Bespoke Care & Support Services Limited

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Inspection report

The Media Centre
7 Northumberland Street
Huddersfield
West Yorkshire
HD1 1RL

Tel: 01484483073
Website: www.bespoke-care.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This announced inspection took place on 27 November 2018. We gave 24 hours' notice of our intention to visit the provider's office to make sure people we needed to speak with were available. At the time of our inspection 68 people were receiving support from the service.

Bespoke Care & Support Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults living in the Huddersfield area. Everyone using Bespoke Care & Support Services was in receipt of the regulated activity of 'personal care'; help with tasks related to personal hygiene and eating. Where relevant, we also take into account any wider social care provided.

Bespoke Care & Support Services was last inspected on 9 September 2017. At that time, it was rated requires improvement overall and was in breach of regulations in relation to staff's access to training and supervision and good governance. At this inspection, we found improvements had been made in these areas and the provider was no longer in breach of regulations.

On the day of our inspection a registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The provider's compliance with the Mental Capacity Act 2005 (MCA) was inconsistent. The registered manager had a good understanding of how to support people who required best interest decisions made on their behalf however the record keeping and staff's understanding around this area required improvement. We recommended the provider researches and implements best practice guidance to ensure specific decisions made in people's best interest are appropriately recorded.

Staff had completed safeguarding adults training and knew how to keep people safe and report concerns. People's medicines were safely managed.

People told us they felt safe due to the support they received from staff. Staff had a good understanding of how to support people safely and knew what to do if they had concerns about
people's safety.

Staff were recruited safely. There were enough staff to provide people with the care and support they needed.

People and their relatives felt staff had appropriate skills and were competent. Staff had a good understanding of the people they supported and had access to ongoing training and supervision to support and improve their practice.

People told us they received a service that made a difference to their lives. Positive relationships had developed between people and staff. People and their relatives told us staff were consistently kind, caring and compassionate.

People were supported to have a balanced diet that met their individual dietary needs. They were supported to access healthcare services to maintain their health.

People were involved in their care. They were treated with respect and their dignity and privacy was maintained.

People's needs in relation to the protected characteristics under the Equalities Act 2010, were considered in the planning of their care. People's communication needs were assessed

People told us they would feel comfortable to raise issues or concerns and that the management team and staff were friendly and approachable. The registered manager appropriately investigated complaints and incidents

People, their relatives and staff were complimentary about the leadership and management of the service. There were several systems in place to monitor the quality of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks related to people's care were assessed and managed appropriately. There were safe systems in place to manage medicines.

Staff knew how to recognise signs of abuse and the procedures to follow if there were concerns regarding people's safety.

There were safe recruitment policies and procedures in place.

Is the service effective?

Requires Improvement

The service was not always effective.

People were asked their consent before being supported. The provider was aware of their responsibilities under the MCA however improvements were required in recording specific decisions for people who lacked capacity.

People were cared for by staff who had received training and had the skills to meet their needs.

People were supported to eat a balanced diet that met their needs and access other healthcare professionals when required.

Is the service caring?

Good

The service was caring.

Staff knew how to promote people's privacy and dignity.

People told us they were supported by staff who they had positive relationships with.

People were encouraged to be involved in their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs.

People's care plans were detailed and provided staff with personalised information about people's care.

There was a process in place to deal with any complaints or concerns if they were raised.

Is the service well-led?

Good

The service was well led.

Good quality assurance processes ensured the delivery of care and drove improvement.

There were links with other external organisations to share good practice and maintain staff's knowledge and skills.

People, relatives and staff were consistently complimentary about the leadership and management of the service.

Bespoke Care & Support Services

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 was planned to check 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 was a comprehensive inspection. The inspection was carried out by one inspector and one 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.

This inspection took place on 27 November 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure management would be available to talk with us.

Inspection activity included visiting the office location to see the registered manager and office staff; and to review care records, policies and procedures and quality assurance documents. We carried out telephone interviews with people who used the service, their relatives and staff.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the CQC. A notification is information about important events which the service is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to decide which areas to focus on during our inspection. We requested and received feedback on the service from the local safeguarding teams and commissioners.

We spoke with nine people using the service and six relatives of people using the service. We spoke with nine

staff; this included the registered manager, care manager, office administrator and care workers. We looked at records for three people using the service including support plans and risk assessments. We analysed three medicine administration records. We reviewed training, recruitment and supervision records for three staff including competencies and recent observations of their competencies. We looked at minutes of team meetings, various policies and procedures and reviewed the quality assurance and monitoring systems of the service.

Good

Is the service safe?

Our findings

At our last inspection on 9 September 2017 we found the service required improvement in providing safe care and treatment to people because recruitment and medicines were not managed safely. At this inspection we found improvements had been made.

People and their relatives told us Bespoke Care & Support Service were providing a safe service. People's comments included, "I do feel safe and comfortable when care workers come to see me;" "No issues with safety or abuse at all; they are good to me" and "[I] always [feel] safe and comfortable." Relatives stated, "On the whole my relative is safe and comfortable with care workers;" "My relative is very safe, I can actually sleep at night knowing that the care workers are good" and "My relative is always safe and comfortable."

People were supported by staff who were safe to work with them. Staff files contained the information required to aid safe recruitment decisions. Application forms had been completed and recorded the applicant's employment history, the names of employment referees and any relevant training. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions. These checks helped the provider ensure that only suitable applicants were offered work with the service.

There were clear policies and procedures in place for supporting people with their medicines. People and relatives told us staff provided this support in a timely way. At the last inspection on 9 September 2017 the provider was not following best practice in giving guidance to staff when supporting people with 'as and when required' medicines. At this inspection the care manager told us people they were currently supporting did not require this type of support however if people's needs changed they would seek advice from the pharmacist and GP and write it on people's medication care plans. The provider was using an electronic medicines management system which was used by staff to record the support provided to people and alert the office of any incidents such as missed medication. Regular auditing was carried out to ensure staff were supporting people properly with their medicines and management conducted frequent medicine management competency assessments as part of staff's learning and development.

The provider had effective systems in place to identify and manage risk. For example, people had a range of risk assessments to look at different areas of their care such as their health, mental health, breathing, continence and mobility. There was information to guide staff when delivering support to people, including how to reduce identified risks. For example, one person was known to be allergic to several medicines. This person's risk assessment detailed how they would present if having an allergic reaction and what staff should do. Staff told us how they would safely support a person if they had a fall. One staff member told us, "I would call an ambulance, make sure [person] is comfortable, call the next of kin and the office."

The provider was also assessing and mitigating the risks with staff's lone working and any support they might require out of office hours. One staff member told us they had been provided with a panic alarm and a torch to use when supporting people whose house entrance might not have enough illumination. Team

meeting minutes we reviewed confirmed staff safety issues were discussed. The registered manager told us there was always a senior member of staff available to answer the phone during out of office hours. Staff confirmed this; one told us, "If we call the office number [during out of office hours] it redirects to a manager, they take the turn every other day, there is always someone on the phone."

People and relatives told us care workers arrived on time and stayed for the full length of the care visit. One person said, "No issues about timing, they come when I want them to come, they complete all the jobs, they certainly do not rush off." A relative commented, "The timings are perfect, a reasonable gap between each call, all the jobs are completed and they stay for the full length of time." The registered manager told us they were using an electronic call monitoring system that alerted the office if a care worker did not complete a care visit within a 40 minutes window of time. This enabled the registered manager to check on what had happened and if required, make alternative care arrangements for that person. We received mixed views from people and relatives about being alerted by the office when care workers were late for their visits. One person said, "They can come late, last week I had to phone the office as it was getting on to 11.30am, they usually come between 10-10.30am". Other people said, "I am happy with the timing, they come at the right time;" and "No issues with the timing, they come when I want them to." One relative told us, "They all come on time, if on an odd occasion they are late, they will ring us."

Staff received appropriate training to enable them to carry out their role and ensure people's safety. Safeguarding policies informed staff of what they should do if they had concerns about people's safety. Staff told us what signs of abuse they would look out for and if they had any safeguarding concerns they would "speak with a senior in the office." The registered manager had made referrals to the local authority safeguarding team when there had been concerns over people's safety.

Accidents and incidents that had occurred had been recorded and monitored by the registered manager to identify patterns and trends. Relevant action had been taken to investigate what had happened and reduce the risk of an accident occurring again. There was a good oversight and a reflective culture to ensure that when instances had occurred or care had not gone according to plan, lessons were learned and changes made as a result.

The provider was managing the risks of cross infection appropriately. Care workers had completed training in infection control prevention. Staff told us they have access personal protective equipment (PPE) including gloves and hand gel. People did not report any issues with the standard of hygiene when receiving care.

Requires Improvement

Is the service effective?

Our findings

At our last inspection on 9 September 2017 we found the service required improvement in providing effective care because not all staff supervision, training and appraisals were up to date and the provider's supervision policy did not outline the number of supervisions required each year. This constituted a breach of regulation. At this inspection we found improvements had been made in these areas and the provider was no longer in breach. At our last inspection we found the provider's compliance with the Mental Capacity Act 2005 (MCA) was inconsistent; at this inspection we found improvements were still required in this area.

People and their relatives told us they felt care workers had the skills and competence to do their jobs. People told us, "Yes, indeed the care workers do know what they are doing, to me they are certainly trained and skilled;" "Brilliant, fully trained and skilled care workers" and "Majority of them are fine, they do know what they are doing, may get odd one who are new or on training but they are ok." Relatives commented, "We are a family of [healthcare professionals], we have a high standard, we can see that the care workers are an [example] of what is happening in care from our own experiences, they attend courses, we know they have 1 to 1 training, the care workers are confident."

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.

We checked whether the service was working within the principles of the MCA and we found some inconsistency in this area. The management team advised that when people lacked capacity their relatives provided support with decision making and we saw evidence that the provider had requested for evidence when families held power of attorney to make decisions about health and welfare on behalf of their loved ones. The management team understood how to access additional support for best interest meetings, for example by getting in contact with social workers or district nurses. The provider was completing mental capacity assessments and best interest decisions but these were not always recorded separately for each specific decision. We recommended the provider researches and implements best practice guidance. Staff confirmed they had received training in this area however their knowledge on how to apply the MCA to their work was not robust. We spoke with the registered manager about these concerns and they told us they were going to update people's documentation, were arranging a staff meeting dedicated to this area and had plans to request a specialist healthcare professional to deliver a training session with staff.

New staff undertook a period of induction before they were assessed as competent to work on their own. This included online, classroom training and shifts shadowing more experienced members of staff. Staff told us they had completed "training before start working with people" and "I did shadowing for one week, I felt confident after." This demonstrated that the registered manager ensured care workers were fully prepared prior to working independently with people.

The provider had an on-going programme of essential training, which included basic first aid awareness, food hygiene, health and safety, moving people safely and safeguarding adults. Records confirmed care workers were up to date with their training and their competency to work with people was being assessed. This was an improvement since last inspection. Staff comments included, "Yes, [we have] a lot of training." People told us, "I have complications, the care workers are certainly trained as they know how to support me fully." Relatives said, "They are trained and skilled, I have had a bad experience from another company so I can compare."

Staff had access to appropriate support and guidance within their roles. Records confirmed staff had regular access to a combination of observations, supervisions and appraisals. These enabled staff to be provided with feedback about their practice and identify further learning and development needs. Staff told us these meetings were supportive but if staff required further advice or support between meetings, they felt confident to speak with the registered manager or care manager. The registered manager had updated and was following their own supervision and appraisal policy.

People were supported to eat a balanced diet that met their needs. People gave positive feedback about the support they received with their meals. Comments included, "They prepare the food for me, this is nice and to my standard" and "They prepare my breakfast, I do enjoy it." One relative told us, "They make all the food to my relative's standard." The nutrition care plan for one person who was living with memory difficulties indicated, "Without support [person] is at risk as [person] may forget to eat/drink regular and often during the day; [person] has been prescribed supplements twice a day." This care plan guided staff to "prepare basic ready meals heated in the microwave, [person] can prepare light snacks and soups, sandwiches and finger foods." This meant people's specific needs and preferences were being assessed and care plans were appropriate to guide staff in providing the support.

People's needs in relation to the protected characteristics under the Equalities Act 2010, were taken into account in the planning of their care. People's communication and sensory requirements were assessed and included in their care plans. For example, the care plan of one person who was living with dementia indicated, "[Person] has advanced dementia and struggles to communicate verbally, [person] speaks the occasional word but is very low to respond to verbal communication." This enabled staff to adapt their communication when working with this person.

People were supported to access healthcare services in order to maintain their health. Care records showed regular contact with district nurses, GPs and social workers in order to discuss and arrange support that improved people's health.

Good

Is the service caring?

Our findings

People told us they were supported by staff who were kind and caring. Comments included, "I can say they are brilliant, kind;" "They are friendly, caring and very respectful towards me" and "They are very polite, caring and respectful towards me, they treat me with the utmost respect and dignity, always smiling." Relatives also praised staff for their caring attitude towards their loved ones. Their comments included, "The care workers always look after my relative well, they are obliging, they make an effort, they understand [person's] needs, they give [person] dignity and respect at every stage, we know as we are in the [healthcare] field."

People told us they received a service that made a difference to their lives and positive relationships had developed between people and staff. One person told us, "They are very friendly towards me, they want to make conversation, not just do the job." Another said, "They smile and they do not look down upon me, they sit and chat with me, this means a lot to me. And another commented, "They cannot do enough for me, always asking if I want anything else to do." One relative told us, "I am very very happy, I have no problem on my head now." Staff understood the importance of building relationships with people. One staff member said, "I always ask people's choice, I don't want to make them uncomfortable, we have to build a good relationship." The provider had recently gathered people's views through a survey. The results indicated that every person receiving care were either very happy or happy with their care workers and with the care provided.

People's dignity and privacy was respected. People told us, "The girls are polite, they give me respect at all times, when they wash me they do give me dignity." Relatives said, "They are so caring and kind, they give [person] the utmost respect and dignity in the shower and when they are dressing [person], I have no worries now." Staff we spoke with demonstrated how they provided care that was respectful and promoted people's privacy and dignity. For example, one staff member said, "I make sure the windows and doors are closed, I always ask [people] how they want their private areas to be cleaned." Another staff said, "When I undress people [during personal care], I always cover with a towel, then I speak with them."

The registered manager and staff had a good understanding of protecting and respecting people's human rights. People received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equalities Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. Staff had received equality and diversity training. They understood the importance of treating people according with their preferences. One staff member told us, "I supported an Asian couple and they were happy that I could speak their language." The registered manager told us," We have done some specific work to ensure our service meets the needs of the people with protected characteristics, this was through recruiting and providing extra support for two new care workers from the Pakistani community. We targeted recruitment with specific adverts and supported the candidates through training and shadowing."

We saw sensitive personal information was stored securely. People's care records were stored electronically

and the registered manager explained us how this information was kept protected. For example, the app used by care workers on their phones to access people's information was set to log off after 30 seconds; this ensured that if their devices were left unattended or lost, unauthorised people could not have access to people's private information. People's records showed their permission was sought before their confidential information was shared with other healthcare professionals and we saw this documented in some care files. This meant people could be assured their sensitive information was treated confidentially, carefully and in line with the General Data Protection Regulations (GDPR) law. The GDPR law came into effect on 25 May 2018. It is Europe's new framework for data protection laws. It replaced the previous 1995 data protection directive.

Good

Is the service responsive?

Our findings

People and relatives received a flexible and personalised service that was responsive to their individual needs. People were involved in decisions that related to their care. One person told us, "I have been through the care plan with the management, we have a great relationship, they listen to me." Another person said, "Both [care manager] and [senior care worker] are very good, they ensure that I know what is going on, I did go through the care plan with them, they do a damn good job in my eyes." A relative said, "They all support us as a family, we have been through the care plan with them, we discuss all our requirements with management, they are not just on paper, they actually do the work, they look after us well."

People and relatives gave us mixed views about the consistency of their care team. One person said, "I used to get some consistency but I get different ones now, do not get me wrong, I get on with them all but it would be nice to get some regular care workers." Other people said, "I have a regular care worker who comes to see me;" and "A team of regular care workers [come to visit]." Relatives said, "The care workers do keep changing, I know it cannot be helped due to staff shortage but it would be nice to have some consistency;" "My relative does have consistency, this is really welcomed;" and "Consistency is very good, they are friendly, pleasant, they are good." The registered manager told us that in the results of their last survey to people it was acknowledged that people from a particular geographical area had shared similar views about inconsistency. The registered manager told us this had been caused by a number of staff leaving in that area and care visits having to be covered by care workers from other areas. However, the registered manager told us they were actively recruiting for those posts.

People's needs were assessed before they started to use the service. Care plans were then developed that contained specific information about people's skills, abilities and needs. Staff told us they found care plans helpful and would look at these before supporting people. Staff mentioned this was easy to access through the apps on their phones. People and relatives were involved in the development of care plans to ensure that they were person-centred and reflected the person's preferences. The registered manager was responsive to people's varied needs. One person required support with their finances. We reviewed their care records and saw this person had a care plan that detailed how staff should provide this support, financial transaction sheets and receipts were kept and were being regular audited by the provider. During our visit we heard the care manager speaking with the appointee for this person's finances about specific expenses that had been incurred due to the person's needs the previous week.

People told us they were involved in decisions that affected their care and could approach staff and management at any time if they had any concerns or wanted to make changes to the support that they received. Regular care plan reviews were taking place which helped to ensure people's care plans were current and that up-to-date guidance was available to assist staff to deliver effective and responsive care. At each visit staff completed a record detailing the date of the visit, tasks and services carried out, concerns or changes in health or behaviour and action taken in response to this.

Care plans included information about 'the person', their personalities, preferences and interests. For example, the care plan of a person who was living with dementia indicated, "Although [person] has been an

avid reader enjoying [person's] books and daily newspapers, it is suspected [person] no longer has the cognitive ability but still enjoys having these items to hand whilst sitting in [person's] chair" Staff had a good understanding of people's preferences and needs and people told us that they had had confidence that staff knew them and their needs well.

The management team and staff were responsive to people's needs should they need any urgent assistance or if there were changes in their support requirements. For example, the care manager told us that one person had been discharged from hospital the day before our inspection visit and their medication had changed; we saw care workers had photographed the person's new medication and the care manager was updating their medication care plan. Some people being cared for by Bespoke Care & Support Services required end of life care. The care manager explained how people's care plans were developed in partnership with other healthcare professionals supporting people with these particular needs.

Some people had personal alarms that enabled them to call an external emergency response centre for help should they have an accident. This provided people with a means of calling for assistance when needed and meant that people could independently remain in their own homes. Staff told us how they could also use these alarms if people needed assistance, for example being helped up after sliding onto the floor, when they did not need medical assistance.

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard (AIS). The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Each person's preferred method of communication was highlighted in their care plans, which showed people's communication needs had been considered.

People and relatives told us that if they were unhappy they would not hesitate in speaking with the staff or the office. People said, "I can call them anytime and they will listen;" "If I need them I know I can call but I do not need them, I have the complaint's policy but certainly never used it." Relatives told us, "I do have the complaints policy, never had to use it as I will pick up the phone and call the office;" and "I have the complaints policy which I have never used, they do keep in touch with me, they also listen to me should I have any issues for my relative." Formal complaints had been appropriately investigated by the registered manager. Complaint records demonstrated the registered manager had responded appropriately and in reasonable time. We recommended the registered manager to update their complaints policy in relation to the organisation that should be contacted if complaints are not resolved by the provider.

Good

Is the service well-led?

Our findings

At our last inspection on 9 September 2017 we found the service was not always well led because there was a lack of robust and regular audits, the registered manager had not undertaken individual formal audits such as care plan audits, supervision and training, accident and incident audits and complaints audits and satisfaction survey were not sent to people using the service. This constituted a breach of regulation. At this inspection we found considerable improvements had been made in these areas and the provider was no longer in breach of regulation.

We asked people and relatives how they felt about the management of the service, comments from people included, "Excellent service, well ran;" "Good service, will recommend this company;" "50/50 as I think they can improve a little with consistency, pass messages on to care workers" and "I am very happy with the service provider, I can recommend them to friends and family." Relatives told us, "Brilliant company, I can compare to other companies, we as a family are very fortunate to have this service;" "This company is brilliant, they support me so much as a family, they appreciate what I need, it is a god send, the care workers are so patient, calm and collected, they are brilliant, this is thanks to the management;" and "Good bunch, happy with communication and level of professionalism."

The registered manager had systems in place to monitor and improve the quality of the service provided. Monthly monitoring of the service included sampling visit records to check if care had been delivered as planned and if care workers had kept good punctuality and stayed for the whole length of allocated time. The registered manager told us that since the new electronic call monitoring system had been implemented, this had allowed for a more accurate recording and monitoring of the care being delivered. The registered manager told us of an occasion when during their audit they identified one care worker was consistently not staying for the required time, this triggered a meeting to discuss concerns about their performance. The records we reviewed during inspection, also confirmed that medicines, complaints and accidents and incidents were being audited and monthly reports produced which included learning and changes needed to improve the service.

The provider used a survey to gain feedback from people. The results from last survey indicated 91% of the people were happy with the service and the remainder were usually happy with the service. No one was not satisfied with the service. The results also demonstrated that 86% of the people thought the service was always providing a good quality service and the rest of the people indicated this was usually the case We asked the registered manager if they had made any changes following the survey results, they told us, "We did not make any specific changes to the way we managed the service as the feedback we received was positive" and due to the reports being anonymised they could not identify the people that were not fully satisfied. The registered manager told us they were planning some improvements in how they were conducting their surveys to people.

The service had a registered manager in place. Most staff told us they felt the service was well led and the registered manager and office staff were approachable and supportive. Staff said, "[Management team] are very approachable and easy to speak with;" "They have never dodged any of my questions." One staff

member told us of an occasion when they had not felt listened to by the registered manager and that they had felt confident in sharing this with them.

Staff spoke positively about the culture of the organisation. Staff said, "I love it", "I think it's a good company", "Everything is fine, I can't complain, rotas are done in advance, you have time off when you need to." The registered manager spoke positively about the care and office team and the quality of support staff delivered to people using the service. The service operated a 24-hour on call system which meant senior staff were available to provide guidance if required.

There were systems to ensure effective communication including alerts on the electronic app, phone calls and staff meetings to update staff. During this inspection, we saw evidences of regular staff meetings covering office and care staff. We read team meeting minutes and saw relevant discussions were being held in relation to the care delivered, staff training and good practice. Staff told us they either attended or had been invited to attend these meetings and found them useful.

The provider was working in partnership with other organisations and the registered manager told us about the work they were developing in supporting other providers in using the electronic call monitoring and medicines management systems. We received feedback from commissioners that confirmed the positive cooperation the registered manager had established with other organisations because they "had been instrumental in supporting other providers to set up and use an Electronic Call Monitoring (ECM) system; [registered manager] has also been part of ECM Focus Group where providers have met to share experiences and resolve issues with their new ECM systems."

Under the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015, registered providers have a legal duty to display the ratings of CQC inspections prominently in both the office and on their websites. On our arrival at the office we saw the ratings from last inspection were clearly displayed.