

Verity Healthcare Limited

Verity Healthcare - Waltham Forest

Inspection report

Gateway Business Centre Suite 2, 3 & 4
210 Church Road
Leyton
London
E10 7JQ

Tel: 02036435295

Website: www.verityhealthcare.co.uk/walthamforest

Date of inspection visit:

31 August 2022

05 September 2022

07 September 2022

Date of publication:

29 March 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Verity Healthcare – Waltham Forest is a domiciliary care agency. The service provides personal care and support to adults and children in their own homes. Not everyone using Verity Healthcare – Waltham Forest receives 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. At the time of our inspection there were three children and one adult using the service.

The provider is also registered to provide another regulated activity, Treatment for Disease, Disorder and Injury but as recorded at the last inspection they advised us they were not delivering this at the time of our inspection and had not done so since the last inspection.

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

Improvements had been made since the last inspection in a number of areas in relation to the oversight and monitoring of the quality and safety of the service.

However, in some areas of training, staff did not always receive training in line with best practice requirements and guidance.

There was an absence of a robust system of oversight of staff training to ensure adequate checks on the validity of trainer's qualifications met best practice requirements. The registered manager and a director of the service continued to state their training arrangements complied with guidance. However, they were unable to provide relevant evidence to assure us of this. We have referred our concerns to the relevant authorities.

Most risks were assessed and there were suitable risk management plans, but one risk assessment contained inaccurate information. An amended risk assessment was sent to us following the inspection.

Records related to people's care were held across different phone apps and written records and it was difficult to be certain if staff were always guided about where to find all the information about people's care. The provider recognised this and told us they were working to address this

People told us they felt safe using the service. Staff understood how to protect people from harm and how to raise concerns. The registered manager understood their role and responsibilities in relation to safeguarding adults.

There were enough staff to meet people's needs and they received their care as planned. Safe recruitment practices were followed.

People told us staff followed good infection prevention practice, including the use of personal protective

equipment, (PPE). Staff had received training on infection control. People were supported to maintain a balanced diet.

People's needs were assessed before they started using the service and they had a personalised plan for their care which reflected their individual needs and preferences. Staff told us they were supported in their roles through training and regular supervision.

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.

People told us they had the same small staff team who knew them well and they liked. People were complimentary about the staff who supported them. They told us they were treated with care, consideration dignity and respect.

People received care from staff who knew them well and respected their diverse needs. People told us they were involved in making decisions about the support they received and knew how to complain if they needed to.

Staff were positive about the support they received from the provider and registered manager. They told us they understood their roles and the registered manager was available and approachable.

People were complimentary about the service and told us they were consulted and involved in giving feedback through surveys or telephone calls.

There was a system to monitor other aspects of the quality of the service and identify any learning to make improvements. The provider showed us a new electronic system they were in the process of developing which they said would bring further improvements.

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

Rating at last inspection and update.

The last rating for this service was inadequate, (published 3 December 2021)

At this inspection we found improvements had been made but further improvements were needed.

At our last inspection we recommended that the provider consult best practice guidance in relation to the recording of medicines administration and risk assessments. At this inspection we found these recommendations had been acted on.

This service has been in Special Measures since 3 December 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Verity Healthcare - Waltham Forest on our website at www.cqc.org.uk.

The overall rating for the service has changed from Inadequate to Requires Improvement based on the findings of this inspection.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to staff training and the quality monitoring of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below

Is the service effective?

Requires Improvement 

The service was not always 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?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Verity Healthcare - Waltham Forest

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by two inspectors.

Service and service type

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

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to allow for the provider or registered manager to seek permission to contact people and their relatives for feedback about their experiences to support the inspection.

Inspection activity started on 31 August 2022 and ended on 23 November 2022. We visited the location's office on 31 August 2022.

What we did before the inspection

Before the inspection we reviewed the information we held about the service including notifications they sent us. We asked for feedback from the local authority in which area the service is based.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with the assistant care manager and another member of the office staff, the registered manager and a representative of the provider.

We reviewed a range of records including two care plans and risk assessments, medicines records and daily notes. We looked at two staff recruitment and training records.

We looked at records related to the management of the service such as call monitoring records and audits.

On 5 and 7 September 2022, we spoke by phone with two people using the service to understand their experience of the service. We also spoke with two care workers by phone to understand their views about the service.

We sought feedback from two health professionals who the provider told us had worked with the service. We sought further information and clarification from the provider and registered manager.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we had found that staff were not effectively deployed to ensure they could safely meet people's care and support needs. This was a breach of Regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People were supported by sufficient numbers of staff to meet their needs. People told us that there had been improvements and they received their care and support as planned. One person said, "Oh yes, it's much better now. My carer is very reliable. I can't fault her. She stays the full time expected."
- At the time of the inspection there were only a small number of people who received the regulated activity personal care. We saw from call monitoring records that staff were usually on time and there were no missed calls. The call monitoring system was overseen by the registered manager with support from the assistant care manager, to ensure that any issues were identified quickly. Call monitoring audits were carried out regularly to identify any learning.
- People told us and records confirmed, they received their care and support from the same care worker or small group of care workers
- The provider followed effective recruitment procedures and checks to ensure people were protected from the risks of unsuitable staff.

Using medicines safely

At our last inspection we had made a recommendation about consulting current guidance on the medicines' administration record keeping. At this inspection the provider had made improvements with record keeping and medicines were safely managed.

- People's care plans contained information about the support they needed with taking and managing their medicines. Medicines risk assessments were completed to identify and manage any possible risks. There was guidance for staff to follow in relation to as required medicines.
- Medicines administration records (MAR) were completed clearly. Regular audits were conducted to identify errors and to ensure staff followed the provider's medicines administration policies. Staff told us they received training on medicines administration and had their competency to administer medicines checked.

Assessing risk, safety monitoring and management

At our last inspection we had made a recommendation the provider consider current guidance on risk assessments. At this inspection the provider had made improvements with assessing risk.

- Risks to people were assessed to ensure their needs were safely met and there were risk assessments in place. However, further improvement was needed to ensure all risk management plans were accurate and up to date.
- We found one risk assessment for a health condition which included guidance for staff to administer a rescue medicine they were not prescribed. While regular staff were aware of this person's needs, it could cause confusion should unfamiliar staff need to provide care. The provider sent us an updated version following the inspection, but this still contained guidance on the administering of the rescue medicine. We have considered this in the well-led section of the report. Following receipt of the draft report a further updated more accurate risk assessment was sent to CQC.
- Care plans included assessments of risk relating to people's medical, physical and mental health needs and any environmental risks. Risk assessments provided staff with information on how risks should be managed; for example, when supporting people with personal care or with outside activities.
- People told us they thought staff were aware of any possible risks. One person commented, "The carer knows what [my family member] should avoid eating and how to keep them safe when they are out. I trust her with them." Staff knew people very well and understood their individual needs and risks.
- The registered manager or the assistant care manager reviewed people's risk assessments at regular intervals with them or their families.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People were protected from the risk of abuse or neglect. People told us they felt safe using the service. One person remarked, "I feel very safe, and I know my children are safe too when they are with [staff]. It gives me peace of mind. "
- Staff confirmed they received safeguarding training and knew the different types of abuse and how to raise any concerns.
- The registered manager had raised safeguarding alerts appropriately with the local authority and notified CQC as required.
- There was a system to monitor safeguarding and accident and incident forms. There had been no incidents or accidents since the last inspection. The registered manager told us how they would identify any actions needed and identify possible learning they could share across their services.

Preventing and controlling infection

- Staff used effective infection, prevention and control measures to keep people safe. People told us staff followed good hand hygiene practice and wore appropriate PPE when they delivered care.
- Staff had received training on infection control, and COVID 19. They told us they had access to plenty of PPE.
- The provider had completed risk assessments and contingency plans to identify risk and provide appropriate support to staff during any pandemic. They completed infection control audits to help identify any areas for improvement.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has changed to requires improvement.

This meant the effectiveness of people's care, treatment and support was inconsistent.

Staff support: induction, training, skills and experience

- Staff received training and supervision to support them to meet people's needs. However, we were not assured that training delivered to staff met appropriate requirements. The provider and registered manager were not able to demonstrate that training arrangements for staff administering epilepsy rescue medicines complied with requirements and guidance from the Epilepsy Nurses Association (ESNA), International League Against Epilepsy (ILEA), and the Royal College of Psychiatrists.
- The provider and registered manager were unable to demonstrate that a director, who told us, they provided moving and handling practical training to staff had appropriate current training and was sufficiently competent for this role. Some evidence was sent following the inspection which could not be validated. A certificate for training was also provided dated 31 July 2015. We were not assured from this or other documents provided that recent refresher training had been completed, or, their competency to deliver the training had been adequately assessed.

Staff are not always provided with suitable training to meet people's needs. This is a breach of regulation 18(2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they thought the staff that supported them understood their needs and they were knowledgeable about their role. Records showed and staff said they received regular supervision and training on a range of areas the provider considered mandatory and relevant to their roles. Where staff worked with children, we saw they had certificates of relevant childcare training. New staff received an induction and staff new to health and social care received training that the registered manager confirmed followed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff had a development plan outlining their training goals. The registered manager told us they encouraged staff to undertake additional training in health and social care to develop their skills and knowledge

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

- Staff assessed people's needs before they started to use the service to ensure their needs could be met.
- Assessments were carried out with people, their families and health and social care professionals where appropriate. The assessments considered people's needs and choices, including their culture and any

health or disability requirements.

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

- People were supported to eat where this was part of their support package. People's dietary requirements, preferences, cultural needs and any risks had been assessed, and guidance provided for staff to follow. For example, one care plan advised staff to cut food into small pieces and to ensure a drink was available and in reach before they left.
- People told us they were happy with the support provided when it was part of the care plan. Staff recorded in the daily notes the food and drinks they had prepared to provide an accurate record of care and to show they had followed the care plan.

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

- People had access to a range of healthcare services when they needed them. People's care records included information about their medical needs and health conditions and the details of health care professionals involved in their care.
- People told us they made their own health appointments, but staff were familiar with their health needs and medical history to understand the importance of when to seek medical advice in an emergency.
- The provider and staff told us they worked in partnership with health and social care professionals to support people's needs where this was appropriate.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff followed the principles of the MCA. People's consent to care and support was sought before they started to use the service. We saw people's capacity to make specific decisions was considered as part of the assessment.
- At the time of the inspection there was nobody using the service who had been assessed as lacking capacity to make a decision. The registered manager advised that if a person was assessed as lacking capacity to make a decision, they would involve relatives and relevant health professionals in a best interest meeting.
- Staff received training and understood the requirements of the MCA. People confirmed staff asked for their consent before providing support and gave them time to think about their decisions and choices in terms of their care.

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 our last inspection of this key question, we rated this key question good. At this inspection the rating for this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received kind and compassionate care. Staff understood and respected people's individual needs and lifestyles. One person told us, "I could not be happier with my carer. She is kind and helps me with so much. She always checks things out with me first" Another person commented, "My carer is a very kind, gentle person."
- People told us that their care and support had improved considerably since the last inspection because they had the same consistent care worker who knew them well and understood their preferences and needs. One person told us "My [child] is very happy being out with the carer. He is safe with her and trusts her and it's hard for him to trust people. "
- People's care records included consideration of their sexuality, religious, cultural, spiritual and any disability needs and any requirement for staff support. Staff told us they were happy to support people with their diverse needs and preferences. A staff member told us they were mindful and respectful of the customs of people from different backgrounds and lifestyles.

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

- People were consulted and made decisions about their care. People had consented to the care and support being provided. People confirmed staff consulted them about the level of support they required during their calls and that their care and support plans were reviewed at regular intervals by the office staff.
- Office staff told us they tried to gain as much detail as possible about people's views and preferences about their care and support during assessments and reviews to keep care staff well informed.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy dignity and independence. People confirmed that care staff and office staff treated them with respect and tried to enable them to be as independent as possible. Daily records confirmed care staff supported people's dignity and independence.
- Where staff supported children, their families told us that staff provided the right level of encouragement to do things for themselves but also promoted their safety. One person commented, "My [child] struggled to make a bond with care staff before but now they trust the carer and they [staff] know how to support them when they are out and keep him safe."

Is the service responsive?

Our findings

At our last inspection of this key question, we rated this key question good. At this inspection the rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences: End of life care and support

- People had personalised plans for their care that addressed their needs. They included information on people's needs, wishes and preferences so that staff could get to know them better.
- People and their relatives confirmed they were involved in reviewing the care plans and that the care plans reflected their needs.
- Staff understood people's needs and told us the care plans contained enough guidance on how to support people and were accurate reflections of people's needs.
- Staff received training on end-of-life care. The registered manager and one of the directors had attended webinars under the Gold Standard Framework. (This is a recognised framework for improving quality in end of life care.) The registered manager told us that no one of the people currently using the service required support with end-of-life care. They said they would liaise with the appropriate health care professionals to provide people with end-of-life care and support, when it was required.

Meeting people's communication needs

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

- People's communication needs were assessed, and they were provided with information in a format they could understand. Staff supported people with visual aids where this was appropriate or part of their assessed communication needs.
- Information about the service was available in different formats. The service user guide had been translated into a different language to support people where English was not their first language. The provider told us if people required information in other different languages or visual aids this would be made available to them.

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

- People were supported to take part in activities where this was part of their planned care. Where the service supported children, their families told us they were very pleased with the support care staff gave them with various activities in the community.
- Activities for children within the home and out in the community were planned with their families. The

provider had conducted risk assessments in relation to supporting children in the community for example in relation to road safety.

- Staff also had access to further guidance about taking children out and potential hazards to consider.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and process and we saw they identified learning from any complaints. Records showed complaints had been dealt with in line with the provider's procedures.
- People knew how to make a complaint if they were not satisfied with the service and said they had not needed to raise a complaint for some time. One person told us, "I have raised issues in past about concerns. These have been resolved. Things are much better now."

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 our last inspection we rated this key question Inadequate. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent.

Continuous learning and improving care

At our last inspection we had found systems to oversee the quality and safety of the service were not effective. This was a breach of regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, while improvements had been made, we found a continued breach of this regulation.

- Systems to oversee the quality of staff training were not effective in identifying concerns. Training certificates for a director of this service provided as evidence of their qualifications to train staff on specialised areas of medicines administration had not been issued by the training body whose logo endorsed the certificates. The director had signed a staff training certificate and competency assessments for staff for the administration of epilepsy rescue medicine. The registered manager was not able to provide evidence of what checks were carried out to ensure trainers had the required competence and qualifications for the staff training the provider considered essential to meet people's needs
- Another certificate for the same director provided as evidence they had a qualification to train staff in moving and handling training, was dated 21 May 2022. However, the training company endorsing the certificate was dissolved on 14 May 2019. This raised questions as to the reliability of this as evidence of suitable training to train staff in these areas. The registered manager submitted a further certificate for moving and handling training dated after the site visit. The training provider's website showed this training was for moving and handling objects. A number of further documents were provided which did not provide the relevant information required. A certificate for training in this area was provided dated 31 July 2015. However, we were not assured from this, or, the other documents provided that recent refresher training had been completed, or, their competency to continue to deliver the training recently assessed.
- During the inspection we requested a risk assessment for one person was updated to remove information that was not relevant to their current needs. The provider sent us the revised risk assessment, but their quality monitoring system failed to recognise that it still contained information that was not relevant to the person's current needs.

Systems to monitor the quality of the service and oversee risk to people's health and safety were not always effective as there was a lack of oversight to ensure staff received training in line with best practice guidance. This was a breach of regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the site visit there were times when different records about the same person, such as risk assessments were held on different phone applications and/or on the paper records. Staff were not always guided to look for additional information within the care plan. While staff knew people's needs well, these different locations for information could cause confusion to unfamiliar staff. The provider and registered manager recognised this and advised they were working to resolve this issue.
- There was a system of audits and checks across the service to monitor the service quality and identify areas for improvement. Oversight and analysis of accidents, incidents complaints and safeguarding was completed to identify any improvements or learning. Areas such as call monitoring, care records, out of hours records, medicine records, daily records and staff training were audited, and actions identified to address any issues.
- People told us the provider made regular spot checks on staff to ensure they were carrying out their roles properly.
- The provider looked to improve the service across all areas and had resource materials on care delivery and practice that they and staff could refer to. We were shown a new electronic system they were developing which they advised would improve quality monitoring and record keeping.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection we found the provider had not taken steps to assure themselves about the nominated individual's skills and conduct. This was a breach of Regulation 6 (Requirements of service providers) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made at this inspection and the provider was no longer in breach of regulation 6.

- There had been improvements to the culture of the service, but some further improvement was needed to ensure there was an open culture. The registered manager and director repeatedly assured us they met relevant staff training requirements; but despite a number of requests for relevant evidence this was not forthcoming. Claims about qualifications were made which were not always substantiated with evidence when requested.
- Feedback we received about the service was positive. There was a new nominated individual who was also the registered manager. People told us there was good communication with the office and that they were consulted regularly about the service and their feedback listened to. A compliments folder contained emails or letters sent by people or relatives to the service to thank them for the care of their loved one.
- The provider told us they had worked to improve the culture at the service. They operated a no blame culture and showed us information that had been shared with staff on introducing this. There was also now guidance for staff in the form of '10 golden rules to support staff safely, and effectively' and 'Six steps to prevent a fall' which staff could access online.
- Staff spoke positively about the management of the service and said they were approachable, and they felt their views were listened to. One staff member said, "The managers are good, I have learned so much. I love working here. "
- Regular team meetings were held with staff to ensure good communication and discuss policies and any issues.

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

At the last inspection we had found a breach of Regulation 7 (Requirement relating to registered managers) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 7.

- There had been two registered managers at the last inspection, but only one of these remained in post as registered manager. They had undertaken training on the registered manager role and end of life care since the last inspection.
- The registered manager understood their role and responsibilities to notify CQC about particular events.
- People using the service commented that there had been improvements and that the service was well managed.
- The registered manager was familiar with the needs of the people the service supported and the needs of the staff team. Staff understood their roles and told us they felt well supported by the registered manager. One staff member said, "Anytime I have a concern, they are ready to listen. I can come to the office; they involve us and are supportive."

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

At our last inspection we had found the registered manager did not act in an open and transparent way when things had gone wrong. This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 20.

- The registered manager was aware of the need for openness and transparency and to report issues or concerns to people or their families, the local authority and CQC when required.
- There had been no serious safety incidents or safeguarding investigations since the last inspection. Records showed that the registered manager had apologised where people had raised any concerns, for example, about a change in care worker.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us they felt involved in their care and that their views were sought regularly through telephone monitoring and surveys. The provider had also carried out an independent telephone survey. We saw these were all positive about the service and were analysed for further improvements and to inform good practice.
- Staff told us they felt engaged and involved in the service and understood their roles and responsibilities. One staff member commented, "We are a diverse work force, there is no discrimination in our organisation." Staff had completed surveys which we saw were all positive about working at the service.
- The provider produced a newsletter to share any updates or news about the service with people.
- The provider worked with the local authority and told us where it was agreed they worked in partnership with health professionals or other agencies.
- A health professional gave positive feedback about working with the service. They commented, "I find the directors, managers and care staff to be highly efficient, very passionate and committed to delivering outstanding care."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There were not always effective and robust systems to monitor the quality and safety of the service. Regulation 17(1)(2)(a)(b)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
	Staff did not always receive appropriate training to enable them to carry out their duties. Regulation 18(2)