the provider also ran a charity.
- The provider promoted a positive culture of appreciation for good work. Managers kept records of compliments and 'thank you' messages from people and their relatives. These were shared regularly with staff and managers regularly discussed what was working well.
- Staff told us they felt appreciated and their strengths were recognised through team and one to one conversations. They told us managers were open to ideas and feedback about the service and how things could be improved for both people and staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Managers supported staff to gain competence in specific care tasks such as medicine administration. Staff were assessed for competence before managing tasks with people. People and relatives told us they knew staff were retrained and supported with learning if they made errors. This gave them confidence that managers had good oversight of the quality of care and were working to make standards consistent.
- There were processes in place for staff performance to be reviewed and appraised with them on a regular basis. Staff were given timely feedback about their performance when they had spot checks by managers.
- Governance systems were effective and robust, audits identified where the service worked well and where it could be improved. The management team had a shared approach to managing governance and service improvement and worked closely together. Managers sought feedback from staff and made clear plans for improvements.
- There were robust governance processes in place to regularly review and analyse medicine management, timeliness and duration of care calls and feedback about care. Staff received supervision sessions and team briefings where positive feedback was shared and staff were encouraged to offer ideas for improvements.

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 service had policies and processes for applying their duty of candour when required. The registered manager understood their responsibility to send statutory notifications to CQC about specific events. This is

a legal requirement which was being fulfilled.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service was positioned in the heart of the village and had strong links to the local community. The managers and staff felt this was a strength of the service and were proud that local people and relatives knew them and their service. A member of staff said, "It's quite a small community so it's easy for local people to get to know us, I'm really proud of that."
- Staff felt they were part of the development and improvement of the service. Several care staff told us they had shared their views and ideas with managers, and these had been welcomed. Staff knew about changes and improvements and understood the rationale when things changed.
- There was a Whistleblowing Policy in place to protect staff who needed to raise concerns about practice, safety or management of the service. Staff were aware of this and told us they would approach managers in the first if they had concerns.
- We saw evidence in care plans and care records of regular contact with health professionals. An external health and social care professional told us, "I've found managers and staff to be very professional, but also really caring and genuine in the support they are providing to people. In my experience people are receiving good care that is keeping them safe in their community where they want to be."