

Care 1st Limited

Care 1st Homecare - Berkshire

Inspection report

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27 August 2019

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Care 1st HomeCare – Berkshire is a domiciliary care service providing personal care to people in their own homes. Not everyone who uses the service 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 57 people receiving a service.

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

People were treated with exceptional care and kindness. They thought highly of the staff and praised their caring, thoughtfulness and their willingness to go above and beyond the call of duty for them. The registered manager and staff had created lasting and meaningful relationships with people. Those relationships enabled the service to provide excellent care, which achieved highly positive outcomes for people. The management and culture of the service demonstrated a caring approach and staff were also valued and cared about.

People received a truly person-centred service which promoted excellent outcomes for them and which included supporting their independence and having control over their lives. People received care and support that was personalised to meet their individual needs. Staff worked extremely well together for the benefit of people and the ethos of the service focused on the needs of the people and their wellbeing. One community professional commented, "The registered manager and her staff work well as a team. Staff retention is very good, which in turn ensures clients' [people's] needs are met."

People were encouraged to be as independent as possible and continue activities that were meaningful to them. People were consulted about their care and support and could change how things were done if they wanted to. People were treated with respect and their dignity was upheld. This was confirmed by people and their relatives who provided feedback. People's diverse needs were identified and met and their right to confidentiality was protected.

People were protected from the risks of abuse and said they felt safe with the staff providing their support and care. Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Staff recruitment and staffing levels supported people to stay safe while living as independent a life as possible.

People received effective care and support from staff who knew them well and were well trained. People received effective health care and support where needed. Medicines were handled correctly and safely. People's rights to make their own decisions were protected. They 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 benefitted from staff who were happy in their work and felt well managed and supported. People

benefitted from a service which had an open and inclusive culture and encouraged suggestions and ideas for improvement from people who use the service, their relatives and staff.

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

Rating at last inspection

The last rating for this service was good (published 8 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Care 1st Homecare - Berkshire

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector and one 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 homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 August 2019 and ended on 27 August 2019. We visited the office location on 22 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and reviewed a range of records. These included four people's care plans, associated monitoring records, daily notes and medicine records. We looked at six staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service, including policies and procedures; training and supervision logs; complaints and compliments; audits and staff meeting records.

After the inspection

We spoke with nine people who use the service and five relatives about their experience of the care provided. We also received feedback from eight members of staff and three community professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and protect people from the risk of abuse and had received training in safeguarding adults. They knew what actions to take if they felt people were at risk of harm. The registered manager arranged for a local authority safeguarding team member to attend a recent staff meeting to talk with staff. The professional told us they had been invited to give an overview of safeguarding in the area, indicators of abuse and what to do if the staff ever had any concerns. They added, "The response to this from the staff attending was positive." The registered manager told us the staff had really liked the session and one member of staff said, "I found it very good to be reminded of all the different aspects of safeguarding."
- People and relatives said they felt safe with the staff working for the service. One person added, "I feel very safe." In a recent survey of people who use the service (May 2019) one person commented, "I feel very safe with all my care staff, they understand me."
- Social care professionals thought the service, and risks to individuals, were managed so that people were protected. One professional told us, "We have never had cause for concern, [registered manager] will always seek assurance and guidance if she has any concerns or questions. This is then always followed through in her practice."

Assessing risk, safety monitoring and management

- Environmental risks to the safety of staff when providing the care packages had been assessed to make sure any potential risks to staff were identified and dealt with.
- In June 2019 a representative of the local fire and rescue service had attended the staff meeting to talk about fire safety. The fire and safety representative told us about the session, "A very positive and very professional group to work with great communication on how the talk went and what they could do for those who are the most vulnerable regarding Fire Safety in the home." The representative also explained, "[The registered manager] was completing a risk assessment on all of the clients [people] to see who had paraffin-based creams, so that they could be changed with non-paraffin-based creams, reducing the high fire risk. During the assessment she [registered manager] and the team would look at [people] who are at most risk and [they] would be referred for one of our Safe and well visits."
- People were protected from risks associated with their health and care provision. Staff assessed risks such as moving and handling and risks to skin integrity. Care plans incorporated measures to reduce or prevent potential risks to individuals.

Staffing and recruitment

- People were protected by the recruitment processes in place and that were followed by the service.

These made sure, as far as possible, that people were protected from staff being employed who were not suitable. Staff files included the required recruitment information, such as criminal record checks and checks that applicants weren't barred from working with vulnerable adults.

- Staff were provided in line with the hours identified in people's individual care packages. People said staff were available when they needed them and had enough time to support them without rushing during each visit. One person said staff were usually on time but that, if they were held up, they always rang to say they would be late.
- Social care professionals thought the service made sure there were enough suitable staff to keep people safe and meet their needs.

Using medicines safely

- People's medicines were handled safely. Only staff trained in administering medicines and assessed as competent were allowed to do so. The staff training matrix showed all staff were up to date with their training.
- Medicines administration record sheets were correctly completed by the staff administering the medicines which showed people had received their medicines as prescribed.

Preventing and controlling infection; Learning lessons when things go wrong

- People were protected from the risk of infection. Staff had been trained in infection control and people confirmed staff used protective equipment such as gloves and aprons, when appropriate.
- There had been no accidents or incidents in the last 12 months. However, procedures were in place to ensure any incidents or accidents were recorded, together with details of actions taken and the outcome of any investigation. Steps would then be taken to ensure lessons could be learnt when things went wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- Professionals felt the service supported people to maintain good health, have access to healthcare services and to receive ongoing healthcare support. One professional commented, "Communication, care plans and risk assessments have always been documented [in reviews of the service] as outstanding." They also commented, "Care 1st frontline staff always have a good record of training and at present all staff are 'dementia friends'." A 'dementia friend' is somebody that learns about dementia so they can help their community.
- One person had praised staff about something that had happened to them in October 2018. They had filled in a form to nominate their care worker for the company's monthly 'Care Hero' award. They said, "Recently I was taken unexpectedly ill, [Name of care staff] stayed with me until the ambulance and my daughter arrived, making sure to tell the office to tell her other service users [people] she would be late. ... I would give her a medal!"
- Where their care package included support with meals, people were able to choose what they ate with support from staff, if needed.
- If there was a concern that someone was losing weight, staff would seek advice from appropriate health care professionals. Any advice relating to eating and drinking received from professionals was incorporated into people's care plans.
- Staff worked well with other agencies to understand and meet people's individual and changing needs. For example, staff worked with the local occupational therapists to ensure people had the aids and equipment they needed. One professional commented, "[The registered manager] and her team are well known in the area."

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

- People received effective care and support from staff who knew how they liked things done. One relative told us, "One carer in particular knows [name's] likes and dislikes."
- Each care plan was based on a full assessment, included individual preferences and choices, and demonstrated the person had been involved in drawing up their plan.
- The care plans were kept under review and amended when changes occurred or if new information came to light.

Staff support: induction, training, skills and experience

- People received care from staff that had the necessary knowledge, skills and experience to

perform their roles. People and relatives thought staff had the training and skills they needed when supporting them.

- The service provided training in topics they considered mandatory, such as moving and handling, first aid and fire safety. The registered manager planned to review their training provision, against the new Skills for Care mandatory topics for ongoing training and amend their training where needed. For example, by adding safeguarding children training.
- Staff received additional training in specialist areas relevant to the needs of individual people, and all staff had trained and become dementia friends.
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences.
- Staff received formal supervision at least four times a year to discuss their work and how they felt about it. We were told by staff they felt this enhanced their skills. In between supervision meetings the staff also had observed spot checks of their work and competency assessments in different skill areas. For example, moving and handling. One staff member commented, "I welcome the supervision as I feel it keeps me good at my job, and also it gives me a voice. It's good to go over things."
- Once a year staff had a formal appraisal of their performance over the previous 12 months.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

- The registered manager was aware that where people are deprived of their liberty in their own homes, applications must be made directly to the Court of Protection.
- Staff received training in the MCA and were clear on how it should be reflected in their day to day work.
- We checked whether the service was working within the principles of the MCA and found that they were.
- People's rights to make their own decisions were protected. Three people made a point of telling us that the staff always ask them if there is anything else they can do for them before they leave. One person added, "They do what I want, when I want, I wouldn't change anything."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence; Respecting equality and diversity

- Staff were exceptionally skilled and pro-active in identifying and working in innovative ways to help and support people identify and achieve goals. We saw examples of the successful work staff had carried out resulting in marked improvements to people's lives and wellbeing. The registered manager and staff had introduced "Wellbeing plans", designed to help people set their goals and work towards them.
- For example, one person had been discharged from hospital with a care package of four calls per day, needing two care workers at each call. The person expressed a wish to be able to return to their pre-hospital package of just three calls per week for assistance with a shower. From 2017 Care 1st staff worked with the person towards their goal. Staff contacted community professionals to obtain additional aids and equipment to help the person with improving their independence and self-help skills. After two years, with support from Care 1st staff, the Person had been enabled to meet their goal. Their need for personal care calls had been reduced back to three calls per week from one care worker for assistance with having a shower.
- People's care plans focused on what they could do and how staff could help them to maintain and increase their independence and protect their safety wherever possible. People and their relatives said the staff encouraged them to be independent. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary.
- We saw a letter from one person using the service writing about their care worker. The person described the support they received from the care worker following two life changing surgeries. The person explained, "[Name] was there when I had my first [type of operation], changing my life. She [staff member] is very professional empathetic, showing me over time how to manage physically and mentally, to be as independent as possible. When I had my second operation a year later, life became even more difficult... She has made me laugh a lot... She has walked in adverse weather conditions, or if her car has a problem, many times and miles to make sure I receive my care. Some days she is the only person I see... I feel without her excellent care and thoughtfulness my life would not be as manageable as it is now."
- People's rights to privacy and dignity were supported. People and their relatives said staff treated them with respect and helped them maintain their dignity. Community professionals said the service promoted and respected people's privacy and dignity.
- People's equality and diversity needs were identified and set out in their care plans. Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. Staff were respectful of people's cultural

and spiritual needs and knew the needs of each person well.

Ensuring people are well treated and supported

- People were treated with extreme care and kindness, with staff always looking for innovative ways to improve each person's life and wellbeing. People and relatives said staff were caring when they provided support.
- We saw feedback forms from people completed for the annual survey carried out in May 2019. The forms gave many examples of how caring people and their relatives found the staff and the difference that staff made to their lives. We also looked at the 'Care Heroes' nomination forms which had been completed by people and their relatives in the 12 months before our inspection. These are forms people use to nominate their care staff for a monthly award where they feel a particular care worker has shown them outstanding care. Over the previous 12 months, almost all care workers had been praised at least once.
- Some comments about staff included, "She is very friendly, helpful and professional. She puts a smile on my mother's face on her visits... She will also take time to have a chat, just a bit of companionship for someone who is on her own for the majority of the day", "He is very chatty, makes me feel comfortable. I always find myself laughing, which makes me feel good for the rest of the day", "She is kind, caring, professional and has gone above and beyond what is expected from a care worker for many years, making my life so much more bearable" and "With my carer coming into me on a daily basis, I feel I am able to cope with my day. Without my carer I would not be able to manage. I look forward to her coming in".

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

- People were able to express their view in regular quality assurance phone calls with one of the senior staff members or registered manager, spot check visits of staff, reviews of their care plans and in annual surveys carried out by the provider. People and their relatives said they would feel comfortable to contact the office if they wanted to.
- The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff teams' knowledge from working with them in the service. People told us they were involved in making decisions about their care and support. This was supported by information seen in the care plans.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation

- The service showed an exceptionally strong person-centred, thoughtful, caring and responsive ethos in the way they worked with people who use their service. As a community care provider, Care 1st - Berkshire is not responsible for providing and arranging activities for people. However, the registered manager explained how they had put people's emotional and social wellbeing high on their list of priorities. The care plans showed how the service and staff incorporated people's wellbeing and wishes in their care, making the service provision truly person-centred. This ethos enabled staff to support people with ways to help them avoid social isolation, at no extra cost to the people, as much as possible.
- One example of this was the Christmas party organised and funded by the service every year for all people who use the service. Where needed, the service also arranged transport so that everyone who wishes to could attend. The feedback we saw from people demonstrated how valued and important the 2018 Christmas party had been to people. Written feedback from people included:
- One person described how they had gone to the party the previous year on their own as their husband was not able to sit for long periods of time. The person explained how the staff had worked with them through 2018 to make it possible for them to go to the 2018 Christmas party together. They said, "Care 1st made it their mission to support my husband with his sitting tolerance, along with the assistance of the occupational therapist. By doing this we were both happy to attend the Christmas party. We had not been out together for over six years. My husband was a little apprehensive ... and unsure as to how he would feel. These feelings were soon put to rest as the carers, office staff and Care 1st management team all came over and spoke to us and made us feel included, welcomed and at ease. We met so many interesting people at the party and both look forward to the next gathering."
- "When I was invited to the Christmas party I was a little unsure as I was worried that no one would understand me and I was going to be different from the other people going. Care 1st managed to get me to the party and back as this would have been difficult for me... Previous to the party, I only went out for medical appointments, so being encouraged to go was making me nervous. Once at the party I was made to feel welcomed by everyone there and I got to meet all the carers and some of the other clients [people]. I got to see that I wasn't any different to anyone else, which made me feel happy."
- "When my wife and I were invited to attend the Christmas party we were a little worried as to how and if we would be able to attend. With the help of Care 1st we managed to find a wheelchair taxi... We had such a wonderful time at the party and it made us feel included and sociable to be out together as a couple. My wife and I have not been out together in over three years..."

- "... It was lovely to see all the Care 1st staff and some of the other clients enjoying themselves. It was also great to see my old friends... who Care 1st also look after as I haven't seen them both in quite a while" and "I enjoyed the Christmas party, it brought back happy memories for me of when I used to go to the social club where the party was held with my late husband".

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager and staff showed an excellent understanding of people's individual need to take part in social activities that were of value to them. The registered manager and staff were passionate about helping people to lead more meaningful lives. They went far above and beyond their duty to provide personal care.
- The service identified different and interesting local activities that people could take part in, if they chose to. Local activities were posted on a notice board in the office and staff would take ideas and pass information to the people they supported from the board.
- Staff used their extensive knowledge of the people they supported and their likes, dislikes and preferences to do this. For example, local activities in and around Bracknell that staff brought to people's attention included, the monthly Alzheimer's Society afternoon tea dance for people and their family carers; craft-based activities; exercise classes and singing sessions. There were also special IT sessions to help people learn to use their computers or mobile phones. Details about local accessible transport were also provided and staff would help people with support in making the arrangements if needed.
- We also saw staff worked hard to make sure people were supported to maintain and develop their relationships with family and friends. One person commented in a feedback form, "They have managed to provide me with a main carer... who understands my needs and preferences and is always happy to adjust the time of my calls around my social life so I can go out in the evenings with friends and family... They give me encouragement to socialise and to get out and about."

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

- The service and staff were exceptionally skilled and committed to placing people at the heart of all they did. People told us nothing was too much trouble for the staff and all were very happy with the service they received. One person commented in a letter to the service in March 2019, "Nothing is too much for them... they make me feel I don't have a disability and that I can cope with anything life throws at me... When I am having a rough day, knowing the carer is coming picks me up as they know exactly what to say to cheer me up."
- Community professionals said the service provided personalised care that was responsive to people's needs. One professional told us, "[the registered manager] and her staff work well as a team, staff retention is very good. This in turn ensures people's needs are met. Detailed care plans are all in place, which are reflective of people's needs and requests."
- People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. The assessments and care plans captured details of people's abilities and wishes regarding their personal and future care. The daily notes demonstrated staff provided personal care based on the way individuals liked things done.
- A community professional described a situation over the Christmas 2018 period where two local care agencies had closed. The professional commented, "Over 300 hours were transferred to Care 1st all communications and the transition went smoothly. This was due largely to [the registered manager's] confidence in her team and the knowledge she has of the area and the skill set of her staff."
- People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored, and the package of care adjusted to meet those needs if necessary.

People told us they were happy with the care and support they received from the service.

End of life care and support

- People received outstanding and compassionate end of life care from staff who put people's final wishes at the centre of the care they provided. People were supported with their end of life care in the way they and their family wanted. Staff were trained and worked with community professionals to provide end of life care to ensure people had a comfortable, dignified and pain-free death.
- One relative, who had recently lost a family member wrote to the service saying, "Thank you to all of your wonderful carers who helped me to nurse our beloved mother in the last ten days of her life... As mother became more desperately ill I could no longer cope physically alone. The professionalism of your staff was without question, but what I had not expected was the incredibly gentle, quiet, kind and loving way in which they handled and spoke to my mother whilst showing such care and concern for my family and myself. I shall always be grateful for the empathy and compassion with which they heard us."

Improving care quality in response to complaints or concerns

- People knew how to raise a complaint and were confident the service would take appropriate action. They said staff responded well to any concerns they raised. Staff were aware of the procedure to follow should anyone raise a concern with them. One person commented "I had to raise something once. It was dealt with appropriately and quickly." Another person told us, "I would ring the agency [to raise a concern] but I have never had to."

Meeting people's communication needs

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

- The service identified people's information and communication needs by assessing them. The registered manager was aware of the requirements of the standard and was working on documenting people's communication needs in their care plans in a way the met the AIS. Where applicable, care plans included details of what support people needed to ensure any communication needs were met.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received a service from staff who worked in an extremely open and friendly culture. Staff said their managers were accessible and approachable and dealt effectively with any concerns they raised. A community professional told us, "The registered manager is supportive of her staff and has a good knowledge of the needs of the people in her care."
- Staff told us they enjoyed working with people who use the service. One staff member commented, "I'm really happy in my job, I love care work, meeting the people and making their lives a bit easier. And giving them the support and some company they all need."
- Staff said the managers asked what they thought about the service and took their views into account. All staff said they would recommend the service to a member of their own family.
- Staff were very complimentary about their managers and about working for the service. Comments staff made to us included, "I enjoy working for Care 1st as it's good to be part of a great team. I know I can go to my managers with anything I want to talk about. They are very supportive and always have the door open", "I have worked for another agency before joining Care 1st and I would say that Care 1st cares for and supports their care staff really well", "They [managers] have always been approachable and always on the other end of the phone when I need them. I believe the company is well led and one of the best companies I have worked for" and "I am always happy with my work, I see regular clients [people] daily, I believe I work for the best, well managed care company in the area."

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

- There were a number of different ways that the views of people, staff and professionals were sought and used in the monitoring and development of the service. For example, annual surveys of people and their relatives. The monthly 'Care Hero' awards, where people who use the service and their relatives can nominate a member of the care staff for the award. Feedback from people when managers carry out staff spot-checks and regular telephone quality calls to people. One person wrote in feedback to the service saying, "I have managed to build up a great relationship with the manager and supervisors over the years."
- People and their relatives felt the service was well managed. Relatives said the management listened and acted on what they said.
- When asked if they would recommend the service to another person people and their relatives said they would. One relative added, "The agency was recommended to me by a

district nurse so I don't think I could have had a higher recommendation."

Continuous learning and improving care; working in partnership with others

- Community professionals felt the service demonstrated good management and leadership, delivered high quality care and worked well in partnership with other agencies.
- One professional commented, "[Registered manager] leads by example... Training is paramount for her and her staff... They have regular team meetings where the registered manager will invite outside speakers on relevant subjects. [This is] so her staff have a better understanding of what is expected of them. Recently they have included safeguarding people and fire safety." Another professional told us, "... feedback is that Care 1st is enthusiastic about getting things done well".
- One professional explained how the service worked well with other agencies, "[The registered manager] and her team are well known in the area and will work alongside other professionals effectively to make sure the clients and staff are well supported and cared for."

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 was clear in her understanding of the duty of candour and knew the action to take should something go wrong. This was supported by the provider's Duty of Candour policy.

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

- The registered manager was clear about her role. All the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of.
- Records were up to date, fully completed and kept confidential where required.
- There was an effective audit system in place that included audits of different aspects of the running of the service including care plans, medicines, staff training, staff supervision and other documentation. Where issues were identified, actions had been carried out to ensure everything met the required standard.