

Embrace Uk Community Support Centre

# Embrace UK Community Support Centre

## Inspection report

Selby Centre  
Selby Road  
London  
N17 8JL

Date of inspection visit:  
09 November 2022  
21 November 2022  
02 December 2022

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14 February 2023

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Embrace UK Community Support is a domiciliary care agency providing personal care to people living in their own home. At the time of the inspection the service was supporting 22 people with personal care

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic

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

#### Right support

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 lived at home with family members who told us their relative was safe with care staff. People had their risks assessed to reduce the risk of potential harm to them. Recruitment checks were carried out to ensure staff employed were safe to work with people. Systems were in place to report and learn from any incidents

#### Right care

The care was person-centred and promoted people's dignity, privacy and human rights. Most relatives told us staff were kind and caring towards their relative and treated them with dignity and respect. People were supported to maintain their privacy, dignity and independence by a staff who knew them well. Staff were matched to people based on their skills, qualities and interactions with people who used the service. Staff training was not always effective. We have made a recommendation in relation to staff training.

People had their communication needs met and information was shared in a way that could be understood. People were supported to access food and drink that met their dietary needs and wishes. People were supported to stay healthy and well, and to access community health and social care services as and when required.

#### Right culture

Relatives told us the registered manager was approachable and took action to resolve issues where needed. Staff told us they were well supported by the registered manager and were listened to and encouraged to

discuss their views regarding the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 27 October 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an announced focused inspection of this service on 27 August 2020 and 02 September 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, good governance,

We undertook this comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Embrace UK Community Support Centre

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### 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 24 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 November 2022 and ended on 2 December 2022. We visited the location's

office on 9 November 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 2 people who used the service and 11 relatives. We spoke with 9 staff including the registered manager, operations manager, field worker, human resources officer and 4 care staff. We looked at a range of management records including medicines, quality audits and staff recruitment. We reviewed 4 people's care records including risk assessments and 4 staff recruitment records. After the site visit, we continued to liaise with the service. The registered manager sent us documentation we asked for and clarified any queries we had.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection we found the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 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 12.

- We found risks assessments were in place for various areas of risk, including skin integrity, medication, falls and mobility. Some risk assessments were not available at the time of our inspection visit, these included risks related to specific health conditions. Following our inspection, the registered manager sent details of risk assessments related to a person with a specific health condition.
- Risk assessments were completed by the field supervisor or care manager and these had been reviewed.
- Staff understood risks posed to people and gave us examples of how they managed these. For example, ensuring 2 staff were available for delivering care when using a hoist. For another person, risk related to pressure ulcers included ensuring pressure areas were kept clean and the person is regularly transferred to their recliner chair or sitting up in bed.

### Staffing and recruitment

At our last inspection we found staff were not always appropriately deployed to ensure safe care. This was a breach of regulation 18 (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.

- The registered manager told us technology had helped with improvements, such as care workers logging in and out of their care visits and enabling continuous communication with families. Rotas took into account travelling time, where possible staff lived in the same postcode area and were of the same cultural background as the person.
- Staff told us there were sufficient staff to meet people's needs. A staff member told us, "Yes there is time. You go do what you need to do and finish." Another staff member said, "Yes, there is enough staff to meet the needs. There are different language speaking staff members, male and female, to meet people's needs"
- We reviewed call logs covering 10 October 2022 to 6 November 2022. These showed some staff were frequently late and where 2 staff were needed, this did not always happen. We feedback our findings to the

registered manager, who told us, staff attendance is monitored via the system used by care staff, who are required to log in and out at each visit. Where staff turned up late this was discussed with the registered manager and service manager. Following our visit, the registered manager sent a spreadsheet showing a sample of late calls with reasons and how these had been addressed. This assured us that the service was taking appropriate action to act on issues related to staff attendance.

- People and most relatives told us staff turned up on time. A person using the service told us, "I am happy with the carers who arrive on time and complete all the tasks. They are very nice and never miss at all." One relative told us, "[Relative] is very happy with the carers who arrive on time." Another relative said, "My relative is very happy with the carers who arrive on time." A third relative said their relative was happy with the care, however, told us 1 care staff often arrived late. The registered manager told us where 2 staff were required, 1 would sometimes turn up earlier and start tasks such as domestic or food preparations, the 2nd care staff would always attend to assist when providing care.

At our last inspection we found the provider failed to follow good recruitment practice to ensure people were safe. This was a breach of regulation 19 (fit and proper persons employed) 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 19.

- People were supported by staff who had checks completed to ensure they were suitable to work with vulnerable adults. Checks included references, identification and an enhanced Disclosure and Barring Service (DBS) Check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The check helps employers make safer recruitment decisions.
- Relatives told us they were happy with care staff who were good at their job. A relative told us, "They are the best carers we have ever had, very professional and experienced. She knows her job and her approach is excellent."

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse. People and relatives told us they felt safe with care staff. Relatives comments included, "My [relative] is happy and safe with the carers who have never missed a call." "My relative is happy and safe with the care provided." The carers vary which is ok. [Relative's] mobility is not good but [relative] feels very safe with them" and "Yes [relative] is happy and feels safe."
- A staff member told us, "I'd go straight to the director [registered manager], she gets things done, there is no point going to anyone else." Another staff member said, "If I was with a staff and they hurt or shouted at a person, I would advise them to stop, not do it. I would give advice and maybe report it if it happened again, I would report it the second time."
- We found some staff struggled to understand what they were being asked about abuse and did not understand whistleblowing procedures, therefore could not explain the action they would take, including reporting to external agencies. This may put people at risk of harm. We have covered this in the effective section of the report.
- The registered manager told us all staff are reminded of safeguarding and whistleblowing procedures. Records confirmed this. Some staff spoke different languages; therefore, English was not their first language and may struggle to understand what they were being asked.

Using medicines safely

- Where medicine support was provided, this was managed safely.
- Care plans contained details about people's medicines and who was responsible for administering these.



- Records showed staff received training in medicine administration and had their competency assessed. However, some staff told us they had received training with their previous agency and not with this service. The registered manager told us all staff had completed training and had their competency assessed. Records confirmed this.

#### Preventing and controlling infection

- People were protected from the risk of infection. People and most relatives told us staff wore personal protective equipment (PPE) when providing care. A relative told us, "They [care staff] wear masks." Another relative informed us 1 staff member wore PPE, but the second carer did not always wear a mask. Although at the time of our inspection there was no legal requirement to wear a mask, however, good practice suggest in a care setting, staff should consider wearing a mask. The registered manager told us all staff are required to wear masks, they are constantly reminded of this when collecting PPE. The registered manager told us telephone monitoring calls to people and relatives did not flag up any concerns with staff not wearing PPE, however, the registered manager will continue to monitor staff performance in this area.
- Staff told us they followed good infection control practice. A staff member told us, "I always wear gloves and PPE, you make sure you wear everything to protect people." Another staff member told us, "I had training before I came here and COVID-19 training. I make sure I wash my hands, use gloves and aprons when I need to. I leave a place clean and tidy."
- The registered manager told us staff had completed training in infection prevention and control. Records confirmed this.
- We saw the provider had adequate supplies of personal protective equipment.

#### Learning lessons when things go wrong

- Systems were in place to record and act on incidents and accidents, including learning from these. Records confirmed this.
- Staff told us incidents were recorded to update other care staff and reported to the office. A staff member told us, "There is an incident sheet on the system, I make sure it is put in the notes so other staff can see it."
- Staff confirmed that lessons learned from accidents and incidents were shared with them so they could avoid reoccurrence.

# 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 did not give this key question a rating. At this inspection the rating for this key question is now good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Staff support; induction, training, skills and experience

At our last inspection we found the provider failed to ensure staff were appropriately trained and supported to effectively carry out their role, this put people at risk. This was a breach of regulation 18 (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.

- Staff received training and support relevant to their role. Safeguarding training had not always been effective as some staff due to English not being their first language struggled to understand what they were being asked. The registered manager was surprised with this feedback, they told us staff were reminded of safeguarding procedures via staff meetings and regular staff updates. Records of staff meetings and updates sent to staff confirmed this. Following our feedback, the registered manager told us they had plans to increase face to face training to improve the quality of the training.

We recommend the provider seeks a reputable source in relation to effective staff training.

- People told us staff were well trained and skilled at their job. A person using the service told us, "They [care staff] are well trained. Very nice and have a laugh with me. They have good English and I feel safe with them." 6 out of 7 comments received from relatives were positive about staff skills and training. A relative told us, "The carer is very effective and well trained. Makes great use of multi-tasking in the limited time of the call." Another relative said, "They are well qualified, with excellent moving and handling skills." A third relative did not feel staff were well trained. We fed this back to the registered manager who told us all staff received mandatory training both face to face and on-line.

- The training matrix showed staff had completed mandatory training in various topics. This included infection control, first aid, medication, moving and handling and safeguarding adults and children.

- Whilst most staff said they had completed training in various areas, some staff told us they had not done training with this service but completed training prior to joining the service.

- Records showed staff received regular supervision, whilst staff felt these were helpful some staff said they felt these meetings were more about being told what to do. We reviewed the system used to monitor when supervisions were due which showed they were happening regularly. Staff confirmed they received supervision, we received mixed feedback on how helpful these were.

- The registered manager told us updated training in learning disabilities and autism was planned for

January 2023. This would be face to face training to help staff where English isn't their first language.

- Staff completed an induction based on the Care Certificate. This 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 shadowed more experienced staff before caring for people.

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

- People's needs were assessed prior to joining. A staff member responsible for carrying out assessments told us, "Needs assessment includes, impairment, using any restraints, able to eat by self, preferences and choices, most eat halal food, what are preference according to religion and social activities."

- People were given choice and staff knew them well.

Supporting people to eat and drink enough with choice in a balanced diet

- People had their nutritional and hydration needs met. Staff completed food hygiene training. This helped to ensure food prepared by them was done safely. People's choices of food and drink were not always fully recorded. The registered manager told us, people made their choices at the time of their care visit, but they assured us that this would be appropriately recorded from now.

- A staff member said, "People have frozen food, I cook it as directed and give it to the person. Sometimes the relative cooks and tells me it's ready. If I help people to eat I do it slowly at their pace." Another staff member said, "The meals are normally pre done or frozen provided by the family, we don't get to do meals from scratch often. I do check they are happy with what's on offer and will offer what's around if they want something different."

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

- People were supported to maintain good health outcomes.

- Staff worked with various healthcare professionals to ensure people's health needs were met. A staff member said, "We work very closely with occupational therapist, district nurse, social workers, I also work with the GP surgeries and pharmacist."

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.

- People were asked their consent before providing care, "A staff member told us, "Entering the property, I will greet the service user, wash my hand, and will ask their consent to provide personal care."

- Records showed where people had capacity care plans had been signed by them to show they had been involved with the care plan and given consent for the information to be shared when necessary.

- The registered manager told us as far as they were aware the service was not currently supporting anyone who was subject to a Court of Protection application in relation to the deprivation of their liberty. However, where people were considered to have fluctuating capacity to make decisions, the provider worked closely with others to ensure that any decision made was in the person's best interests and supported them in the least restrictive way possible.

# 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 we did not review this key question. At this inspection the rating for this key question is 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; Supporting people to express their views and be involved in making decisions about their care.

- People and relatives told us staff treated them with kindness and were caring. A person using the service told us, "I couldn't ask for better care. I can't fault them [care staff] at all." This view was also expressed by most relatives, comments included, "They are kind and caring. They provide personal care and they do a good job" and "The carers are very kind and compassionate. They come 3 times a day, 2 hours each call. They give personal care, observing respect, privacy and dignity."
- Staff completed equality and diversity training and treated people with equality. A staff member told us they would treat everyone equally, including people with protected characteristics, "I would treat [People from lesbian, gay, bisexual, transgender community] the same way like everyone, I don't think there should be anything special, they should be treated equally." Another staff member said, "I attended the course, Equality and Diversity and will respect everyone's culture and diversity and will provide the service without any discrimination."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who respected their dignity and privacy. One relative told us, "The carers are kind and compassionate, providing excellent personal care where they demonstrate respect, privacy and dignity."
- Staff understood the importance of maintaining people's privacy, dignity and independence. A staff member told us, "I keep people covered during personal care, even if it's just me and them, I talk with them to make sure they feel comfortable." Another staff member said, "I encourage people to do things for themselves, help them to do it. When they are washing, I give them the flannel and the towel to dry themselves. I give people choice as we go along."

# Is the service responsive?

## Our findings

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

At our last inspection we did not give this key question a rating. At this inspection the rating for this key question is now good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection we found the provider failed to respond and act on complaints made about the service, this put people at risk of harm. This was a breach of regulation 16 (Receiving and Acting on Complaints) 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 16.

- Most relatives told us they did not have any complaints and would recommend the service. Comments from relatives included, "I have no complaints or concerns and would recommend them." And "There was an issue which was resolved to my satisfaction. I am very happy and have no complaints or concerns." A third relative told us their complaint had yet to be resolved.
- Since our last inspection the registered manager had implemented a new system. Complaints were logged and an analysis carried out. Records confirmed this.

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

- People's received care relevant to their preferences and needs.
- People were given choice and staff were responsive to their needs. Comments from family members included, "They [care staff] are responsive to care needs." "Very responsive to my relative's care needs." A third relative told us, "I don't think the carers are totally responsive to his needs and I have raised various issues with the office/manager. As far as I am concerned there needs to be a tightening up in all areas."
- The registered manager told us quarterly telephone monitoring conducted independently of the service did not flag up concerns in this area. Should this happen this would be addressed.
- Care plans documented people's preference and how they liked to be cared for. For example, 1 care plan stated, 'I like to talk, so would like my carer to talk with me.' Another care plan said, 'Any decision I need to make to be spoken or written in my own language so I can understand.' A third care plan recorded how the person wanted staff to deliver personal care, including for example, the type of cloth they preferred. Relatives confirmed care was delivered in line with the person's preferences and plan of care.

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.

- Staff understood people's communication needs. A staff member told us, "People let me know what they want and if they are happy by facial expressions and signalling, nodding their head for yes. Another staff member said, "We use body language, and pointing but we get things done."
- The registered manager told us people's communication needs were taken into account when providing care, they told us, "We will provide information [people] can access. Provide language sensitive service. E.g. 1 person provided with a Greek speaking carer. Some people who are deaf don't like key safe, having a doorbell that blinks so know someone is at the door."

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 encouraged to maintain relationships with family and friends. Some people who used the service lived with family members. This helped to reduce isolation.
- Staff knew people well and told us they developed a good relationship with them. One staff member told us, "I'm a friendly person and like to talk so we get to know each other quickly. People relax and feel comfortable with me around." Another staff member said, "They [people who used the service] all like me, one person says I am part of the family."

End of life care and support

- At the time of our inspection the registered manager told us no one using the service received end of life care. Staff completed training in end of life care and policies and procedures were in place should this be required. Records confirmed some staff had completed training in providing end of life care whilst other staff had started this training.
- Where staff had provided end of life care in the past, they followed a care plan. One staff member said, "We follow the care plan, they have people in like the hospice to support them." Another staff member told us, "Yes we help and there are nurses that do the health care bits."

# 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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection, systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks had not been effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvements had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Since our last inspection the provider had introduced new systems to assist them with monitoring the service. We noted the improvements made since our last inspection. However, some areas required further improvement. Audits were not always clear due to contradiction in information and records were not always accessible. Although daily records were tailored to each person, not all information about people's choices were recorded, for example, food and drink choices. Records were not always accessible, risk assessments were not in people's files and some recruitment records were not accessible during our inspection visit. Call monitoring had improved but data collected required more further analysis and clearly recorded.

We recommend the provider seeks advice and guidance on effective monitoring and record keeping.

- Carers had all been given a work mobile phone, this helped with monitoring staff attendance as they were required to log in and out of the system using the mobile phone.
- The registered manager told us as a result of monitoring on call, they had identified that calls were not always being answered. As a result, the service changed the on-call procedure. This was informally monitored by the registered manager.
- The management team conducted supervisions and spot checks on care staff to monitor their performance and to ensure areas for improvement were identified and addressed. Various audits were carried out, including care plans and risk assessments and late calls.
- The service had a continuous improvement plan in place. This outlined actions they had taken to improve the service, including updating the system used to monitor the quality of the service. The registered manager also worked closely with the local authority to make improvements.
- The provider was required to submit monthly action plans to CQC as part of our requirements following the last inspection. These were submitted as required and provided details of improvements made to the



service since our last inspection.

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

- We received mixed feedback from relatives about communication and how the service was managed. 1 relative told us, "The company is well organised. I have no complaints. I would recommend them." Another relative said, "The company is well organised, and the office has resolved some of my issues. There seems to be a shortage of carers. If they had more carers, I would recommend them...communication seems to be a problem." A third relative told us, "The service is not well managed or led. The service delivery is poor. There needs to be a big improvement to be more efficient. The office service needs to tighten up as when I ring, they do not pick up," and "The company has poor communication. My conclusion is that communication is not good and therefore, I would not recommend them, however, [person's] care is good, the carer is great."
- The registered manager explained that they had problems with their phone system, which is based in 2 buildings, therefore connection was poor, but they would be changing the whole system in January. The registered manager told us, "We try to act when things are raised as quickly as we can."
- The registered manager told us they were experiencing problems recruiting new care staff despite paying higher than the average pay rate. They had employed highly experienced care coordinators and had signed up to a recruitment library. This had helped them with recruiting care staff.
- Regular staff meetings took place with the registered manager. These meetings gave staff the opportunity to raise concerns and discuss improvements to people's care.
- People's feedback was gathered through spot check visits. People and their relatives also had the opportunity to provide written feedback via a questionnaire.
- People were treated equally, and their diverse needs met. For example, staff were allocated to people according to their cultural needs.
- People were asked their views about the service. A person who used the service told us, "I would recommend them. The office service is good. They have sent me a feedback questionnaire. All I ask is that they speak English. I would recommend them."

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

- The registered manager understood their responsibility with the duty of candour including the need to apologise when anything went wrong. They knew the types of incidents which would be reportable, such as serious incidents and safeguarding.

Working in partnership with others

- The service worked in partnership with other healthcare professionals, where needed, such as GPs and district nurses to help meet people's needs.
- The management team worked with other partnership agencies, including the local authority.