

Liberty Carers Limited

# Caremark (Redbridge & Waltham Forest)

## Inspection report

54 Larkshall Road  
London  
E4 6PD

Tel: 02085040111

Website: [www.caremark.co.uk/walthamforest](http://www.caremark.co.uk/walthamforest)

Date of inspection visit:

09 June 2022

13 June 2022

06 July 2022

Date of publication:

07 September 2022

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Caremark (Redbridge and Waltham Forest) is a domiciliary care agency providing personal care to adults and children. 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. At the time of our inspection there were 56 people using the service who received personal care.

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

People were safeguarded from the risk of harm and abuse. Staff were recruited safely. People were protected from the risks associated from the spread of infection. Medicines were managed safely. People had risk assessments to protect them from the risks they may face. We have made a recommendation about risk assessments.

People's needs were assessed before they began to use the service. The provider worked jointly with healthcare professionals to ensure people's needs could be met. People were supported with nutrition and hydration. Staff were supported with training and supervision. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff obtained people's consent before delivering care.

Staff demonstrated they knew the people they supported well and understood how they preferred to receive their care. People and relatives were able to express their views about the care that was provided. Staff knew how to respect people's differences. People's privacy, dignity and independence was promoted.

Staff understood how to provide a personalised care service. People's choices were respected. Care records were personalised, contained people's preferred method of communication. People and relatives knew how to complain and the provider had a system to record concerns. The provider understood how to provide end of life care in accordance with people's wishes.

People, relatives and staff spoke positively about the management of the service. Staff and management understood their roles and responsibilities. The provider had a system to obtain feedback from people and to audit the quality of the service in order to make improvements.

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 inadequate (published 02/02/2022). We identified breaches at the last inspection in relation to safeguarding people from abuse, person-centred care, staffing, recruitment, receiving and acting on complaints, dignity and respect, safe care and treatment and good governance.

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 but the provider remained in breach of the regulations.

At our last inspection we made two recommendations around communication and obtaining consent to care. At this inspection we found improvements had been made in these areas.

This service has been in Special Measures since 2 February 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Enforcement and Recommendations

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

We have identified a breach in relation to the provider operating from an unregistered location. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the well-led section of this full report.

We have made a recommendation about reviewing risk assessments.

#### 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 not always safe.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

**Good** ●

### Is the service caring?

The service was caring.

**Good** ●

### Is the service responsive?

The service was responsive.

**Good** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

# Caremark (Redbridge & Waltham Forest)

## **Detailed findings**

## Background to this inspection

### The inspection

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

### Inspection team

The inspection team consisted of two inspectors, CQC's Executive Director of Operations 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 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 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 not a registered manager in post. However, there was a manager who was in the process of applying to become registered.

### 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 manager would be in the office to support the inspection. Inspection activity started on 9 June 2022 and ended on 6 July 2022. We visited the location's office on 9 June 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 eight people who used the service and 6 relatives. We spoke with eight staff including the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at a range of management records including supervision, quality audits and care visits. We also reviewed seven staff recruitment files and five people's care records. After the office 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 inadequate. At this inspection the rating has changed to requires improvement. The provider had made improvements since the last inspection but needs more time to ensure these are embedded to ensure people are safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider did not have effective safeguarding systems in place to protect people from the risk of abuse. This was a breach of regulation 13 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 13.

- The provider had effective safeguarding systems in place to protect people from the risk of abuse.
- People told us they felt safe with care staff. When one person was asked if they felt safe, they replied, "Very much so."
- Relatives told us they previously had felt their family member was not safe with care staff but this had now improved. Comments included, "Yes definitely [safe now]" and "They send regular [care staff] and it's not a problem now."
- Staff understood what actions to take if they suspected somebody was being abused. Comments included, "I report [safeguarding concerns] to the office" and "[Whistleblowing] can be sent to the local authority."
- The manager told us previously safeguarding training was not good and safeguarding was an issue at the last inspection so new training had been introduced which was now better. The manager also said they had signed up to a 12 week safeguarding course to ensure improved practice was embedded in the service.
- The provider and manager understood their responsibility to report and investigate safeguarding concerns.

Staffing and recruitment

At our last inspection the provider failed to deploy staff safely to ensure people's needs were met. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and relatives told us care staff did not miss visits but occasionally were late with good reason. One relative said, "If they are going to be late, they will let you know, but it's very rare they are late."

- Relatives told us their family member now had regular staff which helped with continuity of care. Some relatives indicated if there were any difficulties it was occasionally at the weekends if different staff arrived who did not know their family member.
- Staff confirmed there were enough staff to complete all visits. One staff member told us, "Before it was a very bad system but has changed completely now. There are more staff to cover [absences]."
- The provider had a system in place to monitor staff attendance at visits. The nominated individual showed us the system highlighted when a visit was late. This enabled the provider to follow up with the staff member in real time and where needed to send an alternative staff member.

At our last inspection the provider's recruitment processes were unsafe. This was a breach of Regulation 19 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.

- The provider had safe recruitment processes in place.
- Relevant checks were carried out for new applicants before they were employed. These checks included asking applicants to complete an application form and provide references, proof of identification and right to work in the UK documents.
- The provider carried out Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider carried out regular criminal record update checks for all staff.

#### Using medicines safely

At our last inspection the provider did not always manage medicines safely. 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.

- People confirmed care staff supported them with their medicines. One person said, "[Care staff] always remember to check if I have taken my medicine."
- Staff responsible for administering medicines received training and had their competency checked.
- People had medicine administration records (MAR) charts which staff completed. We reviewed the completed MAR charts for two people.
- The MAR charts gave instructions to staff about the support the person needed with their medicines such as prompting or administering.
- There were no gaps in the MAR charts and explanations were given when a person was not given their medicine such as the person cancelled the visit.

#### Preventing and controlling infection

At our last inspection we were not assured by the provider's measures for preventing and controlling infection. 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.

- People and relatives confirmed staff washed their hands and wore gloves and aprons during their visit.
- Staff understood how to protect people from the spread of infection. One staff member told us, "[I would] wash hands, use hand gel, wear masks and gloves. If you see a person has an infection, call the nurse, office, family and ambulance."
- Staff confirmed they were provided with plenty of personal protective equipment (PPE). One staff member said, "Yes we have enough [PPE]. They [office staff] call all the time checking if we need more."
- The provider had an infection prevention and control policy which gave clear guidance to staff about how to prevent the spread of infection and the correct way to wear and take off personal protective equipment.

#### Assessing risk, safety monitoring and management

- Staff understood what action to take if they arrived for a visit and the person was unwell. One staff member told us, "I would call the GP or phone 111 or 999. Speak to the office. Ask [person] if they are ok, find out what is wrong if possible and make them comfortable."
- The manager explained the initial care needs assessment looked at risks and an occupational therapist assessment was carried out for environmental risks and risks to the person.
- Risk assessments carried out for people included environmental, mobility and falls prevention, personal care, skin integrity and nutrition and hydration.
- We noted risk assessments highlighted the risks people may face but needed more detail about how the risks were managed. We raised this with the provider who took action and reviewed the risk assessments for the people whose care plans we had reviewed.
- Following the inspection the provider sent us updated risk assessments for people's care plans we had reviewed which contained more detail about how the risks were managed.

We recommend the provider reviews the risk assessments for all people who use the service to ensure they can provide a consistently safe service.

#### Learning lessons when things go wrong

- Staff confirmed lessons learnt from accidents or incidents were shared with them. One staff member said, "If [there's an] incident, we write a statement. We can go into the office, fill out a form and we can discuss in our team meeting."
- The manager explained how lessons learnt from accidents and incidents were shared with staff. They said, "We speak to the team and have a group chat. We look at the issues and what we can do better."
- The provider had a system in place to record accidents and incidents and used these to improve the service.

# 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 requires improvement. At this inspection the rating has changed to 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 the provider failed to ensure staff had the right training and support to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and relatives told us staff were good at their jobs and knew what to do. One relative said, "If new staff are not sure, they will ask or ring the office to find out."
- Staff confirmed they were given training opportunities. Comments included, "It [training] helps me do my job [well]" and "It is good we do lots of training. It helps us do our jobs better."
- The manager told us new staff received induction training which included e-learning, shadowing experienced care workers and were allocated visits that required two care workers to build their confidence.
- Records showed care staff received training in mandatory subjects including moving and handling, food hygiene, first aid and fire safety. Care staff received medicines training and had their competency checked before they could administer medicines unsupervised.
- Staff confirmed they were supported with regular supervision meetings and found these useful. One staff member told us, "[Supervision] each month. We talk about how I find working with [person] and if anything has changed."
- Records showed staff were supported with supervision which included discussions around training needs, the staff member's well-being, satisfaction with hours being worked and the well-being of the people they worked with.

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

At our last inspection we made a recommendation regarding working within the principles of the MCA. The

provider had made improvements.

- Staff knew how to obtain consent from people before delivering care. One staff member told us, "Ask [person] and explain what you are going to do. It's important to seek their permission each time you see them. They can say no at any time and you need to respect that."
- Where people had capacity, care assessments and reviews were signed by the person by way of consenting to the care they received. When people were unable to sign themselves due to physical reasons this was documented.
- When people were assessed as not having capacity, relatives only gave consent if they had power of attorney for health and welfare in line with the principles of the MCA.

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

- People's needs were assessed before they began to use the service to ensure their needs could be met.
- Assessment included people's needs around communication, mobility, medicines, personal care, nutrition and hydration, community access and financial support.
- People's needs around culture, religion, gender of care staff preferences and likes and dislikes were included in the assessment process.

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

- People and relatives confirmed care staff supported them with nutrition and hydration. Most reported there were no issues. However, one relative told us one new care staff did not know how to make tea and another new care staff did not how to serve soup.
- Staff confirmed they prepared light meals for people according to the person's choice. A staff member said, "A lot of [people] do their own cooking, so we might do an omelette, microwave meals or buy them fish and chips. It just depends on what they want."
- People's care plans included details about people's nutritional and hydration needs and preferences. Care plans advised care staff to always offer choices of food to eat.

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

- Staff told us they did not currently support people to health appointments. One staff member said, "I don't go to any appointments but will do in future."
- Staff understood how to help people to live healthier lives. One staff member gave an example, "One [person] does not eat a lot and this can lead to bad health so I make notes and encourage [person] to eat."
- Care records showed people were referred to other professionals when required.
- Care plans detailed the support people required around oral hygiene.

# 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 requires improvement. At this inspection the rating has changed to 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

At our last inspection the provider failed to ensure people were well treated and supported in terms of consistent care teams and in line with people's diversity. This was a breach of Regulation 10 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 10.

- People told us staff were kind and caring. Comments included, "[Care staff] are very polite" and "If I don't like something, I can speak my mind."
- Relatives also gave positive feedback about care staff. One relative said, "[Care staff] are kind and warm. They are all lovely and very friendly. They smile and talk to [person] and [they] look forward to seeing the carer. They have a laugh."
- Staff knew people and their care needs well. One staff member said, "When I first started I read the notes beforehand and their care plan. Also ask [the person], what do you do next, how do you like it and most of them will talk you through it."
- The manager described how care staff were matched with people and said, "We find out from people the way they like to be supported and [which staff] has those skills if possible."
- Staff described how they would care for a person who identified as lesbian, gay, bisexual or transgender. One staff member said, "[They are] no different. It is no problem. [I would] check what their needs are and follow the care plan."
- Staff told us how they supported people from different cultures or religions. One staff member told us, "It is [person's] home and what they want. I don't do what I want. Treat them with respect and give them priority."
- The manager told us staff received training in equality and diversity. They said, "We treat people equally but not the same."

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider failed to ensure people's dignity was consistently respected. This was a breach of Regulation 10 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 10.

- People and relatives confirmed privacy and dignity were promoted. Comments included, "[Care staff] always put a towel over me so I'm never fully naked" and "When showering [person] they make sure the door is closed."
- Staff understood how to promote people's privacy and dignity. Comments included, "Make sure all doors and curtains are closed. Make sure people are comfortable and cover them up", "I give [person] private time on the commode. When finished, they call me and I go and help them."
- People's independence was promoted. One person sent a compliment to the provider recently which stated, "I would like to thank Caremark for all the support they have provided me as I am now able to independently do all my own domestic tasks at home."
- Staff knew how to support people to maintain their independence. One staff member said, "If [person] can do [a task] for themselves, they tell me 'No thank you. If I need you I will ask you.' I ask [person] all the time if they need help."
- People's care plans stated what they could do independently and what tasks they needed support with.

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

- Staff explained how they supported people to express their views. One staff member told us, "I make sure [person] is happy. I ask them if they want us to do anything different."
- The manager told us improvements had been made in supporting families to be involved in decisions about the care. They said, "Families are more engaged with the service. We receive text messages saying how happy they are."

# 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 requires improvement. At this inspection the rating has changed to 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 the provider failed to record and use complaints and concerns to improve the quality of care. This was a breach of Regulation 16 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.

- People confirmed they knew how to raise concerns about their care and told us they would talk to their relatives, care staff or office staff.
- Relatives also confirmed they knew how to raise concerns. One relative told us, "Whenever I have mentioned something, [the provider] have run with it." This relative clarified that the provider had listened and acted on issues they had raised.
- Staff confirmed lessons learnt from complaints and concerns were shared with them. One staff member said, "[We are told] at team meeting. We all receive an email about the complaint and [management] ask us how we would do things differently."
- We saw there had been two complaints since the last inspection. These had been dealt with appropriately and the complainants were satisfied with the outcome. Lessons learnt from the complaints were recorded so improvements could be made.
- The provider had a complaints policy which gave clear guidance to staff about how to handle complaints. The manager told us people were given the complaints procedure at the first visit.

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

At our last inspection the provider failed to plan personalised care and care plans were inconsistent and unclear. This was a breach of Regulation 9 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 9.

- People and relatives told us care staff gave care in the way they preferred. One relative said, "The

permanent [care staff] is very nice. [They] have been with us for a year. [They] know everything so we don't have to repeat things."

- Staff explained how they offered choice and control to people before delivering care. Comments included, "I ask [person] what they want and how they want it done" and "I ask [person] what they want for breakfast and I give them options. Also give a choice of clothes to wear."
- Care records were personalised and detailed people's preferences. For example, one person's care plan stated, "Please support [person] to participate and be involved with activities and social trips [they are] interested in."
- Care plans detailed times of visits and the expected outcomes the person wished to achieve. One person's care plan stated, "Please support and encourage me to shower, wash and change clothes as I want to keep my independence."
- Care plans were regularly reviewed which triggered a review of risk assessments. This meant people's changes in need could be identified and acted on in a timely manner.

### 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.

At our last inspection, we recommended the provider develop a system to meet people's communication needs. The provider had made improvements.

- Staff understood how to meet people's communication needs when they had a sight impairment. One staff member told us, "I work with a person who is almost blind. [Person] knows my voice. I can read to [them] and describe things to [them]."
- Staff understood how to communicate with people who had a hearing impairment. One staff member said, "I can use body language or gestures like pointing things out and they can sometimes read my lips so they can understand me. [I can] show them pictures."
- The nominated individual told us, "We communicate with clients and family in various appropriate ways, depending on the need and capacity somebody may or may not have. There should never be a reason not to communicate with people as there are many tools that can be used without any problem."
- The provider had a policy about the Accessible Information Standards which gave clear guidance to staff about how to meet these standards and ensure people always had access to the information they needed.
- The provider captured information about people's accessible communication needs at the point of assessment.
- People's communication needs were documented in their care plan which included their preferred method of communication such as pictures or objects of reference. Other communication skills were noted including reading, writing, using a telephone and telling the time.

### End of life care and support

- The provider had an end of life care policy which gave guidance to staff about how to provide this type of care sensitively.
- The provider knew how to access palliative care services should this be required.
- At the time of inspection, there was one person receiving a service who was at the end of their life. The provider had a system in place to capture at the point of assessment, details of people's advanced care wishes and decisions.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. The provider had made improvements to the way the service was managed since the last inspection but needs more time to ensure these are embedded. The provider was also operating from an unregistered location which amounts to a breach of the regulations.

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

At our last inspection the provider failed to notify CQC about incidents as required. This was a breach of Regulation 17 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 17.

- The manager understood their responsibilities under duty of candour. They told us, "When things go wrong, we report to CQC or to social services. complete paperwork. We need to be transparent, open and truthful and offer apology [to the person]."
- The provider understood their responsibility under the duty of candour and had notified CQC appropriately since the 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

At our last inspection the provider failed to ensure there was a positive, open culture, staff morale was low and the directors and management team were unapproachable. This was a breach of Regulation 17 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 17.

- People and relatives gave positive feedback about staff and management. Comments included, "Everyone at Caremark are lovely" and "[Staff and management from the service] are very switched on and let me know what's going on over the phone."
- The management and staff told us there were currently no issues around equality for staff.
- Staff told us management of the service had improved. Comments included, "[Management] are very reliable and always take our concerns into consideration" and "[Management are] really good and much



better now. They talk to us all the time now."

- The manager told us staff were not coming to the office previously. They said they had an open door policy and were building relationships and winning the trust of the staff. The manager said staff were now coming to the office for supervision or just to chat.
- The manager told us they were in the process of putting together a first aid for mental health tool for staff which contained information about staying well mentally.

#### Continuous learning and improving care

At our last inspection the provider failed to have systems in place to monitor care quality and risks. This was a breach of Regulation 17 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 17.

- People and relatives confirmed communication had improved. One person said, "The supervisor came a few weeks ago and we had a chat [about the quality of the service]." A relative told us, "They give us feedback about [person] and even if they say [person] was smiling today, that's really helpful."
- Staff told us they felt comfortable with making suggestions to improve the service. One staff member said, "I am happy to talk to [management] about anything if I see any gap or something they need to know."
- The provider had a system in place to monitor the quality of the service provided. This included a medicines audit which was carried out monthly and included a space to add comments. Issues identified were dealt with during supervision with the care staff.
- Spot check visits were carried out by team leaders to check how well care staff were performing and to obtain feedback from people using the service.
- We reviewed the spot checks for staff and saw they included time keeping, infection control, professional conduct, moving and handling and completion of documentation. Issues identified were discussed with the care staff and a date given for when improvements needed to be made.
- Feedback was obtained from people using the service and documented during telephone calls or monitoring visits. This meant areas of concern and positive feedback could be used to make improvements.

#### Working in partnership with others

At our last inspection the provider did not always work effectively with health and social care professionals. This was a breach of Regulation 17 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 17.

- The manager told us other professionals were involved in the care people received. They explained occupational therapists, social workers and other professionals were involved in people's care plan reviews. The manager said, "The GP requested to attend [a review]. This is very positive for the service and [person]."
- Records showed the provider liaised with other professionals to improve outcomes for people.

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

- On the day we announced we would be visiting to carry out the inspection, the nominated individual

informed us they were not at the registered location due to issues with their landlord.

This was a breach of Section 33 of the Health and Social Care Act 2008 because the provider was operating from an unregistered location.

The provider responded immediately, during and after the inspection. They submitted their applications to register the new location they were operating from and remove the location they were no longer using.

- Staff were knowledgeable about their roles and described how they kept up to date with people's wellbeing. One staff member told us, "I read [the care] notes and the care plans. I speak to colleagues or ask the person."
- The provider planned to put up a big screen on the wall displaying call visits in real time. This meant it would be easier for office staff to see the system red alerts when a care staff was late or had not turned up for a visit so this could be acted on quickly.
- The provider sent newsletters to staff to keep them updated on their responsibilities and changes in the service. A newsletter sent to staff in May 2022 informed staff of the planned office move, supervisions resuming as face to face meetings and upcoming training sessions.