

Carons Care Line Ltd

Carons Care Line

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Carons Care Line is a domiciliary care agency, providing personal care to 32 people in their own homes, at the time of the inspection.

People's experience of using this service:

Without exception, each person or their relative that we spoke with provided positive feedback about the care they received. There were examples shared of care staff going above and beyond providing care to meet people's assessed needs. Staff had built friendships with people and their relatives. They got to know people's personalities and recognised if a person was feeling unwell or upset.

Healthcare professionals were contacted when people became unwell. People's healthcare needs were monitored, and any changes recognised, recorded, and reported to the care office for a manager's advice.

Medicine records were audited to ensure that any gaps in administration were followed up. Where gaps in medicines administration related to staff competencies, further training was provided.

Staff were trained to support people with their mental health, such as anxiety. They told us how they had brought people flowers or gone to see people to check how they were, if they had been feeling upset or low.

People were supported by staff that had received training to meet their needs. Staff also received individual and group supervision meetings with the care manager or registered manager. This gave them the opportunity to provide their feedback and discuss their development. People trusted the care staff and felt they were trained to a high standard. Their feedback included, "The carers are all exceptionally well trained", "They are just brilliant" and "We trust them completely."

People told us the staff helped them to feel safe. Carers entered people's homes in the way the person had requested, for example, using the key safe. People and their relatives told us staff were respectful of people's homes.

Health and social care professionals thought highly of the service. One professional had written to the registered manager to feedback that they felt the care staff set a high standard, were professional and "had big hearts".

The registered manager spoke passionately about wanting to ensure people had the best possible end of life experience. They had liaised with a funeral director to create support bundles of information that could be provided to people and relatives; to guide them about what happens next for the person.

The registered manager had a personal ethos of striving for continual improvement. They had a structured way of working and welcomed feedback about any areas where a higher standard of good could be achieved. They spoke passionately about their reasons for working in care and were emotionally invested in

wanting the service put people at the forefront of everything they did. They were proud of their staff team delivering their vision of the service and said, "they are worth their weight in gold."

Rating at last inspection: This was the first inspection since the service had changed ownership.

Why we inspected: The service was registered with CQC in May 2018. We inspect newly registered services in the first year of registration. This was a planned comprehensive inspection.

Follow up: We will continue to monitor the service and use information received to inform our next inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Carons Care Line

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was conducted 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.

Service and service type:

Carons Care Line is a domiciliary care agency, providing personal care to 32 people in their own homes, at the time of the inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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 24 hours' notice of the inspection. This was because the manager is sometimes out of the office supporting staff or providing care. We needed to be sure they would be available.

What we did:

Before the inspection, we reviewed the information we held about the service, including the provider information return (PIR). The PIR is completed by the provider, to tell us about what is happening in their service. We also asked the registered manager to provide us with a contact list of people or relatives we could contact for their feedback.

During the inspection, the expert by experience spoke with four people and four people's relatives. The inspector looked at information and records relating to people's care and the management of the service. This included, care plans and records for four people, medicine administration records, audits, recruitment

files for four staff, and staff training records. We also spoke with the registered manager and contacted four staff by telephone after the inspection, as well as three health? professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to identify and report any concerns of abuse or harm.
- Staff felt confident if reporting concerns to a senior, the care manager, or the registered manager, appropriate action would be taken.
- Staff received safeguarding adults and children training. This was because some people had children living or visiting them at home, while staff were present.

Learning lessons when things go wrong

- Reflective supervision meetings took place following any incidents, or where staff had needed to report safeguarding concerns.
- There were processes in place for the recording and learning from accidents, although none had happened since the previous inspection.

Assessing risk, safety monitoring and management

- Risks to people's safety were identified and assessed. Risk reducing measures for staff to follow were recorded in people's care plans.
- People with mental capacity to consent to decisions that may contradict the measures in place to reduce risks, had their wishes records. For example, some people liked to have staff bring their pets with them to visit their home and signed a waiver to the risk assessment, to consent to this continuing.
- Risk assessments were being reviewed and monitored by the management team. The care manager was in the process of updating the risk assessments for each person.
- There were contingency plans in place in the event of an unforeseen emergency at the service. This included ensuring all staff had a chain of contact, with different staff members they would directly report to.

Using medicines safely

- People who required assistance with their medicines were supported by staff who had received training to manage medicines safely.
- Medicine administration records (MAR) were completed in the person's home and returned to the care office. The senior staff reviewed the MAR charts to ensure that any gaps in administration were investigated.

Staffing and recruitment

- People and their relatives told us there was consistency in the staff that visited.
- 10 out of 12 care staff were recruited on a self-employed basis. They were required to provide liability insurance and to have car insurance that included business use.
- Staff contracts of employment were subject to employment and character reference checks, as well as Disclosure and Barring Service (DBS) clearance. The DBS helps employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable adults and children.

Preventing and controlling infection

- Staff received infection prevention and control training.
- People told us staff supported them using the appropriate personal protective equipment, including gloves. They also told us staff washed their hands before preparing food for them.

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.

Good: 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's needs were assessed prior to a care package being provided. People were involved in the assessments of their needs. The registered manager told us that people were asked to list all the things they required assistance with.
- People's day to day needs and routines were recorded in their care plans. There was clear guidance for staff to follow to meet people's needs.
- Where people's needs changed, they were re-assessed. Whether changes were needed on a temporary or permanent basis, arrangements were made to ensure continuity in the person's care. For one person, their needs changed dependent on the school holidays and their care visit times were changed accordingly.
- The care manager joined staff to meet people they had not supported before, to ensure that the first visit went smoothly.

Staff support: induction, training, skills and experience

- Staff received supervision support from the registered manager. This was either by one to one meeting, where their development could be discussed, or through group meetings. There was a matrix in place, with supervision meetings planned.
- People and their relatives told us they felt the staff were well-trained. One person's relative said, "They have had excellent training, some are ex medical staff and they bring a depth of good care."
- People were supported by staff who had received a broad range of training to meet their needs. We saw records that showed staff had completed mandatory training including the Mental Capacity Act, and fire awareness. Staff had also completed training in areas that would enable them to better understand and support people's wellbeing, such as continence promotion, pain management and anxiety.
- New staff shadowed more experienced members of the team and had their competencies assessed. As part of the induction process, staff were required to complete the Care Certificate. The Care Certificate is a set of standards that form the basis of the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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

- Where required, people were supported to have meals and drinks prepared. People told us they liked the food that staff made them. One person's relative said, "They cook very good meals for him and we all get together to agree on what shopping is required."
- Records showed that staff prepared the food that people asked for.

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

- People and their relatives told us that staff assisted with making healthcare appointments or made them on the person's behalf.
- If there were changes in people's healthcare needs, these were reported to the care office and referrals were made to the GP or healthcare professional where needed. The changes were documented and monitored, to ensure that the right support was provided.
- One professional had written to the service to compliment them on the support they had provided to a person. They praised the service for their consistent support they provided to a person and their approach of getting to know the person well.

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.

- We checked whether the service was working within the principles of the MCA. Where people lacked mental capacity, this had been assessed.
- People and their relatives told us that staff sought their consent before supporting with care?.
- The MCA had been incorporated into policies at the service.
- Where people had legal representatives, called Lasting Power of Attorney, the care manager was in the process of obtaining copies of these. This meant that the service would know who to consult with when making decisions about the person's care, if the person lacked the mental capacity.

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

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; respecting equality and diversity

- There was a whole service culture of putting people first. We saw the management team, office and care staff working together when rostering care visits. Staff quickly rearranged their personal commitments to ensure they were available to meet people's care visit times. We were also told of an example of a staff member staying overnight when a person was unwell, and their family were unable to be there. The registered manager told us the staff member "didn't think twice, they immediately offered to stay overnight."
- Staff were self-employed. The registered manager told us the nature of this employment meant staff showed a high level of commitment and emotional investment. They said, "To our staff, this career is a vocation, it is not just a job. They often just check on people to see how they are." One staff member told us, "To us, it is normal, we don't see what we do as going the extra mile, because it is just what we do, it comes naturally." Another staff member said, "I am blessed to be part of people's lives." The registered manager explained with pride, "I don't have to ask staff to do things, they just have that approach."
- People and staff had formed friendships and people looked forward to their care visits. One person said, "They are all so happy. They brighten up our day." Two people told us they thought of the care staff as being "like family". Another person said, "They provide me with company and that is so important."
- Staff knew what food people liked and to help people have food they enjoyed one staff member told us they took fish and chips to a person. Another staff member told us that they had cooked food for people at home in their own time and brought it round to the person on their care visit. Staff cared about supporting people's appetites and nutrition. They understood how people's appetite could be affected by their health and wellbeing, or personal circumstances. People told us they chose what they would like staff to cook for them.
- Where people had expressed their choice and consent, there were staff who sometimes took their pets to visit people in their homes. People appreciated seeing the animals and having them visit. Records for one person showed they looked forward to this, often keeping some treats aside for the visit. Staff also helped other people by taking their dogs for walks. When one person was in hospital unexpectedly, a staff member looked after their pet budgie for them, at no additional cost to the person. Staff understood how important people's pets were to them and they supported people's pets to live happy lives alongside the person.
- Where people needed additional assistance, staff recognised this and ensured the support was offered. For example, one person had been slipping on their bathmat, but was reluctant to order a new one. Through spending time with the person, the staff member identified this was because the person was not confident using the computer to complete the order form. The staff member worked with the person to order a larger bath mat and this increased their confidence when showering.
- The service had received compliments from people's relatives. One relative of a person who had initially

not wanted care, thanked the service for the support their family member had received prior to going into hospital. Their feedback stated, 'I can't thank [the registered manager] and the carers enough for all the care and support you have given to [relative] and myself. You will be a hard act to follow.' We saw feedback from a professional regarding the same person. They wrote to the service to thank them. They praised the staff for their perseverance and positive approach to gradually introducing a care package, while getting to know the person well.

- Without exception, every person or relative we spoke with told us they had never had a missed visit. They told us staff arrived at the time they were expected, they knew who was going to support them. People also said that staff gave them a courtesy call if they were running a little late.

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

- People were invited to share their feedback through survey's, care reviews and during visits. The registered manager said, "People confide in us. Continuity is really good here and our staff team have a good rapport with [people]." This was reinforced by people and their relatives. One person's relative told us, "We are regularly invited to be involved in the care planning and reviews. The registered manager also does care, so we know we can discuss any issues. They are very approachable."

- Staff knew people well enough to recognise if there were changes in their health or wellbeing, which could indicate a change in their care needs. These included if a person appeared out of sorts or had passed comments which the staff member felt was unusual for them. There were records maintained in the care office of all communication from staff where had made these observations and the actions taken. Staff where needed prompted discussions and sought people's views regarding what should happen next. For one person, staff started a conversation with them about their observed faulty furniture and involved them in decisions about what action could be taken. In response, the service contacted the equipment provider, to arrange a replacement. Good communication, and having consistent staff meant the service could intercept concerns and act on feedback at an early stage.

- There were specific adverts placed to recruit new staff to meet the complex needs of the person requiring care. The registered manager explained that for one person, the service had worked with the person to find out what they wanted from the person that would support them. This meant the person received care from staff who had the skills, experience, and personal attributes to meet and support their needs and reduce their anxiety.

- People told us the care they received was what they wanted and needed, and they had discussed this at meetings with the service. People and their relatives told us they had been involved in care planning and reviews. They felt their views and wishes were listened to. For example, people told us they had their visits at the times they wished. One person said, "I have the care I need, at the time I want. I was able to tell them what I wanted when my daughter and I went to a care review meeting." One person also had requested not to have a staff member visit, because they knew them personally. They told us this had been respected and the staff member had not been allocated to them since. One relative said, "I was involved in the care plan. The carers always talk in a nice way and explain what they are doing, they are all so lovely."

Respecting and promoting people's privacy, dignity and independence

- Staff were compassionate and sensitive to people's needs. One staff member stayed with a person for two hours, without charging for their time, waiting for the doctor to contact them. This was to help the person feel comfortable speaking with the doctor and relaying their symptoms accurately. Without the staff member there, the person would not have been able to effectively seek the right advice from the doctor. One person told us, "They do all that I want and more, they make my life so much more comfortable than it could be without them. I enjoy their visits, they are just so kind."

- Compliments had been received from health care professionals who worked with the service. A paramedic

wrote to the service to praise the staff for supporting a person awaiting medical attention. The staff had stayed with the person while waiting for the ambulance. The feedback stated, 'Please can you pass on our thanks [to the care staff, as we thought they were very professional and caring, it showed in their mannerisms. They both have big hearts. We come across many carers in our jobs and they are two of the best we have come across. Thank you for the wonderful job you do.'

- People received birthday and Christmas cards, as well as Easter eggs for them to enjoy. The service understood that for people, especially those living alone, these gestures could bring some joy. The registered manager told us of one staff member who likes to buy people birthday presents too.
- People and their relatives told us staff were very respectful of their homes. One relative said, "There are regular carers. They treat [relative] and their home with respect."
- People were supported by staff who had completed training around providing dignity in care. One person told us, "They help me to shower, they are always professional and respectful."
- People's care plans reflected how staff could help promote the person's dignity. For example, in one person's plan, the information stated, 'Make sure he has combed his hair and feels respectable, as he takes great pride in his appearance.' For another person, there were records showing staff had supported them with having their hair straightened. There were observations recorded to show the person had felt good about themselves because of this support. A different person told us, "They wash and dress me, they always do it really nicely and let me take my time while they help me choose what I wear, I am really happy with everything they do."
- People and their relatives said they felt care was delivered at a pace that suited the person. A relative told us, "They never rush her [family member], she hates getting out of bed, but they never rush her and are always so kind and patient with her."
- People were supported by staff who knew their life histories well. One person's relative told us, "The carer took [relative] for a drive around the village where [relative] used to live. It is about a mile away. [Relative] thoroughly enjoyed it."
- One person was supported to maintain their independence in supporting their child to attend school. Staff were rostered to ensure they were available at the exact time required for the school run. Care visit times were then adapted during school holidays, to meet the change in need.
- People's independence in accessing the community was encouraged and supported. One person told us staff helped them to feel confident and comfortable being out of the home, because they knew staff knew them and their needs well.
- Staff understood and had received training in how the support a person requires with their independence may vary dependent on their health and wellbeing on the day. Care plans reflected what a good day and a bad day may look like for a person with mental health needs and how this could impact the care required. Staff were not task focussed, they viewed people as individuals and adapted the care delivery dependent on how the person was feeling.
- Where people were independent but needed reminders or prompts, this information was known and recorded in the person's care plan. This meant staff could support the person to continue to remain as independent as possible. For example, where people were independent in aspects of their personal care but may be reluctant to engage. Staff could prompt them, using the approach that worked best for the person.
- The registered manager understood the importance of keeping people's private information confidential. They were in the process of trialling a new rota system that had advanced security features, for additional levels of protection.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans. These reflected their needs, choices, and daily routines.
- There was an overview page in the care plan. This gave staff insight into people's likes and dislikes, their past careers, current and previous hobbies and interests. This meant staff had access to information which may help promote conversation and ensure person-centred support could be provided.
- Where people displayed behaviours that required additional support, these were documented so staff could provide the appropriate support. For example, for one person their body language and actions which indicated changes in their wellbeing were recorded.
- In people's care plan reviews, they were asked for their feedback about the care they received. In the reviews we saw, each person said they were happy with the care and felt their care plans reflected everything they wanted staff to know.
- People and their relatives told us that staff arrived at the expected time. They said the only delays would be when there was traffic. They also told us they knew which staff to expect.

Improving care quality in response to complaints or concerns

- No complaints had been received since the previous inspection. There was one complaint that had been received before the change in ownership of the service. Actions from this were used to implement changes to some aspects of the service.
- People and their relatives told us they knew how to raise a complaint or concern if needed. They told us they knew they could contact the care office. They also said they felt confident their complaints or concerns would be addressed and responded to.

End of life care and support

- The registered manager spoke with emotion about wanting to ensure people have the best end of life experience they could.
- The registered manager told us they had worked with a local funeral director, to help staff learn more about what happened to people when they passed away. Bundles of support information to be shared with people and their relatives ahead of their death were put together. The registered manager told us this had been their "mission", to ensure staff felt confident supporting people and their relatives.
- Nobody was receiving end of life care at the time of the inspection. However, we saw compliment cards had been received from relatives who had family members cared for by staff at the service.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There had been a change in ownership and management since the previous inspection. People, their relatives, and the staff team all told us the care had remained consistently at a high standard during this change. The registered manager explained they wanted to ensure minimal impact to people and their staff. They said, "I want for people to continue to know the name Carons Care Line and to associate us with good quality care as they always have done."
- Some changes had taken place since the changes in ownership and management. These changes had improved the quality of documentation, record keeping, policies and procedures at the service. The registered manager spoke with enthusiasm about wanting to tighten up the processes that support the high standard of care people receive. For example, ensuring risk assessments were in place and evidence of people consenting to staff bringing their pets to visit.
- The registered manager knew each person who received care from the service and their care needs. They had built a good rapport with the person and their families and had a comprehensive oversight of how the person was being supported. People and their relatives spoke highly of the registered manager. Their feedback comments included, "She is very approachable", "The registered manager visits everyone and gets feedback that way, we are completely satisfied." Also, "It is very well managed, we meet up every week for a chat with the registered manager."
- The registered manager led a staff team that knew people well. Staff had built friendships with people and had a strong rapport with their family members too. All staff demonstrated a thorough understanding of people's diverse needs and individual preferences. When staff were due to support someone they had not met before, they worked alongside the care manager who had met the person at their initial assessment. This meant the person received care from someone they were familiar with. People also received a weekly rota and told us they knew who to expect and when. One relative also told us the service had been accommodating when there was a short notice change in the person's needs. They said, "They will always slot in an extra visit to help us out. We are always talking with the office and they have always been so helpful with anything."
- The registered manager ensured safeguarding and CQC notifications were made where required. These were to ensure CQC and the local authority were told of any notifiable incidents and events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood with detail their regulatory requirements and responsibilities to ensure the service was compliant. They had the autonomy to design their policies to reflect these requirements.
- Staff and the registered manager were fully invested in wanting to ensure the service delivered a high standard of care. The standards set by the registered manager, and the staff themselves were high. Each staff member bought in to a shared vision of how good care should be delivered. Staff spoke with pride about the self-employed nature of their role, also with dignity and respect about each person they support.
- The registered manager had implemented senior care staff roles. These staff split their time partly delivering care and also on administrative duties. They supported the care manager in rostering staff and in administrative duties. The registered manager told us this role helped to bridge the gap between the office and delivering care in the community.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The ethos of working together and supporting other members of the staff team was embedded into the culture of the service. We saw staff planning upcoming cover for visits. They quickly altered their personal commitments, showing flexibility and equal commitment to their job. It was clear that people receiving continuity of care and pulling together to cover any shortfalls due to absence were of a priority.
- There was good staff retention. Staff had stayed with the service through the change in ownership. While there had been some changes taking place, the staff knew this was part of the process of changing ownership and were accepting of these.
- One key change had been the introduction of a more thorough training programme. The registered manager had negotiated with staff to come to an agreement which ensured they attended face to face training. Previously all training had been via e-learning and the registered manager had assessed this was not sufficient. They told us, "Staff now need to have evidence to back up their training. For example, for medicines I have asked staff to complete an administration record or complete a quiz to test how much they have learned following the training." In the changes to training, staff now received training to promote and support people's mental health, completing modules around anxiety and dementia awareness.
- Staff spoke with affection of the registered manager and the support they provided. One staff member told us, "[The registered manager] is brilliant. I know I can go to her is I need to talk about anything. She is a really lovely person."
- Staff attended team meetings and small group supervision sessions, as well as their one-to-one meetings with the care manager or registered manager. They also received communication updates via a smartphone instant messaging group, calls, or emails.
- The registered manager became emotional with pride when speaking about their staff team. They told us they were the part of the service they were most proud of. They explained, "I have worked for people in the past who have not appreciated their staff, but the staff are the backbone of the service and I want them to know that. They deliver care in the way I would want to be treated myself."
- People and their relatives consistently praised the service for being well-managed. All feedback received was positive and we were told by different people they would wish for nothing to change.
- People and their relatives told us the registered manager and care manager were approachable and helpful if they had any queries. One person said, "I only need to pick up the phone and I know they will be free to speak or will certainly phone me straight back."

Continuous learning and improving care

- The registered manager was self-motivated in driving a culture of continuous improvement. This was evident in the work they had completed since the change in ownership of the service. For example, they had

introduced thorough improvements in the safety of the service. Where there were risks to people's safety, these were now addressed by thorough risk assessments and ensuring staff were trained to reduce the likelihood of any occurrence.

- The registered manager was modest in their view of the service. They believed in there always being opportunities for continual learning and were keen to learn from different professionals they met. They told us, "I welcome anyone to come in and promote us moving further forward. Different people give me inspiration and I strive to always make things better for the people we support."
- One social care professional said, "[The registered manager] always feels there are better and new ways of approaching things or better tools available. Because of this approach, she is always looking to improve where she can and always seeks out constructive criticism and feedback." Another social care professional explained the registered manager pro-actively identified areas of the service they wanted to improve. They told us this was because they were seeking to achieve a further higher standard and not because of concerns being found. The professional described the registered manager as "innovative" in their approach to management and drive for continual improvement.

Working in partnership with others

- The local authority care quality assurance team had approached the registered manager to ask if they would be a mentor for another care service. They told us, "We immediately thought of [the registered manager] and she was very willing to offer support. I shared their contact details and since then [the registered manager] has visited the service several times, shared documents with them, as well as being available to answer queries. The provider and team in the other service have said the support they've received from [the registered manager and care manager] has been invaluable. They are very grateful." The registered manager explained they welcomed the opportunity to share good practice, to support other services and to continually gain further experience.
- The registered manager was a 'care ambassador', as part of the local care skills partnership. The aim of this role was to 'raise the profile' of a career in care and to make people in the community aware of the personal and professional benefits available. The registered manager spoke passionately about this work and about wanting to help develop carers. This was further reflected in a card received from an ex-employee of the service. They had written to the registered manager to say 'Thank you for helping me to identify my skills and strength during all the time I worked with you. I will treasure my Carons Care Line experience.'
- The service had held an open day and fundraising event to raise money for a local Alzheimer's charity. The charity welcomed them to visit and to see how the money could be used. People and their relatives were invited to attend the day, to see the new office premises and to feel part of the change in ownership at the service.