

Mrs. Victoria Joan Burke

The Care Company

Inspection report

Smallhythe House
Smallhythe Road
Tenterden
Kent
TN30 7LN

Tel: 01580762202

Website: www.carecompany.biz

Date of inspection visit:

18 July 2017

19 July 2017

Date of publication:

12 October 2017

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 was the first inspection of The Care Company because the service had changed their registration, as they had moved their office location and it was a requirement of CQC to re-register. This inspection was announced.

The Care Company is a domiciliary care service provided to people living in their own homes. The service provides support to people with a wide range of care needs, including older adults with physical disabilities, sensory impairment, people living with dementia and helps people recover from illness and injury. At the time of the inspection 128 people were using the service.

The service has been operating for over 10 years in the local area around Tenterden. The service's registration changed because they moved to a new office in June 2015.

The service has a registered manager who participated in the inspection. 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.

Each person had a care plan that gave sufficient information about their care and support and included their preferences. There were clear processes to support people to make decisions about their care and support. Mental capacity assessments had been carried out for people who lacked capacity and they were supported with best interest meetings that were recorded in their care plan.

Everyone we spoke to said they felt safe when being cared for by the care staff of The Care Company. Staff had received training in how to recognise abuse and knew how to blow the whistle on poor practice. There were clear processes and procedures for staff to follow if they had concerns and suspected abuse.

The service had supported people to have safe systems in their home to help protect them. People had been assisted to have lifeline fobs, falls monitors and smoke detectors. There were clear risk assessments and equipment used was checked for safety and staff had training to make sure they were competent to use it.

The registered manager and care staff worked closely with local health and social care professionals to support people's health and wellbeing and make sure people were well hydrated and nourished. People were supported to take their medicines in the way they preferred.

New staff had been recruited safely. People were complimentary of the caring nature of the staff and said they were listened to and treated with respect. A person told us the care staff are, "All good. There's not one that I've not been happy with." People were supported to maintain as much independence as possible. Care staff provided some activities for people and spent time with them to protect them from social isolation.

People said the care staff were reliable and always arrived at the time they said they would.

There was a good range of training to give staff the skills they needed to support people effectively. Staff were enthusiastic about the training they had attended and the service were innovative in the way they provided training. They had recently hired the 'Dementia Bus' that provided specialised training for staff to support people with dementia.

People said the service was well managed and were very pleased with the support they received. A person commented, "It's absolutely fantastic". There was a clear complaints system that included investigating any concern or complaint thoroughly and outcomes were recorded.

People, their relatives and care staff said they were asked what they thought of the service and felt listened to and valued. The service was signed up to the Social Care Commitment and the registered manager and team reviewed how they supported people in line with current good practice. (The Social Care Commitment is an agreement about improving workforce quality and providing high quality services in adult social care and is backed up by the Department of Health and Skills for Care.)

A business and development plan based on everyone's feedback was in place and on display so that everyone knew what the service was focusing on. The service had links in the local community, worked with a local supermarket's community events, participated in charity events and promoted support and awareness for people with dementia.

The registered manager carried out checks and audits of the service and all records were kept securely. The CQC had been informed of any important events that occurred at the service, in line with current legislation.

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 were supported to take their medicines safely.

People were kept safe from harm and abuse.

Risk assessments were designed so that people had the support they needed and were protected from avoidable harm.

There were enough staff to meet people's needs.

Safety checks and a thorough recruitment procedure ensured people were only supported by staff that had been considered suitable and safe to work with them.

Is the service effective?

Good ●

The service was effective.

Staff received the training they needed to have the skills and knowledge to support people and understand their needs.

People were always asked for their consent when being given care. Staff had an understanding of how to support people who lacked capacity.

People were supported to keep well-nourished and drink plenty of fluids.

The registered manager and care staff worked in partnership with other health and social care professionals to support people to maintain good health and to keep them comfortable.

Is the service caring?

Good ●

The service was caring.

The registered manager and care team were committed to giving good person centred care.

The service was managed so that it supported good

relationships between care staff, people and people's relatives and instilled confidence and trust.

Care staff gave people the care they needed and supported people to maintain as much independence as possible.

People were treated with respect and their dignity was upheld.

Is the service responsive?

Good ●

The service was responsive.

People consistently received the care and support they needed to meet their individual needs.

Care staff were flexible and responded quickly to people's changing needs or wishes.

The registered manager and care staff were approachable and easy to talk to. People said they had no complaints but would be confident to raise any concerns.

Is the service well-led?

Good ●

The service was well-led.

The registered manager, deputy manager and staff were committed to providing an open, transparent and caring culture.

The registered manager was visible and approachable. People, their relatives and care staff were well supported by the leadership in the service.

There was a good system of reflection and evaluation to determine what worked well and what could be improved, based on the views of others using and involved in the service.

The Care Company

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 18 and 19 July and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service.

The inspection was carried out by two inspectors and an expert by experience. 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 has experience of older people and people with dementia.

Before the inspection the provider completed 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.

We sent out surveys to people, people's relatives and health and social care professionals involved with the service. We reviewed information we held about the service. We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the provider is required to send us by law, such as a serious injury.

The inspection visit was carried out over two days. The inspectors visited and spoke with four people and their relatives in their own homes. The expert by experience spoke to 11 people and relatives over the telephone. We spent some time in the office over the two days, talking to the registered manager and office staff team, looking at assessments and care plans and checking records. We spoke to four care staff in the office, looked at six staff files and eight care plans.

The service changed to the current registration on 9 July 2015. There had been no concerns under their previous registration and they had met the regulations.

Is the service safe?

Our findings

Everyone we spoke to said they felt safe in the care of the staff from The Care Company. People and their relatives told us they usually received care from the same care staff and had got to know them well. One person commented, "I have the same person each time so know and trust her." Another person commented, "I honestly have no concerns. They couldn't do the job if they weren't trustworthy." People were happy with the support they received from the care staff to take their medicines. One person told us, "I take my medication. They will check."

New staff had been recruited safely. There was a thorough recruitment process that included police checks, proof of identity, health declarations, written references and an interview, to make sure people were of the right character for the role. Staff shadowed experienced staff to learn how to support people and were checked for competence before working unsupervised. A person's relative commented, "There must be good interviewing procedures as all the girls are very good and have good personalities."

There were always enough competent staff on duty who had the right mix of skills to make sure they were able to give safe care and respond to unforeseen events. The registered manager explained that the care they provided was balanced with the number of staff that were available. The registered manager said that if they did not have the resources then they did not accept the care package and that they were in the process of recruiting more staff to meet demand. Staff said they were given sufficient time to provide good quality care and time in between to travel.

The staff retention in the service was good. Staff said The Care Company was a good company to work for. A person's relative commented, "They [care staff] do come and go a bit but we are still getting some of the same carers who came at the beginning, which is around four years."

There was an established and effective on call system to make sure staff were able to contact a member of the management team if they needed advice or if a member of staff became ill. Three smart phones had been purchased so that the management team could email changes to call times and updates efficiently. One of the care coordinators said that this had been particularly useful when changes had been made when a coordinator had been on-call and needed to communicate to the day coordinators.

Environmental health and safety risk assessments had been completed and were in each care file reviewed. Staff described checking equipment before using it. They described looking at the condition of slings, checking batteries were charged, that bed controls and brakes worked, and having sight of inspection labels and making sure that these were in date. Staff said that they would not use any equipment that was faulty and knew what to do to have equipment mended or replaced.

There were strategies in place to make sure risks were anticipated, identified and managed. These included things like, moving and handling, falls, skin integrity and also making sure equipment being used was properly serviced. People's needs were assessed and any risks when giving care were assessed and guidelines to minimise and manage them were put in place. Some people needed a hoist to move from

place to place and there were clear guidelines in people's care plans so that staff knew how to support them safely.

The service responded promptly when people's needs changed. For example, a person had a number of falls, had become increasingly vulnerable and was staying upstairs in their home. The management team arranged a fire service assessment and arranged for a falls alarm and lifeline to be linked to smoke alarm to protect the person and minimise the risks as much as possible.

Some people were unable to get up from their chair or out of bed to answer the door to care staff, so there were systems in place to enable people to receive the care they needed and keep people safe. All people and their relatives said that the care staff were competent and they felt safe in their hands.

Staff knew what to look out for and what to do if they had concerns or suspicions that someone's safety was at risk. Staff told us that they usually provided care to the same people and had got to know people well, so they noticed changes in a person's usual manner. If they saw changes in a person's behaviour or eating habits, for example, this would prompt concern or enquiry.

Safeguarding was included in training completed by staff (induction, mandatory and updates). Information about what to do when there were concerns was included in the staff handbook and staff told us who they would report concerns to. Care staff spoke about the importance of good record keeping in relation to promoting people's safety. One care staff told us they said that they had been reassured and felt supported when arrangements were made for two care staff to visit when they had been having difficulties meeting a person's care needs on their own.

All the people and their relatives we spoke to made their own arrangements for dispensing and taking their medicines. People had their medicines dispensed into blister packs or a pre-filled dosette box. All information about what support people needed was included in their care plan. Sometimes the care staff helped people take their medicines and some people only needed a reminder. When care staff helped give medicines or applied creams and ointments to people's skin this was recorded in a medicines record.

One of the management team checked how care staff supported people with their medicines during spot checks. (Spot checks were unannounced visits to people's homes the managers made periodically when care staff were working there, to monitor their working practices.) In addition to this they made random checks on the medicines records by asking care staff to take a photo of the record and send it to be checked. Records were also checked at the office. The care coordinator told us that there was a no blame culture. If any errors were picked up they treated it as a learning experience and the care staff were given additional support and monitoring as needed, so that the risk of re-occurrence was minimised.

Is the service effective?

Our findings

A person commented in a survey, "Always happy with this service." Another person said that the staff had the right skills, commenting, "Yes they know what they are doing."

The registered manager made sure that people's needs were met consistently by staff who had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours. There was a wide range of training that was provided to make sure care staff were competent and confident in their roles including: awareness of mental health problems, certificate in common health conditions, care and management of diabetes and principles of care planning. An external training provider told us, "The Care Company had a good reputation locally and were very good at putting training delivered into practice." They spoke about working with the registered manager to determine the training needs of the organisation and of on-going visits to assist staff to work through topics and complete level two and level three diplomas and other training. One care staff said that they had just finished the level two diploma, another spoke about having completed level one and level two supported by The Care Company. Time limited training, for example, first aid, food hygiene and safeguarding had been refreshed and updated in line with the service's policies and relevant legislation. The registered manager had hired the 'Dementia Bus' that provided experiential training to staff. Staff talked enthusiastically about this dementia training and said it had made them more sensitive to the needs of people with dementia. People and their relatives spoke positively about the support they received from the care staff.

Staff said they felt confident and well supported by the registered manager and care management team. Spot checks were carried out approximately twice a year. One to one supervision meetings were held with staff to give them support, feedback about what they were doing well and gave them the opportunity to request further training. A care staff told us that additional training in the use of slings and catheter care had been provided when this had been requested. Staff said they could pop into the office and talk to the care coordinators for meetings if they wanted to discuss anything outside the scheduled times of their one to one supervision meetings and if they had any issues or concerns they could have impromptu one to one supervision meetings. Spot checks had led to the improvement in the quality of care provided. One care staff spoke about a wedge being provided to help with the use of slide sheets after showing how this would improve the experience of care for one person during a spot check. The service received a compliment from the specialist occupational therapy service commending staff on their manual handling skills and the evident training they had completed in the care of people with complex disabilities.

People told us that they were always asked for consent before care was given and care staff said that they always listened to what people wanted and explained what they were going to first to make sure people were in agreement. A person told us the care staff, "Always ask. I'm still quite with-it despite my age and I'm able to speak up for myself."

The Mental Capacity Act (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 management team were clear about their responsibilities under MCA. Support plans documented where capacity had been assessed and best interest meetings had been held to the care being provided and the outcome. A person told us, "...my [relative] usually sets up a discussion if they have concerns and a care decision needs to be made."

Care staff talked about how they made sure people were able to maintain as much independence as possible and were aware that people's capacity to make certain decisions could vary from time to time. Care staff knew about the Mental Capacity Act and talked about mental capacity assessments and best interest meetings. Some care staff talked about how they would support people but they were unclear about the five principles. The learning coordinator explained that MCA training was informal and that they found care staff had a better understanding when they could relate application of the legislation to individual situations where they discussed the people they were supporting with the care staff when a best interest meeting was being held. They said they would increase the MCA training.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people live in their own homes applications via the Court of Protection (CoP) are required. No applications to the CoP had been made as none were needed .

When people needed support to make sure they ate and drank sufficiently this was included in their care plan and the care staff assisted them as guided. Records showed that food and fluid intake was being recorded where people needed support to eat and drink enough. Care plans detailed the provision of food supplements / nutritional drinks and thickeners where these were used. A note was on file from one relative saying how much their mum 'loved the breakfast eggs with toast fingers and looked forward to an asparagus and poached egg lunch'.

People were supported to maintain their health and wellbeing. Sometimes healthcare support was part of people's care package and sometimes care staff made observations to help people remain healthy. Care staff told us that district nurses or specialist teams were involved when required.

A person told us, "They have noticed that I wasn't well and called the doctor." A person's relative said, "[Person] was very resistant to having someone touch their feet. [Care staff] managed to convince [person] that an appointment with a chiropodist would be helpful. [Person] listens to [care staff]."

Is the service caring?

Our findings

A person told us, "It is a very caring company". A person commented in a survey, "I am the user of this company and have a very high regard for them, one carer has been with me continually for many years." A person's relative commented, "The carers are caring, polite, and efficient and conduct their selves professionally treating my [relative] with respect and dignity." A person commented that the care staff are, "always cheerful and prepared for a laugh."

Care staff spoke sensitively about how they delivered care and demonstrated an attitude of respect and willingness to do as they were asked. A person's relative told us, "One carer [name] has been coming for the whole of the time... will always stay longer... is one of the family. She'll do extra jobs and will do a bit of ironing without being asked... and will always go the extra mile."

Care staff said getting to know people they visited was key to being able to meet their needs. They said that the care records provided a good source of information, especially where people and their relatives had been able to complete the 'My Life' document. One care staff said, 'it was nice to look at and find out about what the person is really like'. Care staff said that knowing people well helped them to provide care that was informed by people's choices, likes and preferences. This they said would typically involve things like the gender of care staff, what people wore, ate, or how and where they liked to spend their time.

People were treated with dignity and respect and said that they had received consistently good support from the service. People and their relatives told us that staff took their time and made good use of the time allotted to provide care. A person's relative told us, "If care staff finish the allocated care tasks early then they always ask if there's anything else they can do."

People received care from the same care staff so that there was continuity in people's support. A person told us, "The carers are very good, they will always do other things, whatever is needed." Another person commented, "I have the same carers. It's good when you can get the same ones. There is a small group of carers that usually come to me. One has gone off for a while so they are changing around at the moment. New carers are always introduced first." A person's relative told us, "When a new care staff is introduced then three staff come and it takes a bit longer until they get to know [person]".

People who were unable to speak for themselves were supported with the help of their relatives and with whatever communication support enabled them to be cared for in the way they wanted.

Care staff considered different ways to support people to express themselves and helped them to communicate. One person had a health condition that left them with limited communication skills. Care staff brought photos and during their spare time they painted the person's nails and styled their hair to promote their self-worth and dignity. Another person who had difficulty with their speech following a health condition had been able to build a relationship with their care staff. Their speech was improving and relatives told us that they looked forward to the care staff visiting.

A care staff spoke about creating large laminated signs with reminders to a person about simple day to day things like to look in the fridge for their sandwich or when to take medication. They said that the person had put smaller reminders in a handbag and forgotten about them so using bigger cards was useful for the person concerned. The carer talked about using red dinner plates for another person as this created a contrast to the food on the plate and helped people to see what they were eating more clearly.

A care staff spoke about how they helped one person maintain a degree of independence to do things that they were interested in and enjoyed. They described helping this person so that they could visit local shops, have their hair done, and feed their chickens. The care staff said that they had helped the person build a chicken run in their own time. They said that while the care plan detailed set tasks to be completed that when there was opportunity to have some flexibility they were happy to extend their support beyond that which was routine to help "cheer people up and lift their spirits".

Is the service responsive?

Our findings

All the people and their relatives we spoke with said that the care each person received was centred around their needs and that often care staff did a few extra things as well. A person said, "I can't fault [the care staff]. They are lovely girls. They all have a chat." People and their relatives said that if they had a concern they felt comfortable to raise it with the care staff and the management. A person's relative told us, "I would speak to the management. I would feel very comfortable" and "I would have no qualms about ringing the Care Company."

There was a clear assessment process carried out by two of the management team and an initial care plan was set up in agreement with people and their representatives.

People received person centred care. The focus when planning the care was on what people wanted and the best way to support them to achieve their goals, for example, some people had short term support needs to get over surgery and wanted to 'get back to work' and their normal lifestyle. Other people had a long term illness and their care needs were gradually increasing. During initial assessments and reviews the service concentrated on people's capabilities, preferences and personal histories in drawing up and reviewing an agreed care plan. They then matched the care staff appropriately and drew on other support services to help accomplish the person's goals. People had paper copies of their care plan in their homes unless they had chosen not to. The level of detail in each of the care plans varied depending on people's needs and preferences. There was a 'More About Me' section of the plan which gave specific detail about people's interests, preferences and lifestyle choices. Some people had chosen not to have this completed and had a basic needs plan that gave sufficient information for care staff to refer to and the rest was discussed with the person.

There was an electronic record of people's care that was kept under review and updated as people's needs changed. Care staff said if there were any changes or any problems they contacted the office staff and guidance was given and amended in the care plan. Care staff said that they would request the office to contact families and GPs if they had noted issues during a visit which required their consideration and possible intervention. They said that the management team was good at coordinating support and communicating with them and other people. There were clear daily records and care records showed that there was frequent and constructive contact between the service and people's relatives where they were involved.

Care staff said that they referred to and followed people's care plans and read the 'client awareness' sheets which provided specific and up to date information about anything in particular that care staff needed to consider and or provide for during a visit. This sheet was updated with new information and complimented the content of care plan between reviews.

Care packages were reviewed and updated to reflect changes in people's needs and risks. Additional support had been planned in when needed. For example, arrangements were made to address nutritional needs, to arrange visits by the district nursing team and to increase or decrease hours provided.

There was a collaborative approach between the service and relatives. Observations about progress and concerns were being shared between them and informed the review and care provision. Contact notes were up to date. They cross referenced with care plans reviewed. Contact notes provided detail about the care provided and were written in a way that was respectful and objective.

People were supported to keep occupied and had access to support agencies and a sit-in service was available to protect people from social isolation. A person's relative told us, "[Name of care staff] is particularly good with [relative], singing, drawing, takes a long time to help [person] eat and drink which takes most of their time."

There was a range of ways for people and their relatives to feed back their experiences of the care they received and to raise any issues or concerns they may have. There was a clear complaints system that included investigating any concern or complaint thoroughly and outcomes were recorded. The complaint procedure was explained to people when they first met the registered manager and started to receive their care package and it was included in their information pack.

People said they knew how to make a complaint and were confident to raise concerns. There had been three complaints since the last inspection in February 2014. All had been responded to and resolved satisfactorily. Responsibility for shortfalls in practice had been accepted. Lessons learned had been incorporated into practice, for example, they now had a clearer contingency plan to accommodate people when regular care staff changed.

A person explained that they had raised a complaint and that it had now been resolved. A person told us, "My only concern has been timings. They were coming as late as 11:30 to 12:00 instead of ten o'clock; bit late to have breakfast. It is much better now."

Is the service well-led?

Our findings

People told us that The Care Company was well managed. A person commented, "It's very good and caring and they will listen." Another person commented, "There are two to three very efficient ladies..." and went on to explain how they had been positively supported by the service. A person commented in a survey, "All the carers who attend me are extremely kind and well-mannered and several of them, having left the care company, return because they are respected and appreciated for the work carried out with us clients." Staff said the registered manager and management team were approachable.

The registered manager and management team promoted a caring culture where people and staff were listened to and supported. A person's relative told us, "We're very pleased with the service. If there's anything extra needed, a phone call sorts it out." People and their relatives knew the names of the management team and all had a named first point of contact. A person's relative told us the management team, "...always do their utmost to make everything right." There was a phone number and an open line for people and their relatives to call. The management team took it in turns to be on call so that there was always somebody available to respond if needed.

The registered manager and management team said that they shared the vision of the company which was "to provide care that is 'good enough for our own loved ones' and promote a 'can do' culture". The philosophy of the management team was that they promoted a collective responsibility and shadowed each other's key roles so that could 'step into each other's shoes'. The registered manager said, "We feel this promotes continuity and successful planning as well as empowering the team to make day to day decisions with confidence."

There were strong links with the local community and The Care Company supported local initiatives to educate and improve awareness to the needs of older people and people with dementia. They raised funds to provide facilities and provided free training.

The management staff had an open door policy and care staff were able to pop in and discuss any issues and concerns. Staff one-to-one supervision meetings were held regularly and in response to staff requests. The management team encouraged care staff to be open and honest and made sure as much as possible that staff were of good character to work with vulnerable people. If staff had been involved in incidents that called this into question the management team investigated, carried out a risk assessment and made a decision based on their judgement of each individual situation.

Staff said that management was open and accessible and that managers were personable. Staff understood what was expected of them, their roles and responsibilities. There were clear and accessible policies in the service and a room in the office with information for staff to refer to. The staff handbook provided a ready reference of useful information, guidance and contact numbers. The handbook set out clear expectations of care staff. One care staff spoke about the emphasis on team work, professional appearance and being polite, tolerant, respectful and compassionate.

Care teams were based in different geographical areas and some of the care teams were a distance away so it was more difficult for them to come to the office. One of the management staff arranged to be in a local coffee shop so that care staff could drop in and have a chat to save them having to travel to the office. Care staff said they found this useful and appreciated this. If anything confidential needed to be discussed a separate meeting was arranged and held in private.

Spot checks on care staff were completed at least twice each year. The outcomes of these checks were recorded and used to inform the management and development of care staff and practice. Staff were encouraged to give their views and suggestions, staff told us that they felt listened to. One care staff spoke about a mattress wedge being provided after showing the supervisor how this would improve the experience of care for one person.

Care staff said that communication from the office was effective and that the team got on well together. New information and updates were communicated to the care teams by care coordinators and through The Care Company newsletters that were also used to acknowledge and celebrate good practice. For example, a care staff was praised for the way they supported a person and provided first aid when the person had fallen and cut their head.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. The registered manager and lead coordinator had achieved the Leadership and Management Award – Level Five Diploma. The registered manager had over ten years' experience in providing person centred care and some of the management team had been working together in the company for over ten years. The service was well established and had a good reputation locally. A person's relative commented, "If something is not quite right I just ring up the manager and they put it right."

The registered manager and management team had a good awareness of what was going well in the service and when there were some concerns and responded appropriately to them to mitigate risks. There was an effective system of auditing and monitoring the care provided.

People and their relatives told us that they were asked what they thought of the service provided. A variety of methods were used to gather feedback. Surveys were given to people when they had received the service and a person commented, "I received a telephone call asking for feedback."

There was a clear business and development plan that included time frames for completion and was based on the collected views of people involved in the service. The Care Company had signed up to The Social Care Commitment, the statements of which were incorporated into their development plan and they used this to drive further improvements. (The Social Care Commitment is an agreement about improving workforce quality and providing high quality services in adult social care and is backed up by the Department of Health and Skills for Care.) Highlights of areas that the service were working on were on display in the office to enable everyone to work together. The service had received a significant number of complimentary feedback comments in cards, emails and in the surveys returned.

The registered manager had notified the Care Quality Commission of important events as required. The office was well organised. The electronic and paper records and plans were up to date and readily available and were stored securely.