

Qualitcare24-7 Ltd

Portsmouth

Inspection report

Victory Business Centre
Somers Road North
Portsmouth
PO1 1PJ

Tel: 07789887526
Website: www.qualitcare247.co.uk

Date of inspection visit:
06 May 2022

Date of publication:
30 May 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Portsmouth is a domiciliary care agency registered to provide personal care for people who require this due to old age, illness or disability. At the time of the inspection the agency was providing care for 120 people living in Portsmouth and surrounding areas of Hampshire.

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.

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

People felt they were cared for with kindness and compassion. They benefitted from a management and staff team who were committed to ensuring they received a service which was caring. We received positive feedback from people or their family members about the service they were receiving.

People told us they felt safe and secure when receiving care. People were supported to meet their nutritional and hydration needs, medicines were safely managed and staff contacted healthcare professionals when required. Staff followed all necessary infection prevention measures.

Care plans reflected people's individual needs and choices which staff were aware of and responsive to. People's risk assessments and risks relating to their home environment were completed and helped reduce risks to people while maintaining their independence.

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. Staff understood consent and were clear that people had the right to make their own choices.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. There were enough care staff to maintain the schedule of visits. Staff told us they felt supported, received regular supervision and training.

People and staff were confident to contact the office or management team and felt they would be listened to and any necessary action taken should the need arise.

There was a strong management structure with clearly defined roles. A range of audits and quality monitoring processes were in place and the management team sought feedback from people through the use of reviews and surveys.

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 the service at the previous premises was Good, published on 27 September 2019.

Why we inspected

This was a planned inspection based on the date the service moved to its new premises and length of time since their last inspection at their previous premises.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Portsmouth

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 was completed by two inspectors and an Expert by Experience in the care of older people, who made telephone calls to people to gain their views about the service. 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. The registered manager was also the services nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

This inspection was unannounced.

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure relevant staff would be available to support the inspection.

Inspection activity started on 6 May 2022 and ended on 16 May 2022. We visited the location's office on 6

May 2022.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service, including registration reports, previous inspection report and notifications. Notifications are information about specific important events the service is legally required to send to us.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with 11 people (or their family members) about their experience of the care provided. We spoke with the nominated individual/registered manager, operations manager, five office staff members and five care team members.

We received feedback from two external social care professionals. We reviewed a range of records. This included five people's care records, five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including, training, quality monitoring, policies and procedures were also reviewed.

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.

Staffing and recruitment

- We received mixed responses from people or family members regarding timekeeping, and whether staff stayed for the required length of time. The management team had identified this as an issue a short while before our inspection and had completed a review with people/family members to address this issue. The management team told us they were continuing to monitor timekeeping and staff had been told they must not leave before the end of their scheduled call. The electronic call monitoring system was being used to record the time staff arrived and left people's homes.
- A social care professional told us, "Family members have told me that carers are attending when they should and have called on occasions when they felt they would be late for care visits."
- People and family members confirmed they had consistency in the care staff attending them. For example, one family member said, "He's had one carer for most of the time. They always make sure they phone me - let me know what's going on. The carer is a tremendous chap. They have a laugh and a chat. He really does make the effort to keep him happy."
- There were enough staff available to keep people safe. The management team were clear that they would only accept new care referrals if they had enough staff available to ensure they would be able to meet people's needs.
- The management team explained that they aimed to keep staff working within specific geographical areas which meant people received support from regular staff who knew them well. The service always aimed to have one or two senior care staff available to support in emergencies or to complete assessments of new service users.
- Recruitment procedures were in place to help ensure only suitable staff were employed. The office staff member responsible for recruitment was able to provide additional missing information in relation to work history but this had not been recorded. The operations manager ensured additional questions were noted on interview records to ensure, in future, a full work history would be formally documented.
- Where overseas staff were employed a criminal records check was obtained from their home country. There was a delay in obtaining a UK criminal record check as this could not be applied for until staff arrived in the UK and had obtained additional information showing a UK address. A suitable risk assessment was put in place to enable staff to commence their induction pending receipt of the second [UK] criminal records check. We found no evidence during this inspection that people were at risk of harm from this concern.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse.
- Everybody told us they felt safe. When asked what it was that made them feel people safe a family member told us, "Their [care staff] attitude. The way they behave. They're always very pleasant. They're well

behaved." Another family member said of the care staff, "They are diligent and caring."

- A social care professional said, "Feedback [from people or family members] indicates both the clients and their families feel the clients' needs are being met adequately and they feel safe in their own homes."
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member said, "I reported a safeguarding concern not long ago, I reported it to the manager they reported it to safeguarding and a social worker came to visit the person. I had to write in the daily notes and make a statement. I always look for any injury when giving personal care to people."
- The management team were clear about their safeguarding responsibilities. Records showed that where safeguarding concerns had been raised appropriate action had been taken by the management team.

Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded clearly in their care plans and updated when people's needs changed. People's risk assessments included areas such as mobility; use of equipment; health and medicine; personal care and potential abuse that may occur due to their needs.

The electronic care planning system enabled risk assessments to be promptly updated meaning any new information was immediately available for care staff.

- Staff confirmed they received information about each person to understand how to manage individual risks. They also confirmed they had received training to use any equipment people required.
- People's home and environmental risk assessments had been completed by the management team to promote the safety of both people and staff.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

Using medicines safely

- Safe systems were in place to support people with their medicines. A social care professional told us, "I have had no complaints of staff not safely supporting the clients with their medication."
- Assessments identified the level of support people required with their medicines and who was responsible for ensuring medicines stocks were maintained.
- When staff were required to administer medicines, records were completed via the provider's computerised care planning system. This allocated tasks including medicines administration for care staff to complete. Should a task not be completed this generated an alert which was followed up by office staff.
- Care staff described appropriate action they would take if they identified a change in a person's prescribed medicines or the failure of a previous staff member to administer medicines for a person. This included making sure the person was safe, seeking medical advice and informing the management team.
- Staff had been trained to administer medicines and had been formally assessed as competent to do so safely. Medicines administration training and formal competency assessment was updated yearly.

Preventing and controlling infection

- We were assured the service was taking appropriate action to prevent people and staff from catching and spreading infections.
- There were suitable arrangements in place for the control and prevention of COVID-19 and other infections. Staff had received appropriate training in infection prevention and control and suitable policies were in place. Staff told us they always had enough Personal Protective Equipment (PPE).
- Feedback from people indicated that staff wore PPE appropriately and no issues were raised in respect of this. A family member told us, "They wear everything aprons, masks, gloves. They only take them off when they go out the door. They arrive with the gloves, aprons and masks on." A social care professional told us, "I have not had any issues raised by clients or their families in relation to the carer's awareness/effort to use PPE."

- The management team and staff confirmed they were accessing COVID-19 testing appropriately in line with government guidance.

Learning lessons when things go wrong

- The provider had formal procedures in place for the recording and investigation of any accidents, incidents or untoward occurrences.
- Records viewed showed any investigations were comprehensive and completed in an open way with information shared appropriately with other health or social care professionals. Action was taken to identify any learning from incidents to reduce the likelihood of similar events occurring again.

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 has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service supported some people with a live-in care package. We found for one person the necessary application to the court of protection had not been initiated although the care plan clearly stated that the person had a mental impairment and would be accompanied by a staff member should they leave their home. We found no evidence during this inspection that people were at risk of harm from this concern. This was discussed with the registered manager who was aware of the actions required and promptly initiated these.
- For other people receiving daily care visits, care plans identified where people may not be able to make specific decisions and there was evidence of discussion with family members to enable care to be provided in the person's best interests.
- People and family members told us they had been involved in discussions about their care planning. Before providing care, staff sought verbal consent from people. A person said, "When they are washing they make sure they don't embarrass you. They put the cream on after. They always say is it alright if I do this for you?" A family member told us care staff say, "We're going to do so and so (relative) is it alright?"
- Staff had received training in the Mental Capacity Act 2005 (MCA) and showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. They told us they would encourage people to allow all necessary care to be provided but would never do this without the person's consent. Where care was refused, they would seek further support from

the registered manager and the person's family.

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

- People's needs were assessed prior to the commencement of the service to ensure their needs could be met. The initial assessment included people's physical, social and cultural or diversity needs. People and family members if appropriate, were involved in the assessment process. If required the registered manager liaised with health and social care professionals to develop people's care plans.
- Care plans were detailed and identified people's needs and choices they had made about the care and support they received. People were happy with the care they received. One person told us they had regular carers who responded appropriately to her needs. They said, "They've [care staff] got a special way of dressing and undressing you so it doesn't hurt my [broken] arm."
- Care staff told us they had access to all the information they needed to provide care for each person. For example, one care staff said, "The care plan and risk assessments are always available to read and daily notes are recorded in real time so staff have up to date information."
- A social care professional told us, "I can confidently say that I feel all the identified care needs are met appropriately."

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. People and family members made positive comments in relation to the competency of care staff. One family member said, "They [care staff] understood her needs. They were very careful not to upset her balance. They were absolutely careful when they carried out personal care and noticed sores."
- Staff received an induction into their role, which included online and practical training. New staff worked alongside experienced staff until they felt confident and were competent to work directly with people. A new staff member who had not previously worked in care said they felt the induction training enabled them to do their job safely.
- The management team described their commitment to training which was provided by a mix of online and in person training, such as for moving and handling and first aid. Records viewed confirmed staff had completed all relevant training which was refreshed when required.
- Staff received regular one to one supervision and monitoring of their work performance. This enabled the management team to monitor and support staff in their roles and to identify any concerns or additional training required.
- Staff told us they felt supported in their role and they could approach the management team or office staff with any concerns or questions.

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

- Where required staff ensured people were supported to have good levels of hydration and nutrition.
- Care plans and assessment records identified and described the level of support people required in relation to eating and drinking.
- People told us they were happy with the arrangements in place to support them with food and drinks. A family member said, "The carer knows all the things that my relative likes and she is provided with drinks and snacks throughout the day."

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

- The service worked well and effectively with external health and social care professionals. One social care professional told us, "Partnership created through good collaborative working with Qualiticare management team supported clients discharges which otherwise would have been delayed and caused

distress to the clients and their families." Another social care professional said, "If they have any concerns they are raised, if other services such as occupational therapy are required they will always let us know in a timely manner so we can support this whilst the service user is still receiving a service from them."

- People told us that staff would support them to access medical support if required. One family member described how their relative was not eating a healthy balanced diet. They told us protein drinks, which would have been prescribed by the gp, had 'appeared' showing that staff had acted to help ensure the person received nutritional supplements.
- People had care plans in place, which contained essential information, including information about their general health, current concerns, social information and level of assistance required. Information was maintained in each person's home for any medical or emergency staff. This included essential information about the person's health, medicines and their wishes or decisions about the level of emergency care they should receive. This allowed person centred care to be provided consistently.

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 rated this key question good. At this inspection the rating 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 and their family members told us staff were kind and caring and knew their individual preferences. A family member said staff were kind and caring to both them and their relative, they commented, "I couldn't have asked for better. I feel so strongly about the care they gave to (wife)." Another family member told us their relative "really liked a few of them," and that staff were "very kind and caring." Other people and family members made similar positive comments mentioning that some staff were very good whilst others did their jobs.
- Staff had built up positive relationships with people. Staff spoke about people warmly and all said they enjoyed their work. Care staff told us they usually had a regular rota meaning they generally visited the same people and had therefore had the opportunity to get to know people and people had the chance to get to know them. People confirmed they had a regular team of care staff.
- A social work professional told us they felt people were treated with dignity and respected as individuals saying "Yes, they are and this is evidenced by the fact that we have quite a lot of service users who require ongoing care services request to be supported by Qualitcare ongoing.
- Care plans included information about the person's life history and preferences around food or drinks. This meant care staff would know important information about the person, such as any information about equality and diversity or protected characteristics, before attending and therefore be better able to meet people's individual needs.
- The registered manager described how they also supported family members. They told us, "We also support family members, should they request, especially partners that may be struggling with loss or with the current needs of their loved ones. Our management comprises of qualified mental health nurses and some of our clients' relatives have found it very beneficial to just have a chat and discuss their feelings and anxieties."

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

- People were included in day to day decisions. For example, one family member said, "Sometimes he's asked them [care staff] to make the bed. Anything he asks, they do." Another family member told us, "She didn't want her hair washed. The carers respected her wishes."
- Another family member said, "They did [respect person's views] because sometimes he used to refuse. They didn't make him do anything he did not want to do."
- A care staff member said, "It is very important to allow people to participate in their care as they feel involved and in control of their life as much as they are able to do so."
 - A social care professional told us, "I feel the clients are treated with dignity and respect and I have engaged with family members to discuss how they felt the care was delivered and they have been positive."

- People were provided with information about the service, what it could and could not do in the form of a service users guide. This also included information about care plans and what people or family members should do if they had any concerns or complaints.

Respecting and promoting people's privacy, dignity and independence

- The service was contracted by the local authority to provide a short term (usually six weeks) service to support people being discharged from hospital to regain as much independence as possible. Social workers involved in the scheme were positive about the way people were supported to become more independent.
- The registered manager was proud of the level of independence some people who had received a rapid response service following hospital discharge had achieved. They told us, "Over half of clients under this service recover and will not require ongoing care. This serves to reassure us that our strength-based model is very effective."
- A staff member told us t they promoted people's independence by "Encouraging them to participate in personal care, wash face, hands, clean teeth."
- The registered manager told us how they had supported people to ensure they had all necessary items. They said, "We have seen service users discharged [from hospital] with no food or drink, limited clothing, or personal care equipment. We have put aside a budget for these circumstances and keep a stock of some items in our office."
- Staff promoted people's privacy and dignity when providing personal care. A family member said, "They [care staff] are very aware of all that. They are very respectful. They make sure she is covered up. They pulled the blinds down a bit." A staff member told us that when they did personal care they, "Always closed curtains, and doors, washes top of body and then dresses top part and then washes lower body."

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 rated this key question good. At this inspection the rating 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

- People's care plans were person centred including information about people's individual preferences, life history as well as identifying health and care needs. However, some people told us they did not feel involved in the care planning and review process. This was discussed with the registered manager who agreed to review and enhance procedures and include evidence of involvement in future.
- People told us they received person centred care. When asked if they would recommend the service, one person said, "Yes I would, I'm thinking about keeping them on after [rapid response] care package ends."
- Staff told us there was information available to describe individual's needs. The service had a mixture of paper and electronic records which staff told us they had access to. Staff confirmed there was also risk assessments to support person centred care. One staff member said, "The care plans and risk assessments are always available to read and daily notes recorded in real time so other staff have up to date information."
- There were systems in place to ensure changes to people's needs were reviewed and information made available to staff. Care staff completed electronic records which were monitored 'in real time' by office staff meaning any missed calls or tasks would be promptly identified and action taken.
- Should people's needs change staff were clear about the actions they would take. For example, one care staff member told us, "I will talk with the client and call ambulance or GP if required, I will record all information in daily notes, inform the next of kin and the manager in the office. If required, we stay with the person until family or the ambulance arrives and let the office know so they can sort other care calls."
- The management team regularly liaised with health and social care professionals for the rapid response service. A social care professional told us, "We have a very good working relationship and good channels of communication, we can speak directly to the management teams if we need to." This helped ensure accurate identification of people's individual needs.

End of life care and support

- At the time of the inspection, the service was not supporting anyone receiving end of life care. However, there were systems and policies in place for end of life care, when the need arose. The registered manager was able to describe the steps taken when people need end of life care and accurately described how support would be accessed from other professionals.
- We spoke with family members who had previously used the service for someone receiving end of life care. One family member told us, "Their timing was good I got the impression that they were fitting in care staff that were suited to (wife's) condition and it worked well. It was more of a friend carer relationship towards the end."
- The registered manager told us how they were continuing to support a family member following the

provision of end of life care for a person. They told us, "One gentleman lost his wife we were looking after, they requested that we continued to check on them and if they could call the office just for a chat. We have become like that shoulder to lean on as they have no one else to talk to. Even office staff don't mind just having a chat with him should he call."

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.

- The service had systems in place to support the communication needs of people. Care plans contained information which prompted staff of the support required by people to allow best communication. The registered manager had developed information for people in line with the Accessible Information Standards (AIS).
- The management team understood their responsibilities under the AIS. People or family members could be provided with large print documents if needed to meet communication requirements.
- People had their communication needs assessed during the initial assessment, these needs were reviewed and care plans updated so staff had the most up to date information.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint. They said that when they had reported complaints, they had been resolved. One person told us "I didn't like a carer that came in my house and I told them [management team] I didn't want them in my house again and that was sorted. They replaced them, no problem at all."
- There were systems and policies in place to investigate complaints and the management team completed appropriate actions and follow up when complaints were made. The outcomes were shared with staff and action taken when necessary to reduce the likelihood of similar concerns being raised in the future.

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 good. At this inspection the rating has remained good. 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

- There was a person-centred culture within the service. The management team showed a commitment to providing person centred care. For example, one family member told us, "There was a discussion about how to care for my relative in their bed, and the care staff do it in the way they were asked."
- The service worked well with other professionals. The service provides a rapid response care package to facilitate prompt hospital discharges and worked with other agencies to facilitate this service. The service managed to work to deadlines in a timely manner and maintained appropriate, professional working relationships with outside agencies. Feedback from other professionals included "The team's commitment, dedication and active engagement helped."
- Staff told us that the service promoted a positive work environment. The management team encouraged team working and supported new staff members while providing support and training to settle into their role. Staff told us about their induction saying, "It was quite informative, gave me the information I needed."

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

- There was a clear management structure in place. This consisted of a registered manager and an operations manager, who were supported by four field supervisors. Staff clearly understood their roles and communicated effectively which ensured people's needs were identified and met.
- The management team worked closely with staff and encouraged an open and transparent environment. The service employed some staff from overseas and had clear support systems in place to integrate staff to the team. Staff said, "The manager is always checking in to see that we are ok, they are very good".
- The service had implemented specific roles to monitor and support quality performance. A compliance officer was employed to monitor quality of care provided and follow up when necessary. There was also a specific recruitment officer to support new staff through the recruitment and induction process.
- Quality assurance procedures were in place to ensure continual improvement within the service. This includes compliance monitoring, audits, feedback questionnaires and regular phone calls to people to obtain verbal feedback. This allowed the management team to learn from events and make changes when necessary to improve care provided to people.
- Although people were not always clear of who the registered manager was, when asked they said they had the contact number and knew to phone the office. Where people had contacted the office, they were happy with the outcome.
- The manager was aware of when and how to notify CQC about incidents within the service and had done

so when required.

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

- The service maintained a welcoming atmosphere and supported staff to be part of the team regardless of their diversity. A care staff member told us, " The managers and staff have been really kind to me since joining the company, I have regular meetings with the manager. I feel comfortable working for this company along with the staff."
- The service had systems and policies in place to support staff to provide appropriate care to people which was supported with mandatory training in equality and diversity.
- Staff meetings both online and in person were held on a regular basis. Within the office, informal staff meetings were also held which staff told us were beneficial.
- The registered manager and operations manager maintained an open-door policy, with refreshments provided to staff when they dropped into the office, which management encouraged as a team building exercise.

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 responsibilities under the duty of candour and had systems in place to manage investigations when the need arose.
- Records reviewed and information from social care professionals, showed that when incidents occurred, the registered manager took appropriate action and was transparent with people and external agencies.

Working in partnership with others

- The service has a good record of working in partnership with external agencies. These include close relationships with the local authority while developing the rapid response packages of care.
- The service worked in partnership with key organisations, when necessary, which positively impacts on continuity of care. One social care professional told us, "I believe if the management team continue to have active communication with clients and their families; always making the client's safety their focus as they are already doing, engaging, and supporting carers in training, and effectively collaborating with other professionals; Qualitcare will be the best provider in this local area."