Sevacare (UK) Limited

Sevacare - Wednesbury

Inspection report

Isis House
Smith Road
Wednesbury
West Midlands
WS10 0PB

Tel: 01215057373
Website: www.sevacare.org.uk

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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

The inspection took place on 23 April 2018 and was unannounced. The service was previously registered at a different location. We last inspected Sevacare-Wednesbury in April 2016 and gave the service an overall rating of Good. This is the first inspection of the service under the new location address but with the same provider.

Sevacare- Wednesbury is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to younger and older adults who may have a learning disability or autistic spectrum disorder, sensory disability, dementia or mental health needs. On the day of the inspection 200 people were receiving support; this included people who were being supported with a short enablement program following discharge from hospital.

Sevacare-Wednesbury is required to and had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present for this inspection. She was also registered to manage another service within the provider group and divided her time between the two locations.

People were supported by staff who knew how to keep them safe from harm or abuse. Potential risks to people's safety were managed but records needed more detail. People were supported to take their medicines safely. People told us they had their care calls on time but we found some people had experienced late calls. The registered manager was monitoring call times to ensure people had support when they needed it. The provider carried out checks on staff to ensure they were suitable to work with people in their own homes.

Staff had training and support to develop the skills needed to care for people effectively. People told us they were supported to eat and drink and that staff were mindful of making sure they could access food and drink between visits. People were supported to access health professionals when they needed. Staff supported people to have maximum choice and control of their lives in the least restrictive way possible; the policies and systems in the service support this practice.

People were consistently complimentary about the caring approach of staff describing them as kind, helpful and respectful. People said their dignity and privacy was protected when receiving care. People were encouraged to express their views about the care they received and felt that they were listened to.

People told us they were involved in decisions about their care and that staff respected these when assisting them. There was a system in place to investigate and respond to people's complaints.

People spoke very positively about the management style being open and friendly with good

communication. The registered manager had oversight of the service and was carrying out regular checks to ensure people experienced good outcomes. Quality assurance audits needed some minor improvement to ensure the provider was looking at all aspects of the service. There were links with other agencies to gain advice and share best practices to improve the quality of care to people. People's views on the service were sought and we saw their feedback was positive.

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.

Staff knew how to safeguard people from harm and risks to people's safety were assessed and managed.

Most people said they received care at the times they agreed and for the length of time they needed. The provider was monitoring call times to ensure people receive the amount of care that has been agreed in their care plan.

Staff were recruited safely People were supported to take their medicine as prescribed. Infection control procedures were followed to reduce the risk of infection.

The provider reviewed accidents to identify any safety concerns requiring action.

Is the service effective?

Good

The service was effective

Staff received training and support to meet people's assessed needs.

People's rights were protected and staff sought their consent before providing care.

People were supported to eat and drink and had access to health professionals to receive on-going healthcare support when they needed.

Is the service caring?

Good

The service was caring.

People consistently described staff as caring, friendly and helpful.

People were involved in decisions about their care.

Staff respected and protected people's privacy, dignity and

independence.

Is the service responsive?

Good

The service was responsive.

People were pleased that staff understood and responded to their needs although support plans lacked details about some aspects of people's care.

Written information was available to people in a range of formats and there were staff available who could speak people's first language.

People's views were sought and the provider had an effective process in place to manage people's complaints.

Is the service well-led?

Good

The service was well-led.

People were complimentary about the way the service was run and were happy with the support they received from the management and staff team.

Staff were motivated and had confidence in their managers.

The provider had effective systems and processes to assess, monitor and improve the quality of the service.

People's views were sought and used to drive improvements.

The service worked in partnership with other agencies in order to improve the care people received.

Sevacare - Wednesbury

Detailed findings

Background to this inspection

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

This inspection site visit took place on 23 April 2018. The inspection was unannounced. The inspection team consisted of 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.

Before our inspection visit we reviewed the information we held about the service. We looked at statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law. We looked at complaint information members of the public had shared with us. These included concerns about late or missed care calls to people in their own homes. During the planning and conducting of this inspection we took into consideration the concerns we had received, together with the information we received from the provider and management team regarding complaints.

We requested feedback from three local authority commissioners. commissioners are people who work to find appropriate care and support services for people and fund the care provided. The commissioners from two local authorities shared information with us and their feedback was considered when planning our inspection of the service.

We reviewed information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

We visited the office location on 23 April 2018 to interview staff and review records. During our office visit we spoke with the registered manager, the deputy manager, two team leaders and two care staff. In addition, following our office visit we conducted telephone interviews with a further four care staff; in total we spoke with ten staff.

We looked at five people's care records to include medicine records and daily logs. We viewed complaint records, safeguarding records, and records relating to the management and audit of the service. This included the provider's survey results from people who used the service, on-call communication records, training records, the provider's Care Awards Scheme, audits of care records, accident and incident records, recruitment processes and infection control guidance. We also looked at the provider's own quality audit report.

We conducted telephone interviews on 24 and 25th April 2018 to 15 people; eight people who used the service and seven family members shared their views of the service they received.

Good

Is the service safe?

Our findings

At the last inspection of April 2016, we rated this key question as 'Good.' At this inspection the rating remains 'Good'. People we spoke with told us they had no concerns about their safety. People commented, "I do feel safe and I feel very comfortable with the staff". "There is nothing I am concerned about I have a very nice person who comes to care for me". Relatives told us that their family member was safe when being supported in their home by staff. One relative commented, "I am perfectly happy; there has been no accidents when the staff have used the hoist and this team are very good".

Staff confirmed that they had received training in safeguarding people and we found that they knew how to recognise and report any concerns about harm or abuse. One staff member told us, "We covered abuse and reporting in our training; it could be physical, theft, neglect, I would tell management". Additionally, the provider told us in their Provider Information Return, [PIR] that they 'operate a Take Action Against Abuse safeguarding campaign'. As part of this initiative we saw all staff receive 'Take Action' leaflets in their payslips with a dedicated phone number to reach the chairman and the senior management team of Sevacare. We saw the leaflet produced by the provider was a proactive prompt to staff with regard to reporting abuse . Our information showed that there had been some safeguarding concerns with similar themes; call times, short duration of calls and omissions in care. We discussed these with the registered manager who advised that the local authority safeguarding team had requested the provider to investigate these. The registered manager showed us their records of investigation which outlined the actions they had taken and the outcome of their findings. Where the provider identified shortfalls in their service provision we saw they had identified action to keep people safe. One safeguarding remains to be investigated by the local authority safeguarding team. The registered manager had a good understanding of her responsibility to protect people from potential harm and we saw she was working with external agencies to ensure people were safe.

Staff knew how to keep people safe such as following key safe procedures to protect people in their own homes. The risks associated with people's needs such as falling, developing pressure ulcers and the use of equipment to support people's mobility were assessed and managed. Risk assessments provided guidance to staff about how to support people safely such as the equipment to be used and the numbers of staff needed to reduce any risk of harm. Staff we spoke with described how they considered people's safety when they were providing care such as ensuring equipment is safe to use and there is space to manoeuvre. We saw an example of where a person had been referred to an occupational therapist for specialist equipment to support them and equipment was provided alongside additional staff needed to use the equipment safely.

People we spoke with told us they had regular staff at the agreed times to meet their needs. People's comments included; "It varies on time but that suits me, it has never happened that I have missed or the staff not turn up". "The staff come here three times a day and not missed once. They will let me know if they will be late". However we saw there had been some complaints about missed or late calls. The registered manager acknowledged that at times people had not had their care at the times they needed it. We saw action was being taken to monitor call times and the duration of calls to ensure people had the support they

needed. Staff told us that there was more consistency in call times and late calls were usually down to sudden absences that had to be covered at short notice. The registered manager was ensuring that people's dependency levels were considered when calculating staff numbers so that they could ensure they could meet people's needs before offering them a care package.

Staff spoken with confirmed that prior to working at the service pre-employment checks had been carried out. This included checks with the Disclosure and Barring Service which provides information about people's criminal records. The registered manager advised us that all recruitment checks including references, ID, and health declarations were carried out by their head office before potential staff were interviewed. These processes helped to ensure risks to people's safety were minimised.

People we spoke with managed their own medicines and told us staff would sometimes remind them. One person told us, "The staff just make check that I have taken it". Staff told us they had received medicine administration training and felt confident to support people to take their medicines when needed. We saw the provider had assessed people's ability to look after their own medicines. Medicine administration records (MAR) were checked by the provider to ensure people had their medicines as prescribed. People's records held some information about how they liked their medicines to be given; for example one person liked their tablets in an egg cup to prevent dropping them. However the support plans did not always clearly describe the level of assistance provided by staff to identify if medicines were administered by staff or if they had prompted or assisted the person. The registered manager told us they would clarify this and add to people's records. We saw staff competency was checked to ensure they did this safely and medicine errors had been discussed and disciplinary action taken. The registered manager had taken action following a safeguarding related to a person's medicines being missed. These practices demonstrated the registered manager had systems in place to support people safely with their medicines and identify if staff practiced in a safe way.

People expressed no concerns about staff leaving their homes clean. One person told us, "The staff are very respectful and I have no problems; the staff clean up after them". Staff told us they had access to protective equipment such as gloves and aprons. Staff wore shoe covers in response to people's religious requests when caring for them in their own home. We also heard that where staff supported people with compromised immunity, face masks were issued to people so that they could request staff to use them when delivering care. This helped to reduce the risk of cross infection.

A system was in place to report and review accidents and incidents on an individual basis to ensure people had the support to keep them safe. Records showed accidents and incidents were escalated to the health and safety manager at head office to review for any trends. We were told if there were any lessons learnt these would be cascaded to staff to reduce the risk of reoccurrence.

Good

Is the service effective?

Our findings

People and their families told us they felt the service was effective, staff understood people's needs and had the skills to meet them. A person said, "The staff are very nice and I am happy with the care I am given". A relative commented; "I would [recommend the agency]; the agency is brilliant and I can't find a fault with the way the staff care for [name]".

Assessment information identified people's preferences and took into account how people wanted their care delivered. The diverse needs of people using the service including those needs related to disability, ethnicity and faith had been considered so that staff could meet people's needs effectively. For example people were supported by staff who spoke their preferred language. The provider's PIR told us that they tried to overcome any cultural or language barriers by providing staff; 'who are multi lingual and can speak a variety of languages. This helps to ensure that we can provide the best care that we can and meets our client's cultural needs and help them feel included into their community'. The provider had a targeted approach to recruitment and we saw the workforce comprised of staff from a range of ethnic backgrounds. A staff member told us, "There's no communication barriers which means we can meet people's needs better because we understand them".

We saw the use of technology was used to enhance people's independence and had a positive effect on people. For example a person was supported with a system that alerted them to take their essential medication. If the person does not take the medication an alert is sent to the telecare system who phones the person to remind them to take their medication. The provider told us in their PIR this system was working very well; the person has had regular medication and their health has improved to the point they did not need frequent care calls and the support package was reduced.

Staff we spoke with said they had appropriate training and training records confirmed a range of training was undertaken. Specific training related to supporting people who have dementia was provided. The registered manager told us they were implementing a blue coloured file for the care records of those people who had dementia. They had trialled this and found it to be an effective prompt to staff to alert them to people's needs with the aim of improving the effectiveness of the service. Some staff had undertaken additional training and were identified as dementia champions. This meant they took the lead in guiding and advising staff about issues related to dementia. Staff told us they had training sessions on dementia to support their learning and skills.

New staff told us they had completed the care certificate as part of their induction. This is a set of national care induction standards in the care sector, which all newly appointed staff are required to go through as part of their induction. Staff told us they had shadowed experienced staff and felt their induction was a positive experience, one staff said, "I loved it; I had lots of training before I went out independently, I shadowed other staff and they checked my competency before I worked alone". Another staff member told us, "It was really good preparation, I felt more confident".

Staff told us they had regular support and supervision in which they could reflect on their care practice. Staff

were very positive about support they received which included one to one discussions, meetings and phone advice when they needed this. One staff member said, "I can only say I get 100% support from managers and the office, they are always keen to listen and advise, we all pop in the office regularly as it's so friendly".

People told us that they were happy with the support they received with their meals and that staff always made sure they had choices of what they ate and a drink before they left. People commented; "I have a drink and a biscuit in the morning, and then a hot meal at lunch, sometimes when the staff ask me what I would like, I say surprise me I like them all!" "The staff help me with my breakfast and I choose what I eat". Staff told us they had information about the support people needed to eat and drink and if they were concerned they would report their concerns to senior staff. Staff told us they were always mindful of leaving food and drinks within reach of people so that they could eat between care calls. A system was in place to record and monitor what people had eaten or drank to ensure they received enough nutrition to remain healthy. Where people needed specific support referrals had been made to a Speech and Language Therapist (SALT) to assess their needs.

People told us they looked after their own healthcare needs but they were confident staff would call a doctor or other health professionals if they needed them. Staff told us they worked in conjunction with other professionals such as the doctor, district nurses or hospital staff where people's health needs had deteriorated. We saw arrangements were in place to share and receive information with other professionals involved in people's care to ensure people received effective care and support. Advice from care professionals was incorporated into the support people received, for example if they needed more care visits to support them with pressure relief or eating meals.

The provider worked with other organisations to deliver effective care and support to people. They provided a 'Fast Response' service designed to offer support to people being discharged from hospital. The aim of this was to provide coordinated care with access to equipment people require to allow them to live safely at home. The provider told us in their PIR that this support meant people are, 'less likely to be readmitted into hospital following their discharge'.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA, for people living in their own home, this would be authorised via an application to the Court of Protection. The registered manager understood the process and told us they would liaise with the local authority to request an assessment of people they felt required this protection. At the time of our inspection the service had not needed to make any applications to the Court of Protection. Staff we spoke with had training in the MCA and provided examples of seeking people's consent prior to providing care or support. One staff member told us, "Even though I know people well I wouldn't do anything without asking them first; it's their home".

People's capacity was explored and support plans showed which decisions people can make and which they needed assistance with. There was a system in place to ensure the provider knew about decisions people had made whilst they had capacity. This included knowing a person's resuscitation status or if they had an appointed a power of attorney to manage their financial or care needs.

Good

Is the service caring?

Our findings

We heard lots of positive examples about the caring approach of staff. People described positive relationships with staff who would spend time talking with them, checking they were well and making sure they were comfortable. People's comments included; "The staff are gentle and respectful and I am very happy". Relatives told us having regular staff to support their family member provided consistency and helped build relationships. Their comments included; "The staff are all polite and professional, there is one carer who is brilliant, but I can't find fault with any of them that come. They treat [name] like their own family member". "Very nice and friendly and we have a good rapport which is important".

Staff we spoke with told us they visited people on a regular basis so they got to know people and their families well. One staff member said, "I make time to talk with people because I know some are lonely; it's not just about doing the care task, it's showing you care in other ways that matters as well". Staff told us they knew people's history and preferences and knew what was important to them. One member of staff said, "One person has a poor sleep pattern; I check with them how their day is first and take things slowly". This showed a caring and empathetic approach to people's needs.

People who used the service and relatives were involved in daily decisions about their care and support and how they liked things done. Staff were able to describe the different things that were important to people that made a difference to their day. These included making sure personal items were close to hand; supporting people to choose their clothing for the day or making sure they checked the security of the person's house to make them feel safe before they left. Staff told us people's support plans provided good information and a brief pen picture of the person which helped when meeting them for the first time. For example we saw a person's depression was described and included information about their anxieties as well as their desire to remain in their own home.

Staff we spoke with understood and were respectful of peoples cultural and spiritual needs such their dietary requirements or hygiene. These had been included in the assessment and planning of people's care. The provider told us in their PIR that translation services were available, they said, 'When we do the assessment we will normally ask for an interpreter to be present so that we can gather the information we need for the care plan'. This ensured people were involved in decisions about their care.

There were systems in place to ensure people's views could be heard and respected. For example people confirmed they had home visits from care coordinators on a regular basis to discuss if they were happy about how their care and support was being delivered. One person told us their staff were changed after they had expressed dissatisfaction; "Some [staff] I did not like and stopped them coming; I phoned the office and the office came to see me about it".

People were supported by staff to maintain their independence. One person told us how important their independence was when they said, "I am gaining in confidence and I want to gain more independence, I am helped by the staff to do that". Staff shared examples with us of how they encouraged people to do as much as they could for themselves. One staff member told us, "We know what people like to do for themselves; it

might just be a case of us supporting them to make a drink, to walk from one room to another or wash parts of their body".

All of the people we spoke with told us staff treated them with respect and dignity, people commented; "The staff are very respectful and very kind to me and they treat my home nicely too". "I have one staff [member] who comes and they are very nice to me". Staff were able to describe how they maintained people's privacy and dignity when providing them with care. One staff member told us, "I'd make sure family members are in a different room if I was doing personal care". Another staff member told us, "I keep parts of their body covered, always close doors and give them time and privacy if they are using the toilet or commode".

People felt there was a caring response to their well-being because they were listened to when they had contacted the office about changing their call times. Staff confirmed that the frequency and duration of calls had increased when people requested this.

The provider had introduced a 'Care Award Scheme' to recognise the caring attitude of staff. They told us in their PIR that this recognised staff for their hard work and achievements. People nominated staff who they felt had shown particular caring attributes. We viewed a number of surveys from people which showed that staff regularly demonstrated the key values of kindness, respect, compassion and dignity. People made the following comments about staff: "Kind caring, compassionate person; I enjoy her company". "Considerate, helpful and respectful". "Helpful, supportive and patient". Staff told us people's positive feedback reinforced good practice and the value of their work.

Good

Is the service responsive?

Our findings

People we spoke with were pleased with how staff responded to their needs within their own homes. They confirmed they had discussed and agreed their support plan. We saw evidence in people's records of telephone reviews and home visits to ensure people's plans remained responsive to their needs.

People's support plans contained information about their care needs and the type of support they wanted and needed. This included people's preferences and routines so that their care could be provided in the way they wanted. We saw support plans did provide some guidance to support people in ways which took their individual communication needs into account. For example staff confirmed they used a communication aid to support a person with a physical and sensory loss to assist the person to communicate effectively with them. This meant that staff were responsive to people's needs.

Where people had specific medical conditions such as epilepsy, diabetes or continence aids such as a catheter, support plans lacked specific details as to how staff should respond to these needs. We discussed this with the registered manager who advised these would be updated and that the checks on people's plans were being strengthened to ensure plans had sufficient information to guide staff.

Staff told us that they supported the majority of people on a regular basis and as such they knew their preferences and routines . This helped to ensure people had the level of support they needed with personal care routines, their mobility and meals. A person told us how their care had been tailored to their needs, they said, "I was in hospital, I have to have a hospital bed and that was organised too".

Staff told us they had clear guidance about changes to people's needs so they could respond quickly. For example we saw more frequent visits or visits of a longer duration were made if people's conditions deteriorated. Staff knew how to escalate changes to people's needs to ensure people received the right support. For example we checked the daily log books and saw changes recorded by staff about a person's behaviour and had been escalated and reviewed. Action had been taken to ensure the person was supported by staff who had the skills to understand and respond to their needs. This showed the needs of the person were identified and taken into account, for example on the grounds of protected equality characteristics related to their disability.

There were arrangements were in place to investigate and respond to people's concerns and complaints. People who used the service and relatives we spoke with told us they had telephoned the office to raise concerns, and that these had been addressed. Our review of the provider's complaints records showed complaints had been made about missed calls, theft and staff not completing care tasks. There was evidence the provider was carrying out investigations and acknowledging shortfalls with written apologies to people. We saw action had been taken as a result of substantiated complaints. This had included an acknowledgement of where the provider had failed to respond to a person's needs because their call was missed. The registered manager told us they had taken disciplinary action and the staff member was working with supervision. These actions were a positive response in terms of improving the quality of care to people.

The provider was aware of the Accessible Information Standard which requires them to reduce barriers for those people who have a sensory disability. This is to ensure people can access and understand information they are given about the service. The registered manager told us during the initial assessment of the person using the service; they are asked how they would like/need information provided. The head office could provide information in different formats such as large print, audio or braille . The provider had taken steps to meet people's cultural needs by ensuring there were staff available who could speak their first language. We were informed information could be provided in different languages such as Punjabi through their head office.

Good

Is the service well-led?

Our findings

This was the first inspection of this service since the provider changed location. At our previous inspection in April 2016 we rated this key question as 'Good'. At this inspection we found the service continued to be well-led.

People and their relatives told us they were happy with the way the service was managed. They described positive communication between them and the service managers. People told us and we saw from records that a member of the management team visited them to check care standards.

People were generally happy with the consistency of their calls and told us staff who visited them in their homes were professional, polite and friendly. All of the people we spoke with told us they would recommend the service to other people. One person said, "I know how lucky I am and yes I certainly would recommend the agency".

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also registered to manage another service within the provider group and divided their time between the two locations . They had a full management team in place to support these interim arrangements and we saw roles and responsibilities were clear to ensure the management of this service was not impacted.

Staff spoke positively about the support they had from the management team. One staff member told us, "I love my job; my team leader is really supportive and I've had regular training". Another staff member told us, "We all regularly pop into the office, we are in teams and team managers are nice people, really helpful, give loads of advice". Staff said they had regular support and feedback on their practice from spot checks carried out on their performance. Staff told us they felt valued and that there were 'moral boosting initiatives' such as the Care Scheme Award which created a positive culture. One staff member told us that the director had sent an email thanking staff for their commitment in undertaking care visits in severe weather conditions. They told us, "It was a real nice acknowledgement".

The provider had sought people's views about their experiences of the service via surveys. The feedback had been analysed and we saw people made positive comments on their experiences such as rating staff as 100% caring and 100% competent. They rated the consistency of call times and the duration of calls lower. We saw the provider was making improvements as a result of these findings. For example we saw they were monitoring call times and the duration of calls and conducting spot checks on staff and reviews with people to ensure improvements were made. This showed they were acting on people's views to shape and improve the service.

Quality monitoring systems were in place and showed that audits were carried out on a regular basis for all

aspects of the service. This included an analysis of accidents, complaints, safeguarding issues, medicine arrangements and call times. The outcomes of these were escalated to the directors to ensure they had oversight of the service. We saw audits had identified where improvements were needed. The registered manager was able to demonstrate the quality checking systems were used to drive improvements to the quality of the services offered. For example call times were being monitored to ensure these matched the agreed time and were for the full duration. We saw evidence the provider was undertaking visits to people and reviewing their care package and the quality of their care with them. Whilst we saw the provider's checks included people's records, we found this was not fully effective. People's care records did not always contain sufficient detailed information to guide staff in delivering their care, specifically regarding health conditions. The registered manager advised us they were aware and were planning to improve the audit tool.

There were examples of the provider promoting equality within the workforce and taking action taken to address this. For example we saw staff meetings were arranged and repeated at different times to enable staff who had caring commitments to attend one of the sessions. Staff also told us the provider catered for their personal commitments by ensuring flexible rotas. Sevacare promoted The Care Workers Charity; to support carers facing financial hardship. We saw leaflets available for carers and the registered manager told us they signposted staff to this charity to support them.

The registered manager liaised with a number of organisations to ensure they kept up to date with best practice. They told us in their PIR they attended regular provider forums and Local Authority contract meetings. They participate in local authority working groups and use the CQC website to ensure that they are up to date with good practice. They are members of the UK Home Care Association who also provide updates on changes in and across care services. As a result of new care initiates they had recently adopted the new blue coloured file to alert staff to people with dementia.

The registered manager worked in partnership with other health and social care professionals to support people. This had included providing care packages to facilitate people's discharge from hospital.

Registered providers are registered with CQC and have a legal responsibility to notify us about certain events and incidents that had taken place. The provider had ensured that notifications had been submitted to CQC as required by law. Staff were aware of whistle blowing procedures and were confident to use them if they were concerned about people's care or staff conduct. These processes support a transparent and open culture for staff. Registered providers are legally required to display the ratings awarded by the Care Quality Commission (CQC). This is the provider's first rated inspection and they were aware of this requirement.