Lifeline Health Limited

Community Lifeline

Inspection report

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24 June 2019

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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
Community Lifeline is a domiciliary care agency providing personal care to people living in their own homes. People had varying needs, some people were living with dementia, some people had a learning disability, or had physical conditions such as recovering from a stroke. 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. The service was supporting approximately 38 people with their personal care at the time of inspection.

People's experience of using this service and what we found
People told us they felt safe with staff and were confident they were well trained and knew how to provide their care and support. One person described how this was planned, "We talk about the things I need help with, so I don't hurt myself and it is written down. The carer helps me to do things carefully and safely and I feel looked after well." People said there were enough staff as their care was never cancelled and staff always made sure they stayed the full length of time when visiting.

People were supported to access healthcare advice and assistance with their nutrition and hydration when this was needed. People and their relatives told us they were involved in and directed their care, making their own choices and decisions. One person told us, "I still have my independence to choose and make decisions about how I want to live, and they help me keep organised to do this."

People and their relatives were overwhelmingly positive about the staff supporting them, describing them as caring and kind. One person said, "They are kind and they care. I have two different carers during the week and they are both caring and respectful."

People had the information they needed to make a complaint if they needed to and any complaints made were investigated and followed up. People and staff described a management team who were approachable and listened to what they had to say. There was a clear open and person-centred culture where people and staff felt supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection
The last rating for this service was Good (Report published 25 November 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Community Lifeline

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats or specialist housing.

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 48 hours' notice of the inspection. This was because the registered manger is not always in the office and we needed to be sure that they would be there to support the inspection.

Inspection activity started on 19 June 2019 and ended on 24 June 2019. We visited the office location on 19 June 2019.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse, serious injury or when a person dies.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, senior care workers and care workers.

We reviewed a range of records. This included seven people's care records and medication records. We looked at two staff recruitment files, and eleven staff training and supervision files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. The registered manager sent us information we requested about recruitment and mental capacity assessments.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had completed safeguarding adults training and kept this updated to stay up to date with changes in legislation. The staff we spoke with were knowledgeable and confident.
- Staff told us the registered manager and all office staff were very approachable and always listened and took action where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away, however, they knew where they could go outside of the organisation to raise concerns if necessary.
- When concerns had been raised these had been dealt with appropriately and reported to the local safeguarding team and the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- People told us they felt very safe when they were being supported by staff. People said, "I have never been made to feel unsafe"; "They are big on safety here, I always feel they protect me" and "My carer makes sure my house is safe for me and when they go out I have everything I need in reach and my button (alarm to call for help) to press." Relatives were equally confident of the care provided to their loved ones. One relative commented, "I never have a doubt, they are exceptional."
- A system was in place to identify risks in relation to people's health and welfare while receiving personal care services within their home. Risk assessments were in place and the management plans needed to reduce the risk were recorded. The provider had invested in an electronic recording system to record all records in relation to people's care. This meant staff were able to access information wherever they were to provide them with the guidance needed about each individual. This meant people were kept safe from harm.
- Some people for example, were at risk of pressure sores as they spent long periods of time in one position or needed the help of staff or equipment to move around. People's individual circumstances were recorded in each risk assessment and staff were given the guidance how to protect them from harm. For example, detailed steps to ensure safe moving and handling techniques. A relative described how staff helped to keep their loved one safe, "They have worked with us and it feels they do everything they can to make sure (person) is kept from harm. They chat with us and we find the best way to do things so (person) is not in pain. It is excellent."
- One person moved around independently with the furniture to help them. They had been identified as being at risk of falls as they would bend down to pick things up they had dropped. Staff were guided to make sure the person had everything they needed close to hand before they left and remind the person to leave anything they dropped.
- Environmental risks had been looked at before support commenced to make sure people and staff were

safe during visits. These included for example, the outside of the person's home, lighting and stairs; and inside the property, where the essential utilities were sited or if the person had a pet.

Staffing and recruitment

● The provider employed enough staff to make sure people received the care and support they needed. The registered manager told us they continued to recruit new staff to make sure the staffing levels did not reduce, and new referrals could be accepted, or support increased if people's needs changed.

● People told us staff were always on time when visiting and always stayed the full length of time they were expected to. One person said, "If they send someone else to help me if my (staff member) goes on holiday they call and tell me in advance and they are never late, I always have the help I need." Staff rotas showed there was time available to get from one care visit to the next. Staff told us this sometimes did not work out, but they would start a bit early or finish later to make sure people always received the care they were assessed as needing.

● An electronic system was used to plan the staff rotas and make sure people received their personal care support at the time they expected. Staff received their rota each week electronically onto their phone, so they could refer to it at any time. Any updates or changes to the rota were also sent electronically, as an alert.

● Staff continued to be recruited safely. The provider's recruitment policy needed to be updated. The registered manager and provider completed this during the inspection. Application forms were completed with no gaps in employment, references and proof of identification were checked. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Using medicines safely

● Most people either managed their own medicines or a relative or friend helped them. Some people, however, did need staff to give them their medicines. The electronic recording system supported the safe management and administration of people's prescribed medicines. All medicines were recorded on the system and an alert was raised with the office if staff had forgotten a medicine or were late giving them. This meant office staff could make contact to check what had happened and address the issue if there was a problem.

● Where staff assisted people with their medicines, this was managed safely. One person told us about their medicines, "I have lots of medicines and the carers both help me to take them and remember what time to take them. I know what they are all for, we talk about it." A system was in place to make sure people got their medicines on time and as prescribed. Staff had received training and had their competency checked following this to make sure they continued to provide a safe service.

● Medicines were checked regularly by the management team and where errors were found, an investigation had been carried out and action taken to make sure the error was not repeated. For example, staff had repeated medicines training or had their competency checked again by a senior member of the team.

● Information in relation to each medicine was available for staff so they knew why the person was taking the medicines they were giving them and if there were any side effects to watch out for.

Preventing and controlling infection

● Staff had training to make sure they understood the precautions they should take to prevent the spread of infection.

● The provider made sure enough personal protective equipment was available for staff to use, such as disposable gloves and aprons.

Learning lessons when things go wrong

● Accidents and incidents were documented by staff, using the electronic reporting system immediately and also completing more detailed paper forms once people were safe. All incidents were monitored by the registered manager who checked appropriate responses had been completed and if any themes were apparent.

● Improvements and learning from incidents was cascaded to staff through staff meetings, weekly memos and staff supervision.

● An incident occurred in a person's home during the inspection. We heard the registered manager and office staff dealing with the situation in a compassionate and professional way, supporting the staff and making sure the person got the help they needed as quickly as possible.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 care and support needs had been assessed before receiving a personal care service from Community Lifeline.
- Assessments were used to develop each person's individual care plans and meant the registered manager could make decisions about the staff numbers and skills needed to support people.
- They included making sure that support was planned for people's diverse needs, such as if they had religious and cultural needs that needed to be taken account of when care was being provided in their home.

Staff support: induction, training, skills and experience

- Staff had the training and skills they needed to meet people's needs. People and their relatives told us staff knew what they were doing and were obviously well trained. One person said, "I don't have to worry, everyone is checked and well trained." A relative commented, "The reason they meet our needs so well is because carers are so well trained." This meant staff had the skills to meet people's care and support needs.
- The provider supported new staff with an induction programme that involved training and close supervision in the first three months of their new role. An established senior member of staff acted as mentor to all new staff, keeping in regular contact and undertaking observational checks of their work each week for the first 12 weeks. This fed in to their probation review and identified if extra support was needed.
- All staff had completed the care certificate to make sure they were up to date with current information and guidance about social care. New staff completed the certificate within their six month probationary period. 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.
- Most training was completed online. However, moving and handling and medicines administration training were practical courses, completed face to face in a group.
- Staff had completed and were up to date with all the training they needed to carry out their role proficiently. Additional training had been given when necessary to meet people's specific health and care needs. Staff told us they were given opportunities to access further training and were supported to do this.

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

- Many people did not need support with their meals or planning a nutritious diet as family members made their meals, or sometimes other agencies delivered meals to their home.
- Those people who did need staff assistance chose what food they wanted from their own store of food. Some people had convenience foods that were quick to make in the microwave and others preferred to have fresh food cooked from scratch. One person told us how they were supported by staff, "She asks me

what I would like to eat and does the shopping. I get to choose, and it is very tasty. I have lots of drinks and snacks on my chair next to me."
● Care plans guided staff about people's nutritional needs, such as if they needed a jug of drink or snacks left within reach before they left the visit. One person was at risk of becoming ill quite quickly if they did not drink enough fluids, their care plan gave clear direction to make sure they had plenty fluids left in reach and the reasons why.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Many people either arranged their own healthcare or their family members did this.
● People's medical conditions and how they managed them were documented in their care plans.
● Where people did sometimes need assistance, staff contacted the office staff to alert a health care professional or family member if they had concerns. Staff told us office staff were very responsive and acted quickly to make sure people got the help and advice they needed. One person told us about the support they got to with healthcare, "They keep me safe and they keep me healthy and organised with my appointments like the hospital and doctors and help me get there."
● The registered manager and office team made sure people were supported if and when needed, by arranging assessments for specialist equipment that might enhance their lives, such as specialist beds or mattresses.
● Some people had more than one agency visiting them in their home to provide their care. Staff stayed in close contact to make sure people received the care they needed. Records showed the communications and the agreed arrangements between agencies. For example, if visit times needed to be rearranged. A relative told us, "If (relative's) carer goes away there is always someone else and the office keep us informed and check on (relative). It's well organised and they also work very well with the other carers we have coming in during the day to cover the carers breaks. We use another agency for that and they all worked so well together."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

● People consented to their care where needed, such as staff assisting with personal care or administering their medicines. People told us they made their own decisions, with the help of staff. One person said, "I tell my carers how I like things and they ask me. I feel we work together." Some people had another person, such as a family member or a legal representative, to act on their behalf with a Lasting Power of Attorney. Where this was the case, the registered manager had checked out this authority and taken it into account when planning people's care.
● Where people lacked capacity to consent to particular decisions, assessments had been undertaken and

decisions had been made in people's best interests. Others, such as relatives or healthcare professionals had been involved in best interest's decision making when necessary, such as healthcare decisions.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff knew people well as they usually supported the same people on a regular basis. This meant staff were quick to pick up on small signs if people were unwell or needed a bit of extra time. One person told us, "I tell them how I like things and they listen. The carer make suggestions and I tell them if I like it or not which is fine"
- It was clear from conversation and telephone calls in the office that office staff knew people well, their needs and preferences. A relative visited the office and they were clearly comfortable, sitting chatting with staff about their loved one, sharing stories.

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

- People were involved in the development of their care plans and signed them to confirm this. On a day to day basis people directed their care. People told us they were comfortable just chatting with staff. One person said, "We talk about what I can do myself and what I need help with. They help me to do things I struggle with like getting dressed so I don't fall."
- Where people's needs changed, or they changed their minds about how they liked things done, staff contacted the office and asked for the care plan to be reviewed and changed. A relative told us, "They listen to me if there is a change I need to tell them about, like he needs extra help with something."
- The staff worked closely with people's relatives and friends, as appropriate, to make sure people got the support they needed. People's relatives were often providing their loved one's care most of the day. One relative said, "She includes me in everything which I really like, and we chat a lot about how we think (relative's) care is managed." Records were kept of contacts made so staff on subsequent visits would know what was discussed, to provide continuity. As staff were able to view records electronically, this aided communication and consistency. One person described this, "They always discuss things with me and write it down in my notes."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff always treated their home with respect. One person said, "They respect my home."
- Care plans directed staff to respect people's privacy within their home, by closing doors and curtains while assisting with their personal care. People confirmed staff followed this guidance. One person told us, "They are very respectful, and I get privacy when I need it, I don't even have to ask." Another person said, "(Staff) does things for me that help me to do things without hurting myself like having a shower or bath. (Staff) supports me and waits outside for me and I know I can call her."

● Care plans described what people were able to do for themselves and the areas they may need time and encouragement. Where people needed full support with their personal care, how they preferred this to be carried out was clearly set out. Many people told us that staff encouraged them to do things themselves and gave them time to do this. One person said, "They encourage me to do things and reassure me that they will help. They are ever so good." Another person commented, "She talks to me about things I can still do and encourages me to do them with her help."

● Information was locked away as necessary in a secure cupboard or filing cabinets in the office. Computers and electronic devices used by the provider and staff were password protected to keep information secure.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- A person centre approach was used when care plans were developed and reviewed. Information included people's life histories and what was important to them. The people and relatives we spoke with told us they were fully involved in developing the care plans and in all ongoing reviews.
- People had been involved in planning the care they needed. This meant detailed guidance how they liked to be supported with their personal care was available for staff. Care plans included important things such as the products they liked to use and how they liked these to be applied, including in what order they liked things done. One person said, "All the focus is on my needs and me. I feel very important."
- Personal details were recorded in people's care plans to capture their preferences and how they liked things done in their home. One person who was cared for in bed liked to have items of their furniture in one position in the morning and moved to a different position in the evening. As staff could access people's care plans on their phone, this meant even staff who had not visited the person before would know this important information before they attended.
- People told us staff always respected their views and made sure they followed their wishes. One person said, "All my needs and views are met and respected" and another person told us, "I requested no male carers and they have respected that at all times."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were happy with how the information they needed was presented. They said staff always took the time to help them to understand. One person said, "I know all about the care I need, we discussed it and when I need changes they explain it to me simply, so I understand. I am very happy with this."
- One person was registered blind. Their care plan asked staff to make sure they put things back in the exact same place they had picked them up from in their home and to make sure they had everything they needed to hand. The person had given staff permission to check their food stores and throw away anything out of date. Staff read things to the person, including their care plan and other important records. The registered manager made sure the person had regular staff who knew them well, to make sure their communication and care needs were met by staff they were familiar with.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had not had any complaints about the service they received.

However, they said they would feel comfortable either speaking to their staff or the office staff if they did. The comments we received from people included, "I have never had to complain. They check from the office to see if I'm happy with my care"; "I feel I can chat with my carers but if not (Staff member) at the office is great and comes round to see me every month or so to see if we are all okay" and "The carer is my first one I would chat to but after that the agency. They are very good and efficient, and I have a number that I can chat to someone at any time."

● Each person was given a copy of the complaints procedure to keep in their home when they started to use the service. This gave them the information they needed to refer to if they had concerns they wished to raise, including which organisation they could refer to if they were not satisfied with the response from the provider.

● Verbal and informal complaints were recorded, and the outcome documented which helped the registered manager and provider to monitor responses and themes. One person rang to raise an issue with a member of staff. The registered manager apologised and met with the staff member to discuss what is acceptable behaviour.

● Concerns and complaints, once dealt with, were raised in staff meetings, or in the weekly memo sent to staff, with any lessons that needed to be learnt. One staff meeting recorded how a person had raised a complaint about a member of staff and how they spoke to them. Staff were reminded they must speak to the registered manager or provider straight away if they saw or heard a colleague not behaving appropriately.

End of life care and support

● People who were nearing the end of their life had a care plan documenting their wishes and the specific care they needed from Community Lifeline. End of life care in people's homes was arranged in conjunction with healthcare professionals such as hospice teams, GP's and District nurses. Family and friends were involved in care planning as their role was usually the primary role at this time.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; 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 people and relatives we spoke with clearly described a person-centred service where staff spent time getting to know people and their families.
- Staff confirmed there was an open and transparent culture. The staff we spoke with were well informed about the vision for the service which focused around good quality care, respect and independence.
- A registered manager was in post and knew what was going on in the service. The registered manager and office team had the skills and experience they needed to manage a community based service.
- People and their relatives were positive about the support and efficiency of the office base, saying the telephone was always answered quickly and their query or concern dealt with. Relatives told us, "It's all very organised and they answer the phone and get back to you promptly"; "I'm kept informed and get plenty of notice if there is a change coming" and "Plenty of notice of change and lots of information. They work well with us."

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

- The provider used an electronic system to record and monitor people's care records. This meant the registered manager could check peoples up to date current needs and if the care was being delivered as planned, at any time. Regular planned audits were also undertaken, and action taken to make improvements when necessary.
- Medicines and their administration by staff were monitored to make sure safe practice was undertaken and records were well maintained. One person had declined their prescribed cream on more than one occasion. The management team rang the person to check if this was their decision. The person confirmed it was but said they wanted the cream to remain on their record in case they wished to commence using it again.
- The registered manager met with the provider once a month to keep them up to date. They discussed issues such as; staffing, recruitment, complaints and missed calls. The registered manager kept an action plan for improvement which they updated at each meeting with completed actions. The provider was in contact and visited the office each week on a more informal basis, to check if the registered manager needed support. The registered manager said they could also contact the provider at any time if they needed to.

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

● People and relative were overwhelmingly positive about the care and support they received from Community Lifeline staff. They described staff and a management team who respected them, listened to their views and used a person-centred approach. The comments we received included, "We get wonderful support from lovely people"; "A wonderful all-round service"; I am safe and looked after by everyone" and "They are excellent."

● A satisfaction survey had been completed in March 2018. The results, which were mainly positive, were analysed by the provider and registered manager and actions needed to make improvements had been followed up on. The people we spoke with confirmed they had the opportunity to complete satisfaction surveys. One person told us, "Feedback is welcome, and I think I fill out a form yearly or so." The registered manager told us they planned to send the next survey to people within the next week.

● People were asked their views of the service when they had their regular care plan review. People and their relatives confirmed this when we spoke with them. One person said, "At visits they ask my opinions when the carer is busy. The agency are very organised." A relative said, "They take suggestions on board and tell you what they will do." Any action needed was taken straight away by a member of the management team and recorded within the review document. The registered manager monitored these, checking that action had been taken.

● A staff survey had been completed in March 2018. Staff had been very positive about their experiences in most areas of the survey. All staff had scored between eight and 10 out of 10 for 'happiness at work'. The registered manager told us they planned to send the next survey to staff within the next week. The staff we spoke with were very happy in their role and described a supportive and caring management team. One staff member said, "I am so happy working there."

● Although staff meetings were held approximately every six months, staff received updates on a weekly basis by memos sent electronically to their phones. Social media group chats had been set up by the registered manager for each staff group in local geographical areas. This meant staff could stay in touch and share local information. Staff could call into the office anytime they wanted, and they told us they were supported by telephone whenever they needed advice or guidance. One member of staff said, "(The registered manager) is very supportive and helps to boost your confidence." Another said, "The manager and office staff are all approachable, and caring too. They make sure the staff are doing a good job."

● A range of compliments had been received from grateful relatives and these were shared with staff. One card read, 'Thank you for putting together a changed package very quickly for mum' and another said, 'Staff were sympathetic to her needs, reliable, trustworthy and hardworking, beyond the call of duty at times. Would have had to go into a care home some time ago if not for them. She has missed them since being admitted to hospital and care home'.

● The registered manager had informed CQC of significant events that happened within the service, as required by law.

● It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their ratings in the office base and on their website.

Continuous learning and improving care

● The registered manager kept up to date with best practice and developments. For example, they attended events to learn about and share best practice. They also made sure they had access to information, professional updates and changes in legislation and guidance and these were passed on to staff when relevant.

Working in partnership with others

● The registered manager attended local provider forums and kept in contact with other registered managers in the local area, sharing good practice at times. They worked closely with health and social care professionals such as GP's, specialist nurses and district nursing teams.

● People's care was often shared with other community agencies. The registered manager and staff worked closely with these to make sure people received good quality, joined up care.