

Acre Care Ltd

Acre Care Limited

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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Acre Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes with a range of health and social care needs, such as, physical disabilities, sensory impairment or dementia. At the time of our inspection there were 48 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People told us they felt safe and they could speak with the registered manager if they had any concerns. One relative said, "[Person] is 100% in safe hands, any slight problem staff are on the phone to us." Staff completed safeguarding training and understood their responsibilities to recognise and report signs of potential abuse.

People received their medicines safely. Staff had completed training and had their competency checked prior to supporting people with their medicines. Members of the management team checked to ensure medicines were being administered safely. Staff followed infection prevention and control procedures to protect people from the spread of infection. People told us staff helped them keep their homes clean.

People's health risks were assessed; care plans guided staff on the support people required. Where people were at risk of falls, visit times were adjusted to minimise potential accidents. Risk assessments were in place for staff to follow when supporting people with equipment to safely move and position.

People were protected by the safe recruitment of staff. Disclosure and Barring Service (DBS) checks and checks from previous employment were carried out prior to staff commencing employment. Staff completed training relevant to their role before supporting people. Staff received regular supervisions and spot checks to ensure they were confident and competent to meet people's assessed needs.

People told us staff asked for consent before supporting them and choices were always given. One person told us, "They always ask me what I need them to do, they do everything I ask of them. They check I am ok before they go, they check I have eaten enough; they prepare me something simple, but they ask what I have in and give me choices."

People lived their lives according to how and when they wished to be supported. People told us staff spent time to get to know them. One person said, "I have got to know them well over the years. I can't fault them, they have to got to know me well too, they seem to take an interest in me." People contributed to their care plans and received care personalised to their needs, staff made sure visits were at a time that suited people. One relative said, "Staff don't have a set time as such, it's roughly around the same time. Originally it was early but [person] isn't an early bird, staff literally do things around her."

People were treated with dignity and respect and described the staff as caring and kind. Comments included, "The staff are very, very, very nice, I have different ones, but they are all beautifully nice. They are my favourites, all of them." A relative said, "Mum is really happy with them, she thinks they are brilliant."

The registered manager and staff worked with health and social care professionals; referrals were made when it was noted people may benefit from their involvement. Where people required additional time or additional visits, the registered manager contacted the local authority for reviews. A social care professional told us, "[Registered manager] and their staff are quick to tell us any problems we need to sort out."

People told us they were happy with the management of the service. Staff spoke highly of the registered manager, and said they were able to contact them when required. Comments from people and staff included, "The management is amazing, nothing negative to say about them. With this company I feel happy and relaxed, there is someone I can speak to if I had any problems." And, "[Registered manager] is lovely, they come to my house to check I am happy with the service."

Quality assurance processes were effective, processes included audits and feedback from people. The management team were keen to develop the service but told us they did not want to compromise quality over quantity. They said, "We grow, but we grow safely."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had received Mental Capacity Act (MCA) training and understood the principles of supporting people in the least restrictive way.

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

Rating at last inspection

This service was registered with us on 24 February 2022 and this is the first inspection.

Why we inspected

This is the first inspection for this newly registered service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 caring.

Details are in our caring findings below.

Good ●

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 ●

Acre Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by an inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered managers in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 9 May 2023 and ended on 15 May 2023. We visited the location's office on 9 May 2023.

What we did before the inspection

The provider had submitted the required Provider Information Return (PIR), however, due to technical problems, the PIR was not used to plan this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service. We sought feedback from Healthwatch,

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 3 people's relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, area manager, team leader, field care supervisor and care workers. We spoke with 4 health and social care professionals who work with the service.

We reviewed a range of records. This included 5 people's care records and medicine records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of harm or abuse; People told us they could speak with staff and the registered manager if they had any concerns. One person told us, "I feel in safe hands with them, the teams work well together, they keep me updated on what's happening too. They try to keep a regular set of carers that come in."
- Staff received safeguarding training and were able to access the safeguarding policy at any time using a dedicated website. Staff understood the types of abuse and how to recognise and report concerns. One staff member told us, "If I was worried, I would go to [registered manager]. If I needed to go outside, I could go to social services or CQC."
- The registered manager demonstrated their knowledge of reporting safeguarding concerns externally where appropriate.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people and associated risks to health were assessed. Where people lived with health conditions, such as, diabetes and Parkinson's disease, care records contained enough information for staff to know what signs to look for in the event of a health deterioration.
- Risks were assessed for people who required support to move and position. Staff followed guidance to ensure people were supported safely whilst using equipment, such as, hoists and stand-aids. One person told us, "[Staff] are very gentle, they would be mortified if I said ouch."
- Checks and risk assessments were completed for people's homes to ensure the safety of people and staff when care was being delivered. People had fire plans in place, so staff were aware of the assistance they required in the event of an emergency. Where appropriate, the management team made referrals to the West Sussex Fire and Rescue Service with people's agreement. This was to make sure people were kept safe and to prevent the risk of fire in their properties.
- The registered manager kept a track on accidents and incidents within the service. They explained how lessons would be learned and shared should something go wrong. Staff and management were keen to prevent accidents. For example, a person who was at a high risk of falls had started to get up earlier. Staff had identified this, and to prevent the person experiencing falls, their call time was changed they were supported at their preferred time.

Staffing and recruitment

- There were enough staff to support people, and staff were recruited safely. Staff completed application forms, references and Disclosure and Barring Service checks were obtained prior to employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- People told us they did not feel rushed, and staff arrived within the allocated timeslot and stayed for the right amount of time. People had not experienced any missed calls. One person said, "They are usually bang on time and call if they are running late. The girls stay for the right amount of time but always ask if there is anything else they can do before they go off."
- Staffing levels were calculated by the number of people using the service and their needs. The registered manager and office staff were available to support people in the event of staff shortages. The registered manager told us they made sure there were enough staff available before accepting a new package of care.

Using medicines safely

- Medicines were managed safely. People were supported with their medicines by staff who were trained and assessed as competent to administer them. A staff member told us, "I had someone come out to check I was confident to give medication out on my own."
- People and their relatives told us they were happy with the way medicines were managed. Staff were mindful of medicine changes and the side effects. Where required, staff had alerted healthcare professionals when medicines had been ineffective. One relative told us, "They speak to the GP if there is a problem with the medication or if [person] is not looking right. They speak to the diabetic team and nurses and keep us in the loop."
- Medicine administration records were kept on the care staff's app and had been completed correctly. Risk assessments and care plans highlighted where people had allergies to specific medicines. People with time specific medicines had their calls prioritised to ensure they received their medicines at the right time.

Preventing and controlling infection

- Staff had received training in infection prevention and control. People told us staff kept their homes clean and tidy. One person commented, "They (staff) put plastic cover on their feet, they are very respectful to my home." A relative told us, "Staff were very respectful to the property, the house was amazingly clean."
- Staff were provided with personal protective equipment (PPE), such as gloves, face masks and aprons and used these as needed. Enough PPE was available for staff to use should there be an infection outbreak.
- The registered manager ensured staff were kept informed of changes to legislation and guidance by the provider's communication app.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in line with the protected characteristics under the Equality Act 2010. Assessments were completed by the registered manager or team leader. People and their families were involved with the assessment process, which took place at people's homes or hospital. One person told us, "I had an assessment, [team leader] was here for 2 hours, then they came to check I was happy with the plan."
- During the assessment process, people's likes and dislikes were explored along with how they wished to be supported. Pre-service assessments were detailed and included people's oral health needs. Further information such as, healthcare professional involvement was included in the assessment.

Staff support: induction, training, skills and experience

- People were supported by staff who were skilled and received training relevant to their role. One person told us, "They are trained to support me well, people that have joined from different companies have extra little bits of training."
- Staff received spot checks and regular supervisions. Staff told us they were able to contact the registered manager to request further training if required. One staff member said, "We have supervisions and spot checks, they are helpful. If there is something I am worried about I can say in my supervisions or if I need training, they will allocate it. With spot checks I am told if I can do something better, I feel I can improve which improves the quality of care."
- Staff received an induction and had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Newly recruited staff shadowed an experienced staff member until they were assessed as competent to work alone.

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

- People were supported to maintain a healthy diet and fluid intake. Staff supported people to go shopping to the supermarket of their choice.
- Staff were aware of people's dietary needs, for example, a person required a diabetic diet. Staff prepared people's meals and ensured they were offered choices. One person commented, "They are tip top, very hygienic, I am very fond of them. They are trained, they do everything for me well. They ask me what help I want for the day; they ask me what I want to eat and drink."
- Staff had completed food hygiene training.

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

- People were able to access healthcare agencies and services. Staff spoke with people and signposted them to services, such as, occupational therapists (OTs) and speech and language therapists. A staff member told us, "For one lady the OTs were helpful and gave a walking frame and a commode as we reported she needed more help." The staff member told us the person was able to retain their independence following the referral.
- The registered manager gave examples of where healthcare professionals had consulted with people and staff to review equipment in the home. One person felt unsafe with their commode and shower chair as their health condition caused them to lean to the side. After a review with the OT suitable equipment was put in place which gave the person and staff more confidence.
- Staff followed healthcare professional advice. The older people's dementia team had provided some techniques for staff to support a person, these included playing the piano and singing. This information was included in the person's care plan and the registered manager told us the person was responding well to the techniques.
- Health and social care professionals spoke highly of the service. Comments included, "Their communication is brilliant, they go above and beyond for our clients. They send us monthly updates, so we know how our clients are. Anything our clients need Acre Care are straight on the phone or email to us." And, "I would ring [registered manager] directly if there is a change or if the carers are worried about someone, they will ring me directly. Sometimes it's just a heads up to say if there is a change of health. We are happy, they give us eyes and ears on the ground."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager told us no person lacked capacity, however, they demonstrated a knowledge of the principles of the MCA. Staff received training and understood how to work in the least restrictive way for people. A staff member told us, "We ask clients (for consent) and explain what we are doing and how. If the person didn't have the capacity, we explain anyway to help them understand. If they look uncomfortable then we will stop, help them calm down and ask again, if they continue to refuse, we stop."
- People told us staff frequently asked for consent when helping them. Comments included, "Staff always ask my consent before anything, they check I am ok with what they need to do." A healthcare professional said, "10 days ago, I was with a patient, I observed staff arrive, they gave names and asked consent, The relative couldn't speak higher of them."
- Records showed people were involved in decisions relating to their care and support. Consent forms had been completed where appropriate.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who were respectful of their needs. Staff had received equality and diversity training and followed the provider's policy which was reflected in their practice and knowledge.
- Staff supported people to express their identity and sexuality. For example, a person who was born male preferred to dress in traditionally feminine clothing and apply make up as they wished. Staff who supported the person told us they addressed them with their preferred name.
- Staff explained how their approach differed to suit people. One staff member told us, "When they (people) are new it takes time to get to know their routines, their moods and personalities." One person told us, "I am young and independent, I didn't want cold and clinical care. I have a great rapport with them, we have a good laugh and joke around, feels more like I have a couple of friends who are helping me rather than coming in, clock watching and ticking a box."

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

- People were supported to make decisions to have control over their lives. The management team carried out care plan reviews and encouraged people to contribute to any changes. One person told us, "I have had full involvement in my care plans, we had a long discussion on what was needed and then a 6 monthly review to check things were going alright."
- Staff told us they made sure choices were consistently given to people. One staff member said, "I make sure clients have options, I don't overwhelm with choices. I ask questions and show them, for example, a different blouse."
- People told us they felt listened to by staff and management and were encouraged to make decisions about their support. Staff told us they had time to get to know people and their families which was important to them. A relative commented, "Instead of fitting [person] into the plan we got a plan to fit around her." Care reviews were conducted when people wished to make changes as well as the scheduled 6 monthly reviews.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. Staff asked for permission before entering people's homes. People told us how staff promoted and protected their privacy. Comments included, "They are good at knocking on the door, they give me a little knock to say they're there. They are always really respectful, they are good at waiting for me to call them (from another room), they are good to give me my privacy."
- Staff members described how they maintained people's dignity. One staff member told us, "If we are giving a client a wash or shower, if we take off their clothes off, we make sure they are covered with a towel,

drawer the curtains and blind when washing them."

- Care plans were written to encourage people's independence. Where people's support varied depending on their abilities, people told us staff followed the plans and respected their autonomy. One person said, "They listen when I say I want to try and do something but are there for the days I can't."
- People's homes and personal space were respected by staff. A staff member told us they understood the need to gain people's trust. They said, "To have carers it can be a bit overbearing."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was planned and personalised to meet their needs. Care plans detailed individual preferences, who and what was important to them. Staff told us they worked from people's planned care; however, they were flexible to meet their wishes. One staff member said, "I love to leave people happy. Sometimes I take them for a walk, I always ask them to tell me what they want me to do."
- People told us staff understood them and took time to get to know the well. One person said, "They come in and they are always talkative and helpful, they do whatever they can for you. It is the same carers that come to me three times a day. I can tell them any of my preferences, they stick to them."
- People were given choices on who they wished to support them. One person told us, "I have just ladies, I prefer this. A man doesn't worry me, but I prefer this."
- People were encouraged to make decisions to suit their needs and lifestyles, including, times, frequencies and lengths of visits. People told us if they wished to make changes they would be accommodated.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and met in line with the Accessible Information Standards. The registered manager advised all documentation could be produced in formats to suit people, for example, larger print.
- Staff accommodated people's communication preferences. One person used a computer which read aloud what they wished to say, another person used photographs and pictures to communicate their needs. A staff member told us, "If people have difficulties in communication, we use signing (gestures) and write things down."
- Where people needed assistance with hearing or sight, this was documented. Care plans informed staff where people required glasses or hearing aids.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities relevant to them and maintain relationships with those who were important to them. People told us they and staff had forged friendly, yet professional relationships

which made them feel comfortable to receive support. One person said, "I have got to know them well. I told them all of my troubles, they know me well, they always ask after my family."

- Staff spent time with people and understood their life stories. Where appropriate, family members were asked for their input. One relative told us, "I have made a suggestion which they have taken it on board. We gave background information about [person] and their singing, so they (staff) would sing with her. We asked if she could be taken to a garden centre which they did and had coffee and cake. This made a big difference to her."
- The registered manager arranged social events for people to avoid isolation. They arranged a Christmas party for anyone who wished to attend. For a person's milestone birthday, the staff team took them out for dinner. A relative told us how they were able to maintain contact with their loved one and said, "[Person] has been in hospital for a month, [registered manager and team leader] have been to visit off their own backs, because they care. [Person] was delighted to see them, [registered manager] organised a video chat for us."

Improving care quality in response to complaints or concerns

- The registered manager encouraged people to feedback on the service. People told us they were comfortable to approach the registered manager or staff to raise a complaint. One person told us, "I've not needed to complain, nothing bad to say, they are too nice. I would speak to [registered manager or team leader] if I had a problem. I would trust them to deal with the complaint."
- The area manager told us of a concern received at the service, although not a complaint, they recorded the concern as a formal complaint and dealt with it through the provider's complaint procedure. The area manager visited the person to discuss and address their concerns. They told us they preferred to meet people in person where possible.
- The complaints policy was provided to people and their relatives at the start of the service. The procedure contained details of how and who to complain to and timeframes of a resolution.
- Staff and management received multiple thank you cards and compliments; these were shared with staff for ongoing learning.

End of life care and support

- At the time of the inspection, no-one required end of life support. Some people had end of life plans in place in anticipation of a possible health deterioration.
- Staff worked closely with healthcare professionals, so people had the right support and equipment in place to ensure a comfortable and dignified death. The registered manager gave examples where they had worked with professionals to arrange suitable medicines, additional visits, and equipment, such as, slide sheets and hospital beds were ordered for people's comfort.
- The registered manager attended people's funerals as a mark of respect. Staff had received thank you cards and emails from relatives thanking them for their kindness and the care provided.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and their team promoted a positive and inclusive culture and engaged with people and their relatives.
- Feedback surveys were distributed throughout the year, there had been no negative feedback received. The registered manager told us they would address negative feedback depending on the concern. One person said, "I have made suggestions, I have changed times on occasions, my choice is a late call, sometimes I have asked them to come earlier, they usually fit in and always ask if there is anything else before they leave."
- The registered manager carried out visits themselves and told us they used the opportunity to retrieve feedback casually. The registered manager had identified a theme from casual feedback and addressed the concerns. This was when staff rotas were adjusted, people were not always advised the changes. As a response a care co-ordinator had been employed to take ownership of communicating changes to people.
- Staff told us they were frequently asked for their opinions and the registered manager met with them regularly. Staff were consulted on changes and asked for their ideas, for example, new coats and fleeces were purchased for staff based on their feedback.
- People, their relatives and staff all spoke positively of the registered manager, they told us they were approachable and easy to contact. Comments included, "I am very happy there. [Registered manager] is a wonderful manager, I can say they are the first manager I am really happy with. They are reliable, you can always count on them." And, "[Registered manager] is an excellent manager, they have a lot of work and do their best. Sometimes [registered manager] comes in to help me."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty to be transparent and honest when something was to go wrong. Staff had undertaken training to develop their understanding of the duty of candour.
- The registered manager described the duty of candour as, "We are always open and if we don't get it right, we will apologise and we are transparent. If anything goes majorly wrong we do apply the duty of candour. We are not perfect, but we aim to be."

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

- Managers and staff were clear about their roles and worked to continually improve people's experience of care. Members of the management team held responsibilities in areas of their interest. For example, the field care supervisor had oversight of staff practices. The team leader completed people's assessments, developed care plans, and undertook care reviews. The registered manager maintained oversight of the whole service.
- Quality assurance processes were completed to ensure staff were meeting people's assessed needs in line with the provider's policies. An 'audit of service delivery' spot check form covered a wide range of areas, for example, medicine management, communication and ensuring people were happy with the service they received.
- People and their relatives told us the service was well-led. One person told us, "[Registered manager's] leadership style is relaxed and professional, they are approachable with a can do attitude. They step in if the team are short and do the care themselves."
- Staff meetings were held to discuss what was going well and what improvements could be made. Staff told us the meetings were helpful, they were welcomed to participate and felt listened to. One staff member told us, "We talk about how clients are and it's a good opportunity to ask questions. Sometimes I prepare questions before the meetings. Everyone gets the chance to speak."
- The registered manager had recently won 'The West Sussex Care Accolade Registered Manager Award 2023'. People, staff, and the general public were invited to vote for registered managers who they felt were deserving of this award.
- The registered manager was supported by the area manager, who cascaded changes of legislation and requirements to ensure the service was compliant. The registered manager spoke of the support offered by the provider and told us, "[Nominated individual] is open if you ask for anything. They travel to all offices weekly and are always on the end of the phone if they are not around." The registered manager demonstrated their knowledge of regulatory requirements. They notified CQC of events within the service appropriately and in a timely way.
- The service used an electronic management system (ECM). The management team checked to ensure people's assessed needs had been met and staff stayed for the allocated amount of time. The ECM gave an overview of the service, this included visit timings, accidents, incidents, hospital admissions and safeguarding concerns. The system allowed for trends and patterns to be monitored and any concerns addressed.

Working in partnership with others

- Staff and management worked in partnership with other professionals. Staff advised the registered manager where they had identified people could benefit from healthcare professional input. One staff member told us, "I can make suggestions, we always report if people's conditions has got worse or better, we always put notes about it and report it. [Registered manager] will always contact others like OTs and the Enable team or families to see how we can make things better."
- The registered manager gave examples of partnership working where people experienced good outcomes. Health and social care professionals provided positive feedback about the service. Comments included, "If I was looking for my family, I would talk to [registered manager], that's a big accolade." And, "They do come back to us with feedback, it's been very good and they know their clients well. They come back to us if they need to change a package of care. Communication is good with them if something is happening such as a situation we need to be aware of."
- The management team were signed up to receive updates from CQC and the local authority. The registered manager met with managers from the provider's other services. They shared ideas, talked about what they were proud of and what challenges they faced. The area manager told us, "Everyone works together, and that ethos is brilliant. They are very supportive of each other. We treat the whole group as one."

