

Topaz Care and Support Company Limited

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Inspection report

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Date of inspection visit:
15 August 2023

Date of publication:
03 October 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Topaz Care and Support Limited is a domiciliary care agency located in the London Borough of Barking and Dagenham. It is registered to provide personal care to people in their own homes. The service supports adults aged 18 years and over, and children aged up to 17 years, all of whom may have mental health needs, learning disabilities, physical disabilities and sensory impairments. At the time of the inspection, 13 people, including children, were using the service who received personal care.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support

People and relatives told us the service was safe. Safeguarding processes were in place to protect people, including children, from the risk of abuse. The provider recruited staff appropriately and checked they were suitable to support people. Risks to people's health were monitored so staff could support them safely and protect them from coming to harm. People were supported with their medicines. People told us staff were punctual and completed the tasks required to support them. There was a procedure for reporting incidents and accidents in the service and learning lessons to prevent re-occurrence. Infection control procedures helped protect people and staff from the spread of infections. Staff had received training to ensure they had the necessary skills and qualifications to provide support to people. Staff told us they were supported by the management team to perform their roles to the required standard.

Right Care

Assessments of people's needs were carried out before they started using the service. People's consent to receive care was sought and confirmed. 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. Care plans recorded people's needs and preferences. However, we have made a recommendation for the provider to ensure care plans that had been developed to support children and young people in the service, were more personalised. People's nutrition and hydration needs were assessed and monitored so they could be supported safely to maintain a balanced diet. People's communication needs were assessed and staff were able to communicate with people effectively. Staff supported people to maintain their independence. Details of health professionals

involved in people's care were included in care plans. Staff worked with other professionals to ensure people received the care they needed.

Right Culture

The caring values and ethos of the service helped empower people in their daily lives. People and relatives told us the service was well managed and there was a positive and involving culture. Staff were kind and respectful towards people and their relatives. People's privacy, human rights and dignity were respected. Their equality and diversity characteristics were understood. They were supported to maintain social connections and attend activities in the community. People and relatives were able to express their views about the care provided. There was a procedure for complaints to be investigated and responded to. Feedback from people and relatives was received and acted upon. There were quality assurance systems in place for the provider to continuously improve the service.

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 the service was good, (published on 21 June 2018).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Topaz Care and Support Limited on our website at www.cqc.org.uk

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

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?

Requires Improvement ●

The service was not always 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.

Topaz Care and Support Company Limited

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 carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Topaz Care and Support Company Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered manager

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

Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 15 August 2023 and ended on 16 August 2023. We visited the location's office/service on 15 August 2023.

What we did before the inspection

We reviewed the information we already held about the service. This included the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law. 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 of this information to plan our inspection.

During the inspection

We spoke with the registered manager, 1 care coordinator, 2 clinical leads, 1 information officer, 1 service manager, and the nominated individual who was responsible for supervising the management of the service on behalf of the provider.

The service mostly supported children under 18. Therefore, we spoke with their relatives who could speak on their behalf. We spoke with 1 person and 7 relatives for their feedback on the service.

We reviewed documents and records that related to people's care and the management of the service. We reviewed 6 care plans, which included risk assessments. We looked at other documents such as those for staff training and recruitment.

After the inspection we spoke with 2 staff by telephone and continued to seek clarification from the provider to validate evidence found.

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 good. At this inspection this key question has remained good. This meant people were safe from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems to protect people from the risk of abuse. Safeguarding procedures were followed if staff or managers had concerns about possible abuse towards people. This included procedures to protect children because the service supported children and adults.
- People and relatives told us the service was safe. A relative said, "I do feel [family member] is safe with the carers." Another relative told us, "I think [family member] is safe with both of the carers and very well cared for." A comment from a third relative was, "The staff do look after [family member] kindly. I've never heard them cry at all with the carers. No issues at all."
- We reviewed safeguarding procedures and records. The registered manager raised alerts and worked with local authority safeguarding teams during investigations.
- Staff had received training in safeguarding adults and children from abuse. Staff understood safeguarding procedures. They also knew they could whistle-blow to external agencies such as the local authority or the police, if they were unable to report concerns about people's safety to the provider.

Staffing and recruitment

- There were enough staff recruited by the provider to support people in their own homes. Staff were monitored by the management team based in the office to check they had arrived and completed their visits to people.
- The provider used an electronic call monitoring system to schedule, plan, record and monitor visits. Staff logged in and out of visits using a device linked to the system.
- We looked at the data this provided and it showed staff had enough time to travel in between visits. This meant they would usually arrive at their following visits on time. We spoke with staff who all confirmed they had sufficient travel time scheduled. A staff member said, "I have enough time to see my clients."
- People and relatives told us staff were punctual and came at times that suited them. A person told us, "They come at the same time. I go to bed at 8pm. I like this time because I usually get off to sleep." A relative said, "The carers are always on time." A relative told us, "They are very good. I am very happy with the service."
- There were processes to cover staff who were running late or who were off sick to ensure people received a service and there was as little disruption as possible.
- If staff did not always log in and out correctly, missed visits or misused the system, the management team were able to identify this and carried out disciplinary action if necessary. This ensured that risks to people's care were mitigated.
- The provider carried out appropriate recruitment checks to ensure staff were safe to work with people. This included criminal background checks, obtaining 2 references, proof of their identity and eligibility to

work in the UK.

- Some records showed a complete set of both references for new staff had not been acquired but attempts had been made by the management team to receive them. The management team followed procedures to not permit staff to start work until all their references had been received. This protected people from the risk of receiving care from staff who had not passed the provider's safe recruitment checks.

Assessing risk, safety monitoring and management

- Risks to people were assessed, mitigated and monitored so that people could receive care that was safe. These included risks relating to people's needs with fluid and nutrition, health conditions, their mobility, and risks around their personal care.
- The service supported children, some of whom had multiple or complex care needs. For example, they may have epilepsy, were unable to swallow, were non-verbal and had respiratory conditions that affected their breathing. We found that appropriate emergency protocols and risk assessments were in place with guidance for staff on what actions to take to prevent the person coming to harm.
- Risk assessments contained specific guidance around areas such as respiration, suctioning, nutrition and enteral feeding, such as through a PEG (percutaneous endoscopic gastrostomy). This is a small feeding tube inserted directly into the stomach so people can receive food, fluid and medication without swallowing.
- Staff told us that risk assessments were detailed and provided important information. A staff member said, "The risk assessments are very helpful because it is very important for us to understand how to support people, especially young people. The training we have had and the risk assessments that are in their homes really benefit us."

Using medicines safely

- People were supported with their medicines safely. Medicine Administration Records (MAR) were completed by staff electronically after they supported people with the safe administration of their medicines. Electronic MAR sheets were completed accurately, to show people had received their medicines as prescribed.
- The provider also used a paper MAR chart in some cases, but we found staff did not use the coding system to note when they did not need to administer people their medicine and instead had left the entry blank. For example, medicines could also be administered by relatives or other agencies involved in the person's care. The registered manager told us they would review it and follow it up with staff, as using the code would provide more assurance that people had received their medicines at the prescribed times.
- People and relatives told us they were happy with the support they received with medicines. A relative said, "[Family member] does take medication and the staff administer and note on their app. I have a MAR sheet to keep check too." Another relative said, "[Family member] has medication and the staff administer it. There are no problems."
- Medicines were administered by staff who had received the relevant training and assessments of their competency through regular spot checks. These were observations of care staff supporting people with medicines in the community and were carried out by senior staff.

Preventing and controlling infection

- The provider ensured there were effective systems to prevent and control the spread of infection. People and staff were protected through the use of personal protective equipment (PPE) by staff. These included gloves, face masks, aprons and hand gels.
- Staff told us they were aware of their responsibilities around hand hygiene and PPE. A relative told us, "The carers all wash their hands when they come in."
- The management team told us they were able to ensure a full supply of PPE at all times for staff to use.

Learning lessons when things go wrong

- Lessons were learned following incidents or situations when things went wrong. There was a procedure to report incidents or accidents in the service so that they could be investigated and analysed. This included recording the details of the incident, such as a fall or an injury to a person, and what action needed to be taken to keep the person safe.
- Forms and procedures showed the lessons that were learned, what could have been done better and what actions were taken to try and prevent a reoccurrence of the incident in the future.

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

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

- People's needs were assessed before they began using the service. An initial assessment of people was completed by the management team to determine if they could be supported by staff with their personal care needs.
- Assessments were in line with the law, ensuring people's needs and any risks staff should be aware of to keep them safe were recorded. This also included their needs or wishes with food and drink, communication, mobility, medicines and their personal care.
- People and relatives told us they were involved in the assessment process and staff understood how to support them in the way they wished to be supported. This helped to ensure managers and staff had the information they needed to meet people's needs.

Staff support: induction, training, skills and experience

- Staff received appropriate support and training to perform their work effectively. They undertook a two-week induction course to provide them the skills and knowledge to support people after they were recruited. The induction included training, which was a combination of online and classroom learning. Records also showed staff shadowed more experienced colleagues providing care to help them get to know people and procedures. A staff member told us, "I had a full induction with essential training to help me prepare for my role."
- Staff completed training in mandatory and specialist topics such as safeguarding adults, safeguarding children, falls prevention moving and handling, infection prevention and control, first aid, paediatric life support, pressure sore management, epilepsy and learning disability awareness. Staff also completed the Care Certificate, which is a nationally recognised set of 15 standards that health and social care workers adhere to in their professions.
- People and relatives told us staff were knowledgeable and professional in the way they went about supporting them. A relative told us staff were able to demonstrate their training in practice and said, "The staff use the hoist at home to put [family member] in their wheelchair safely. No issues there. Same using it to put them in the bath chair or sitting chair. I've always shown the carers when they first come and they've already had the training so it is not difficult." Another relative told us, "The carers have shown me good techniques in a way that no harm is caused to [family member] to help calm them down when they get angry. They are able to fully understand the challenges [family member's] disability presents."
- Staff told us they felt supported in their roles by the registered manager and the whole management team. Staff and records confirmed they had opportunities to discuss their work, their performance and any concerns in supervision meetings and yearly appraisals.

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

- People were supported to access healthcare services to maintain their health and receive the treatment they needed.
- Contact details of the relevant professionals involved in people's care were available in their care plans. For example, doctors, speech and language therapists (SALT) and dieticians.
- Staff told us they could identify if people were not well and knew what action to take in an emergency.

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

- People were supported with food and drink to maintain their health and a balanced diet. Details of people's preferences, risks and needs were detailed in their care plan for staff to follow. For example risks around choking, swallowing and any allergies people had.
- Some people used a PEG tube and staff were trained to support people in this way. They had received training from pediatric nurses who were employed by the provider. They ensured staff were assessed as competent to support adults and young people to maintain and manage their nutrition. Staff told us they understood people's needs and their preferences for their food and drink.
- A relative said, "[Family member] does have food and drink." Another relative told us, "I do all the food at home and drink and the staff give it to [family member]. The staff never rush because I have explained [family member] can eat fast but then she can be sick. So we feed slow. They always listen."

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 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.

- The principles of the MCA were followed by the provider. People's ability to consent to decisions made about their care was assessed and recorded.
- Staff had received training in the MCA and told us they asked for people's consent at all times before providing them with support. A staff member said, "When I am with [person] I talk to them and let them know what I am going to do to make sure they are happy and comfortable."
- Relatives told us staff understood their family member's needs, sought their consent or acted in their best interest. They said, "It's perfect. I don't want the carers to change. It's the way they understand [family member] because [family member] doesn't talk at all sometimes, but if they need the toilet, the carers always seem to know even when she hasn't told them. They always have tissues handy. They just know and understand her needs well." Another relative told us, "They are friendly and do things how I ask because it is best for [family member]."

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 good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives told us people were well treated and supported by staff. They told us staff were kind and caring towards their family members. We found staff had developed positive and meaningful relationships with the people they cared for. A staff member said, "I have a good relationship with the child I support. I have got to know the parents well and they always see me. It's good to have continuity for children and be a familiar face."
- A relative said, "The staff are very caring and respectful. [Family member] has a good connection with both of them and gives hugs and kisses." Another relative said, "They are never harsh or unkind to him, just calm and quiet as much as possible. There are always two carers with them."
- People's equality characteristics such as their ethnicity, religious beliefs and cultural needs were recorded in their care plans for staff to be aware of. For example, staff were made aware if people could only have food that was permissible according to their religion.
- Staff told us they understood equality and diversity, the importance of respecting people's human rights and challenging discrimination. A staff member said, "I respect people's backgrounds, decisions, beliefs and their way of life. I have no right to judge them."

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

- People or their relatives were supported to express their views and make decisions for themselves or for their family members. Staff told us they always listened to people and their relatives and respected their choices and preferences.
- Records showed people or their relatives had consented to receive care from the provider and they and their relatives had been involved in the planning of their care. A relative said, "[Family member's] care plan was reviewed in June, I think. It was all agreed the care package would continue the same. The council said it was all working well to continue."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were respectful of people's privacy and dignity. A relative said, "[Family member] has their privacy respected."
- Staff told us they ensured people privacy was protected during personal care to maintain their dignity, for example by closing doors and curtains. A staff member said, "I also make sure I have a towel at hand to cover [person] if their [relatives] are around, so protect their dignity."
- There was a confidentiality procedure in place to ensure people's personal information remained secure and protected. Staff told us they understood the importance of protecting people's personal details.

- Care plans contained information about people's levels of independence and where support was required from family members and from staff. For example, their ability to walk or eat independently.

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 good. At this inspection this key question has changed to requires improvement. This meant people's needs were not always met.

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

- People's needs and wishes were recorded in their care plans. Care plans contained information about the person's background, interests, hobbies, who was important to them and any characteristics and behaviours the staff should be aware of. This meant people had choice and control of their care.
- Staff told us care plans were helpful. A staff member said, "I read and study the care plans because I need to know exactly how to support the person and what their needs are. We have to understand the care plans before we start supporting anybody." However, we found that some care plans written for the support of children and young people who used the service were not as personalised and used a different format in comparison to care plans written for adults. They included detailed information about their care needs and risks but not enough about the children themselves, what they enjoyed and what was important to them.
- A female or male cartoon or comic book character was placed on the front of each care plan but they were the same for each child. However, they were only used to denote the gender of the child and not because they actually liked the character. This meant the cover was generic and not personalised for each child.
- Although relatives told us staff engaged very well with their child and had got to know their preferences, care plans did not show how staff would get to know them. We discussed this with the registered manager who told us they would incorporate more person-centred information.
- Care plans were reviewed and updated with any changes to people's preferences or health, although some reviews were found to be overdue by a few weeks. The registered manager told us plans were in progress for the reviews to take place.

We recommend the provider looks into best practice guidance around developing personalised care plans when supporting children and young people.

After our inspection the registered manager showed us a revised format and example of a care plan that they would use when supporting a child, which was more personalised.

- People and relatives told us staff were responsive and had good knowledge of how to support them. A relative told us, "Staff play with [family member] and talk to them." Another relative said, "I've not had to complain. I am always observing them and [family member] is well looked after, they are all so kind and very caring. [Family member] is smiling when they are talking to her and they know them and understand their routine."
- Staff told us they communicated with each other to ensure people received the support they needed. Staff used devices, which were linked to a central digital system to record tasks, incidents and medicines. This meant all staff and the management team were able to view updates immediately.

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 Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were set out in their care and support plans. Staff told us they followed the person's communication plan so that they knew how to interact with, listen to and understand the person, because some people were not always able to express themselves verbally. For example, through the use of signs, gestures, eye gaze technology and pictures.
- Relatives told us staff communicated with their family members well. A relative said, "I think they are well trained and I go through everything that's needed and they are good communicators. [Family member] has been better since being paired with a good carer and has picked up on the little tips of behaviour and communication, like to tell [family member] what they are doing and why." Another relative said, "[Family member] is happy and is responsive with a smile as soon as they come."
- The provider was able to provide information or guidance about the service, such as consent forms and complaint forms, in a format that was suitable for people to understand. For example in easy read or large print versions.

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.

- The provider supported people to develop and maintain relationships with others, such as their family and friends. This helped to prevent people feeling isolated or lonely.
- People were supported to go about their daily lives as much as possible by the service. Staff supported them to follow interests that were socially and culturally appropriate.
- Some children were assisted and accompanied to take part in activities they enjoyed outside of their home, such as going to the park, playground or library. A relative said, "The carers take [family member] out when it is nice, maybe to the soft play. Their immunity is low, so the staff are all careful."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure should people and relatives have concerns about the service. A relative said, "I have not had to make a complaint but if I had to, I would just call the service to talk through anything. I have in the past, nothing serious just a little thing. I would be happy to call them for anything."
- Records showed the registered manager investigated all complaints and followed the provider's complaints policy to resolve them. They responded to people and relatives within the required timescales to explain what went wrong and what action they would be taking.
- The registered manager ensured improvements were made to the service to help reassure people who had made a complaint and to make sure people were safe.

End of Life care and support

- People were supported with end of life care and their needs and wishes were explored should the service support people needing this care and support.
- The registered manager told us staff would be provided training in palliative and end of life care, so they had the knowledge and skills needed to deliver quality care to people nearing the end of their lives.

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 good. At this inspection this key question 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- There was a positive culture in the service and people received support that was open and inclusive. The provider promoted care that put people at the heart of the service so they could achieve good outcomes.
- Staff told us there was an open-door policy and could approach the registered manager or other members of the management team with any issues.
- A staff member said, "The manager is very supportive and encouraging. I can approach them with any queries and they would try to resolve things." Another staff member told us, "Yes, the service is managed well and we are supported to do our roles."
- People and relatives were very positive about the service. They told us the service was well managed. One relative said, "They are a good company, the agency. If I had to suggest something, I would say please don't change the carers, and they haven't. [Family member] has only had 3 carers in 4 years." Another relative told us, "The manager calls and asks me how the carers are doing, how we are, do we need anything. I usually feedback good reports."
- Staff meetings were held by the management team to share important information and discuss any issues and topics the staff wanted to raise. Topics included training, policies, procedures and ensuring staff adhere to the core values of the service and were aware of their professional responsibilities towards people.
- People's equality characteristics, such as their cultural needs and disabilities, were considered and recorded in their care plans.
- Feedback from people and relatives was received through continuous telephone monitoring, visits and through spot checks of staff competency. Feedback was analysed to help improve the experience of people as much as possible.

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; continuous learning and improving care

- The provider notified the Care Quality Commission of any allegations of abuse, serious injuries or incidents involving the police, as they are legally required to do.
- The registered manager understood the need to be open and transparent with people and relatives when things went wrong. They apologised for errors and took on board recommendations to learn from mistakes and improve the service. Disciplinary action was taken against staff if they failed to uphold their responsibilities or neglected their duties.
- There was a system for continuous learning and improving the service. We saw that issues or concerns

were identified through regular spot checks and audits. The management team set out improvement actions that needed to be carried out and they were given a timescale for completion.

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

- Managers and staff were clear about their roles and had an understanding of quality performance, improvements and reviewing risks.
- The registered manager and other senior staff carried out bi-monthly quality assurance checks to monitor and maintain the quality and safety of the service. These included audits of care plans, staff training, medicine records, daily notes and call logs, to check if staff were completing their visits appropriately.
- The provider used the digital care planning system to investigate late visits, staff failing to log in, identify causes and take necessary actions to improve staff performance in this area.
- We did find that care plans written for the support of children with complex care needs required more personalisation. We also noted that incident investigation reports occasionally used inappropriate language relating to how people expressed anxiety or stress. We were provided assurance the provider would use our recommendations to make the service more person-centred.
- The management team and care staff told us they felt supported by the provider and registered manager. The registered manager told us, "We are a strong and supportive team. My staff are caring, compassionate and have the personality to support children and adults and understand their needs."

Working in partnership with others:

- The provider worked with local authorities, social workers, community learning disability practitioners, educational services, paediatric nurses and other social care or health professionals, to help maintain people's health, education and wellbeing.
- The provider was a member of various networks to ensure they kept up to date with new developments in the care sector and shared best practice ideas with the service.