

Contemplation Home Care Limited

Forest Care

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:

Forest Care is a home care service. At the time of the inspection the service was supporting 22 younger and older people with their personal care. People's care was a mixture of privately and local authority funded. Some people lived in their own homes. Other people lived in care homes and purchased additional care from the provider privately. The provider also cared for people who received live in care services.

People's experience of using this service:

The provider had a sustained record of excellence in providing care that was tailored to people's individual needs, impacting people's lives in an immensely positive way.

This was reflected in positive outcomes in relation to meeting people's communication needs, involving people in the design and development of their care, supporting people to remain independent in their own homes, helping people build and maintain social links to avoid risk of isolation and promoting trusting and cherished relationships with staff.

Staff were responsive and perceptive to people's needs in relation to their health and wellbeing. They understood people's preferences, motivations and were able to tailor their communication to maximise people's opportunity to be in control of their care.

The provider was flexible to changes in people's needs and the registered manager had a strong conviction to 'pull out all the stops' to ensure people's continuity of care.

The provider had a compassionate and empathic approach to providing end of life care, that was characterised by working in partnership with people and other stakeholders to meet people's changing needs.

People received safe care in relation to risks associated with their health, medical conditions and environment. There were systems in place to protect people from the risk of abuse and harm.

Staff received training, support and guidance in their role to help ensure they were working effectively in line with best practice.

The registered manager had a sound overview of the service and had effective systems to monitor safety and quality.

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

Rating at last inspection:

The rating at the last inspection (11 November 2016) was outstanding.

Why we inspected:

This was a planned, comprehensive inspection of the service.

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 remained safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service remained 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 caring findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our safe findings below.

Good ●

Forest Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Forest Care is a home care service. At the time of the inspection the service was supporting 22 younger and older people with their personal care.

People's care was a mixture of privately and local authority funded.

Some people lived in their own homes. Other people lived in care homes and purchased additional care from the provider privately. The provider also cared for people who received live in care services.

Not everyone using the service received regulated activity. CQC only inspects the service being received by people provided with personal care, which is help with tasks including personal hygiene and maintaining adequate nutrition.

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 two days' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 9 and 21 May 2019 to see the registered manager and to review care records and policies and procedures.

On 10, 15, 16 and 20 May 2019, we spoke with 9 people or relatives via telephone to gain their views on the quality of care they received. We also received email feedback about the provider from one person.

What we did:

Before the inspection the provider sent us a Provider Information Return. Providers are required to send us

key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with the registered manager, the clinical operations manager and two members of staff. We also reviewed three people's care plans, three staff recruitment files, staff supervision and training records, audits, the provider's incident log, records of complaints and compliments and the provider's business continuity plan.

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

- People felt safe receiving care from staff. One person told us, "There are no problems. I feel very assured [about the care]."
- The provider had a safeguarding policy in place. This policy detailed how the provider would help to keep people safe from the risk of abuse and harm, along with actions to take if there were concerns about people's safety or wellbeing.
- The registered manager and staff had undertaken training in safeguarding adults and they understood their responsibilities in reporting and working in partnership with local safeguarding teams to help ensure people were safe.

Assessing risk, safety monitoring and management

- People's care plans contained detailed, individualised risk assessments. These included risks associated with the use of mobility equipment, such as hoists. Risks associated with people's health and medical conditions were also assessed and plans were put in place to reduce the risk of harm. This included risks associated with eating, drinking and falls.
- The provider had assessed whether people were able to contact the office to inform them if staff did not arrive for care shifts as planned. Where people were not able to contact the provider, the registered manager had implemented a system where staff telephoned the office to make them aware they had arrived. This helped to mitigate the risk that people's calls were missed.
- The provider made assessments of people's home environments to help identify any potential risks or hazards. They had put guidance in place for staff to follow in the event of a home emergency such as needing to shut off water mains due to flooding.
- The provider's business continuity plan contained details about appropriate actions for staff to take in the event of an emergency, such as the unplanned absence of staff at short notice.

Staffing and recruitment

- People were supported by enough numbers of suitable staff with the right skills and training.
- People told us staff were punctual and conscientious. One person said, "The staff are always on time. I am quite satisfied."
- The registered manager assessed the geographical location of prospective new care packages to make sure they fitted in around existing care calls. This helped to ensure people received consistent care as staff's travel time between care calls was minimised.
- The provider had robust systems and checks in place when recruiting staff. This helped to ensure that they were suitable for their role.

Using medicines safely

- The support that people required around their medicine's management was clearly documented in their care plans.
- Staff received training and assessments of their competency to safely administer people's medicines in line with best practice guidance.

Preventing and controlling infection

- Staff had attended training in infection control. This training helped them understand the principles of promoting good hygiene and minimising the risk of infections spreading whilst at work.
- Staff used personal protective equipment, such as disposable gloves and aprons when supporting people with their personal care.

Learning lessons when things go wrong

- The registered manager communicated openly with people when things went wrong or if improvements to care were needed. The provider had a duty of candour policy in place. A duty of candour policy outlines a providers' professional responsibility to be honest to people when things go wrong.
- The registered manager kept a log of all incidents that took place, such as falls. They analysed incidents to look for trends and ways to avoid risk of reoccurrence. This included making referrals to occupational therapists on people's behalf to ensure they had the appropriate mobility equipment.

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

- The registered manager carried out assessments of people's needs prior to care services commencing.
- These assessments considered the impact on staffing capacity when considering whether the provider could meet a person's needs.
- The registered manager had focussed on caring for people in geographical areas where the provider had established infrastructure, such as office locations or care homes. This helped to ensure people and staff had local support and resources at hand.
- Assessments contained details about the support people required in areas, such as washing, dressing, taking medicines and maintaining good nutrition and hydration.
- Where possible, the registered manager used information from assessments by social workers and healthcare professionals to help ensure people's care assessments reflected their needs.

Staff support: induction, training, skills and experience

- Staff received comprehensive training which was appropriate for their role. The provider's mandatory training was based on the Care Certificate. The Care certificate is a nationally recognised set of competencies relevant to staff working in social care settings.
- Staff received additional training where required to meet people's needs. This included training in specialist equipment required to help manage people's health and medical conditions.
- New staff completed the provider's mandatory training and a period working alongside experienced members of staff before supporting people independently. This helped to ensure they understood how to provide effective support to people.
- The registered manager monitored staff's ongoing learning and development through regular supervision and observation of their working practice.
- Some staff had accessed additional training and qualifications in key areas of their role such as dignity, diabetes and infection control. They used this training to become 'champions' in these areas. This involved supporting other staff to follow best practice guidance by delivering guidance or training in these areas.
- Some staff had completed or were working towards additional qualifications in health and social care.

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

- The support that people required around their nutrition and hydration was documented in their care plans. Where some people wished to remain independent in this area, this was clearly documented.
- Where people had identified risks around eating and drinking such as choking, guidance was in place to help ensure staff were able to provide effective support in line with people's needs.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked in partnership with professionals from health and social care to meet people's needs.
- The provider made appropriate referrals and acted on recommendations from healthcare professionals when people's needs changed.
- The registered manager ensured there were effective working relationships between stakeholders when there were shared care arrangements in place. For example, some people had multiple providers involved in delivering their care. The registered manager ensured other stakeholders could access care plans and updates to help ensure all parties were working effectively in line with people's needs.

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

- People were supported to access the help and support they required from healthcare professionals such as GP's.
- If required, the provider was able to provide support to enable people to attend healthcare appointments. The registered manager was flexible in co-ordinating care visits to fit around people's appointments.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- The provider sought consent from people for the care that was planned and provided.
- Where people were unable to consent to their care the provider gained consent from a person who had legal authority to consent on their behalf such as their power of attorney. An appointed power of attorney is somebody with legal authority to make decisions on behalf of another person, if they are unable to make decisions themselves. Where these arrangements were not in place, the provider had links to advocacy services who would legally be able to assist in these cases.

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

- People and their relatives unanimously told us how exceptionally kind and compassionate staff were. They told us their experiences of receiving care from staff had an immensely positive impact on their wellbeing. Comments included, "[Staff member] is absolutely flaming brilliant. She cares for me with love and attention", and, "Our two assigned carers are outstanding. Reliable, caring and very trustworthy. We can leave the house knowing that [my relative] is in remarkable and safe hands."
- The caring culture was embedded right through staff's relationships with people, their families and each other. Relationships were based on openness and honesty. There was mutual respect between people, staff and families. One member of staff said, "When I can see how my actions have changed people's lives in positive way it makes me very happy and fulfilled". The registered manager told us, "I care that our staff, clients and their families are treated with dignity and respect and that they know how much they are valued."
- Staff had real empathy for the people they cared for and people told us staff regularly went 'above and beyond' their duties. One person told us, "[Staff member] is an observant, kind person who goes the extra mile! She notices things that need attending to in my home and does the extra things to help me cope without being asked." The registered manager told us, "Our carers go the extra mile not because they are asked to, but because they want to, it is an ethos encouraged by the team."
- In one example, where appropriate, staff visited people on an informal basis after they left using the service, when they moved to care homes, or they required stays in hospital. One member of staff said, "[Person] misses her own home which is understandable, and I know that having visitors means a lot to her, so whenever I can I visit." The registered manager helped to foster this approach by ensuring staff were given extra time to visit people. This demonstrated that the provider put a high value on people's wellbeing and that the service provided was not exclusive to paid hours of care.
- In another example, the registered manager worked a weekend to support a person at a family wedding, which they otherwise would not have been able to attend. They told us, "We looked after them for the weekend, freeing the family to enjoy the day knowing [person] was there to be part of the day." A relative wrote to the registered manager to thank them, saying, "Without your [the registered managers] help it would not have been possible for the family to share this wedding with [person]."
- Where the provider shared care responsibilities with other providers, staff fostered a collaborative approach, putting people's welfare at the centre of their working practice.
- In one example, a member of staff helped a co-provider develop their care plan and mentor their staff when working with one person. The person had complex needs and had very specific routines they wished staff to follow. The other provider was struggling to find and retain suitable staff as the person felt they did not fully understand their needs and preferences. Forest Care Staff utilised in-depth knowledge of the

persons needs to help ensure the other provider's staff were able to deliver care tailored to the individual. This had resulted in increased retention of staff within the person's staff team. The provider had invested time and resources into supporting a co-provider in order to help ensure the person had a consistent and sustainable provision of care. The person's relatives told us, "Our regular carer is keen to ensure continuity at times when she's going to be away and has written a fuller set of guidelines outlining what she does each visit."

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

- The service was exceptional at ensuring people were given the opportunity to have meaningful input into making decisions about their care. This was reflected through people's input into the selection of staff, development of care plans and flexibility of how care was structured and organised. This meant that people had choice and control over their care, which maximised the positive impact in relation to their health, wellbeing and independence.
- In one example of this, a person worked with the registered manager to identify the profile of staff they wanted to support them whilst on holiday. The registered manager was able to use the person's preference to identify a suitable member of staff who helped facilitate this trip through providing care. This demonstrated a highly person-centred approach to recruiting staff. By taking this approach the person felt empowered as they were able to tailor their care to their individual needs and preferences.
- In another example, a person requested that staff did not wear company uniforms whilst providing community-based support. This was due to concerns it would highlight that they were receiving care services. The registered manager made arrangements in line with the person's preference to ensure staff's appearance was discreet. By making adjustments, the provider had helped the person overcome their reservations and pre-conceptions about care. This led to a positive working relationship as the person receiving care as required.
- Staff's communication style varied between people and was responsive to their needs. This included facilitating feedback from people through, framing language and questions in a specific way to aid people's understanding and the use of communication aids.
- In one example, one person used eye gaze technology to communicate their needs. Eye gaze technology helps people to use movements of their eyes to operate a laptop, computer or speech-generating device. The use of this technology had enabled the person to fully engage in the development and reviewing of their care. This included writing guidelines for staff to follow and providing feedback about how new staff integrated into their care team. This demonstrated that the provider was committed to working with individuals to use their abilities to ensure their voice was central to how care was developed.

Respecting and promoting people's privacy, dignity and independence

- Without exception, people and relatives told us that staff were excellent at upholding their dignity. This meant that people felt respected and were comfortable with staff entering their homes.
- People and relatives comments included, "All the carers have treated [my relative] with respect and have given her the best care possible", and, "There is always a sense of warmth, engagement, respect and responsiveness from the staff."
- The service had a dignity champion in place. Their role was to attend dignity-based training, deliver staff training and carry out dignity audits to monitor whether the provider reflected the principles of delivering dignified care. They told us, "People are all treated as individuals rather than just a number, taking into consideration their wants and needs rather than a 'one size fits all' mode of caring."
- The dignity champion had helped to develop signposting resources for advocacy or community-based services which people could use. There were information displays in the provider's office and links to resources which people could access via the provider's website. Staff could also access this information to pass on information to people about local events, activities and support groups. This demonstrated that

staff took an interest in the wider wellbeing of people and understood the importance of helping people connect with their local community to avoid social isolation.

- The registered manager ensured people had small, consistent teams of staff, which promoted the development of positive relationships with people. They told us, "People have a small team of staff, so they don't have to get used to too many different faces. A small team ensures continuity." One person commented, "They never send somebody who I don't know. I know they would never do that."

- People told us that the provider promptly informed them about changes to their care. One person told us, "If the staff are ever late, then I receive a phone call letting me know. It is definitely reassurance as I don't have to worry." This demonstrated that the provider understood the impact and anxiety missed or late calls could have on people. The provider ensured that any disruptions to planned care were minimised.

- Staff were respectful of people's house rules and preferences. One person had written a specific set of guidelines for staff to adhere to, around the use of household utilities and cleaning instructions. This had been incorporated in to the person's care plan. The person confirmed staff understood and respected these instructions. This helped people feel comfortable about letting staff into their home.

Is the service responsive?

Our findings

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

Good: This meant 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 detailed and individualised care plans. Some people had written part of their own care plans, giving staff an insight into their experience of everyday tasks when living with ongoing medical conditions. This helped to give staff understanding and empathy into the challenges which people faced in their everyday life.
- In one example, one person had a long-term health condition and was not able to verbally express their needs. Their condition had meant a gradual decline in their abilities to manage their personal care and everyday tasks, such as eating independently. The person worked with the registered manager to write a powerful and moving account of their everyday experiences living with their condition and how they wished their care to be managed in relation. This gave the person a sense of control about their care, as it gave staff a real-life account of living with this condition and why it was important tasks were carried out in a specific way. Staff had fed back to the registered manager that reading this person's care plan gave them insight and appreciation into the person's needs, which had shaped their approach to providing care.
- Other people's care plans contained detailed pictorial instructions, when staff were required to use specialist equipment such as hoists, ventilators or suction machines. This helped to ensure staff had clear guidance to refer to when working with complex equipment.
- The provider was responsive to changes in people's health, wellbeing and personal circumstances.
- In one example, a person was due to commence care services and their needs were in the process of being assessed by the registered manager. When the person's main carer was taken ill at short notice, the registered manager was able to organise staff at short notice to provide care immediately, as the situation unfolded. This helped ensure the person was safe and able to remain at home. The person would otherwise have required a residential stay.
- When things went wrong, the provider responded well to make sure people were safe and received the care they needed.
- In one example, due to exceptional circumstances, a person's live in carer was unable to work at short notice. The registered manager was unable to source an alternative staff member. The person was not able to safely stay at home without staff. The registered manager organised a temporary stay at one of the provider's care homes for the person. The person paid the normal fee for the care provided and the provider covered any excess cost. This meant they were still able to receive the care they required. The person told us, "It was all organised very quickly and, in the end, it was a bit like having a holiday." This high level of responsiveness from the provider demonstrated a dynamic and resourceful response to problems, which put people at the centre of the solutions.
- The provider had gone the extra mile to find out what people had done in the past and give them opportunities to make that happen again.
- In one example, one person living with dementia had become withdrawn and anxious in social situations. Staff found out, they had previously played a particular sport at a high level, although they had not played

for several years. Staff researched local clubs where this sport could be played and made the arrangements to visit with the person. Although initially reluctant, upon attending, the person instantly engaged in playing and has attended ever since. By understanding this person's past and interests, staff helped reignite the person's interest in the game, creating a sustainable social network, which helped the person avoid social isolation. This had a profoundly positive effect on the person's wellbeing.

- Staff understood the importance of social relationships and community integration for people. Examples included, providing support to source and attend, social clubs/leisure facilities or helping to sustain contact with relatives and friends. This helped to support people to maintain sustainable links to the community and to avoid the risk of social isolation.
- The service had an innovative approach to using technology. Where people required the use of new technology within their care, the provider was quick to source appropriate staff training and guidance to ensure continuity of care.
- In one example, one person had been referred a new type of pressure relieving mattress, which also incorporated a slide sheet. A slide sheet is a piece of equipment designed to aid safe mobility. The person was at a very high risk of skin damage, so this specialist equipment was needed to reduce this risk during moving and handling support. The registered manager recognised that staff were not familiar with the safe use of this new technology. They contacted the manufacturer to arrange specific training on the use of this equipment. This quick response ensured the person was able to safely use this piece of equipment without a break in the continuity of their care.
- People's diverse communication needs were identified in their care plans and adjustments were made to meet these needs.
- One person had very complex communication needs. Communication guidance in place detailed how sentences should be structured, how many key words should be used, how staff should physically approach the person and how to leave time for the person to process information. This guidance helped empower the person to express their choices and preferences in a way which would otherwise have not have been possible.

Improving care quality in response to complaints or concerns

- The provider demonstrated a commitment to engaging people to give their feedback and to listen to their concerns. Comments included, "The level of detail and care that is given to our thoughts and comments is exceptional."
- The registered manager had arranged individual agreements with people and relatives about the mode and frequency of preferred contact to share updates and review care. Some people wished to be contacted via email whilst some preferred telephone calls, letters or face to face visits.
- Some people preferred to be contacted weekly, where as other requested a periodic review of care. Comments included, "I must say, I have been hugely impressed with the response I have received to any feedback I have given."
- The registered manager had adapted quality assurance questionnaires to ensure they were in line with key aspects of people's individual care. They were also presented in a format people could understand. This included providing questionnaires in easy read format or modifying questions to relate to aspects of care specific to people's needs. This helped to ensure that feedback given could be used to drive improvements in care. Examples where feedback had driven improvements include, changing of staff, additional training for staff and changes in times and structure of care.

End of life care and support

- The provider worked responsively with people, relatives and other stakeholders to meet people's changing needs during their last days, enabling them to stay in their homes as they wished.
- Staff had received training from a local hospice to help them understand the principles of delivering

empathetic and dignified end of life care.

- Staff helped facilitate people's last wishes to help people remain comfortable in their last days.
- In one example, staff moved a person's bed, so it would be in view of the garden. This enabled the keen horticulturist to see and smell their plants and flowers.
- Staff understood the importance of supporting people and families emotionally through difficult times.
- In one example, staff made arrangements for a person to visit their family members, which gave them the chance to say goodbye. The person would not have been able to fulfil this wish otherwise.
- The registered manager worked closely with staff who were providing end of life care to ensure they were given support and comfort when working in difficult circumstances. For example, they visited staff when working with people to offer support or give them a break. There were counselling and support services available to staff to help them deal emotionally after people passed away.

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

- People and relatives told us that Forest Care delivered a consistently excellent, high-quality service. Comments included, "I think you will be hard pressed to find a better care company", "The standard of care has always been consistently excellent", "There is a compassion and excellence that runs from top to bottom", and, "A very high standard of care. They have a personal touch and understand how the little nuances make the difference."
- People and relatives told us the registered manager was professional, kind and approachable. Comments included, "The registered manager is one of the kindest people I have met", "The management are brilliant. Nothing is too much trouble", and, "The manager does a very good job in my opinion."
- The registered manager had worked hard to sustain a positive and caring ethos which was consistently embodied by staff. Staff comments included, "This sense of "selfless care" is instilled in us from the very beginning and I believe it is precisely that, the "want" to do more for our clients is what makes us who we are at Forest Care", "We all share a common goal, to improve or make our clients lives more comfortable", and, "Having a management and support team that, among other things, also play an active role in the care of our client's is one of the foundations upon which the company runs, the idea that every client deserves the very best."
- There was an open and transparent culture at the service. Staff felt able to raise issues or concerns and felt supported by the management team. Comments included, "Anything that I have discussed with my manager is always dealt with efficiently, they are a good caring team. I feel that I can rely on them should I have any issues", "I always feel safe to be open and honest with the management team", and, "I feel that the support and encouragement I receive from management keeps me motivated and allows me to develop my skills and abilities."

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

- The registered manager used effective systems to monitor the quality and safety of the service.
- The registered manager carried out regular audits of people's care plans, daily and medicines records. These audits had been effective in identifying errors in recording where staff required additional support or training. Appropriate action had been taken to address concerns.
- The registered manager and senior staff carried out competency checks on staff during care calls to monitor the quality of the care being given.
- The registered manager understood their regulatory responsibilities in informing CQC about significant events at the service.

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

- People and their relatives were involved in planning and reviewing their care.
- The provider had made links with many community-based resources, which enabled staff to signpost people to activities, clubs and events.

Continuous learning and improving care

- The registered manager kept a record of accidents and incidents and used these to reflect on ways to improve care for people.
- The registered manager shared learning and updates with staff through regular staff meetings, newsletters and telephone calls. The registered manager had an 'open door policy', which meant that staff felt comfortable speaking to them about issues.
- Staff were encouraged to regularly visit the provider's office to share feedback about people's care. This helped ensure updates and changes to care were shared throughout all branches of the provider's staff.

Working in partnership with others

- The provider had established links with other stakeholders to provide positive outcomes for people.
- There were many examples where the provider had established effective working partnerships with other providers in shared support settings. This included sharing care plans, being flexible with staffing resources and participating in joint reviews of care. The registered manager told us, "We very happily share care with other agencies working in harmony with each other, supporting each other and sharing our knowledge regarding the client."
- The registered manager was part of a group of local care providers, who regularly met to discuss issues relating to the care sector. This helped to ensure the provider was following best practice and learning and sharing from the other providers in the delivery of care.