

Snowdrops and Rosemary Ltd

Snowdrops and Rosemary Main Office

Inspection report

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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

Snowdrops and Rosemary Main Office is a domiciliary care agency which provides support and personal care to people living in their own home. Not everyone who used the service received personal care. Care Quality Commission (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 12 people were receiving a regulated activity from this service.

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

Recruitment procedures were not sufficiently robust to ensure only suitable staff were employed. All necessary pre-employment checks including full employment history, health declaration, references from current or previous employers and the return of a criminal records check had not been completed prior to staff working with vulnerable people. The registered person was unclear about recruitment procedures and we discussed this with them.

Systems to monitor the quality and safety of care delivered were in place, however, improvements were needed to allow robust processes to be implemented to ensure all aspects of the service were safe.

We received positive feedback from people and their family about the service they were receiving. Everyone spoke highly about staff and the registered person. People felt they were cared for with kindness and compassion. External health professionals were equally positive about the management team and service people had received.

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.

People told us they had been involved in care planning and care plans reflected people's individual needs and choices. People's risk assessments and risks relating to their home environment were detailed and helped reduce risks to people while maintaining their independence. Staff were responsive to people's needs.

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.

There were enough care staff to maintain the schedule of visits. Staff told us they felt supported, received regular supervision and training.

People had regular contact from the registered person who undertook some care calls and completed all assessments and initial visits for new people. People and staff were confident the registered person would listen to them and take any necessary action should the need arise.

Rating at last inspection

This service was registered with us on 27 October 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to the safe recruitment of staff. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve ensure the safe recruitment of staff. We will return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Snowdrops and Rosemary Main Office

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was completed by one inspector 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.

The service had a manager registered with the Care Quality Commission. The registered manager was also the nominated individual for the service. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. For the purpose of this report we will refer to them as the 'registered person'.

Notice of inspection

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 registered person would be in the office to support the inspection.

Inspection site visit activity started on 18 November 2021 and ended on 2 December 2021. We visited the office location on 18 November 2021 to speak to the registered person and to review a range of

management and staff records.

What we did before the inspection

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

We also used the information the registered person sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records relating to the management of the service and we looked at three staff files in relation to recruitment and staff supervision. We spoke with the registered person and training manager.

After the inspection

We spoke with ten people (or their family members) about their experience of the care provided. We spoke with four staff members and four external health or social care professionals. We reviewed a range of records. This included two people's care records and medication records. 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Staffing and recruitment

- Recruitment procedures were not sufficiently robust to ensure only suitable staff were employed. We reviewed three recruitment records, records showed pre employment checks had not been completed and some information was missing before staff worked with vulnerable people. This included full employment history, health declaration, references from current or previous employers and the return of a criminal records check. The registered person was unclear about recruitment procedures and we discussed this with them.

The failure to ensure that all necessary pre employment checks were completed was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social care Act 2008 (Regulated activities) Regulations 2014.

- The registered person committed to seeking the missing information and ensuring that all necessary recruitment checks were received prior to new staff having access to vulnerable people.
- There were enough staff available to keep people safe. The registered manager was 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 service had a small staff team which meant people received support from regular staff who knew them well. The registered person told us short term staff absences were covered by themselves or existing staff members.
- People said they had the same 'group' of staff, who came on time, and always stayed for the correct amount of time if not longer. One family member said, "They gave her [person receiving care] the same carer for a while, and they get on well now."

Systems and processes to safeguard people from the risk of abuse

- Other than the failure to ensure all recruitment checks were completed, appropriate systems were in place to protect people from the risk of abuse.
- People told us they felt safe. They identified that they felt safe because care staff were on time, reliable and regular. For example, one family member said, "Yes, we think she's [person receiving care] safe, we were pleasantly surprised it's working." An external professional said, "People feel very safe in their [staff] hands and see them as a very reliable group of people."
- Staff had received safeguarding training and knew what action they should take if they suspected a person was at risk of abuse. One staff member said, "Safeguarding training was part of the induction. I would tell [registered person] immediately if I had any (safeguarding) concerns, but I also know I can go to the (local

authority) safeguarding team."

- The registered person was clear about their safeguarding responsibilities. They discussed the lessons they had learnt from several safeguarding concerns which had occurred in the year since they were registered. They said they now understood who they could contact at the local authority safeguarding team if they wished to discuss any concerns.

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.
- People's home and environmental risk assessments had been completed by the management team to promote the safety of both people and staff. These considered the immediate living environment of the person, including lighting, the condition of the property and security. A family member said, "When we asked the service to take [person receiving care] on, they came around her house to look at the rooms and so on. The manager looked out for hazards and that kind of thing."
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations such as severe weather. The registered person said, "We cover a small geographic area meaning staff could walk to everyone if needed."

Using medicines safely

- Safe systems were in place for people who required support with their medicines. A person told us, "The carers are very good, they help a lot, like taking my pills, I would forget otherwise."
- People were supported to be as independent as possible in managing and administering their own medicines. People's care records included information about the level of support they required with their medicines as well as details of their prescribed medicines and information about who was responsible for ordering them. There were safe systems in place for people who had been prescribed topical creams.
- Staff had been trained to administer medicines safely. In addition, the registered person completed medicines spot checks with staff, and they completed yearly competency assessments. 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.
- Staff recorded when they had administered medicines on the electronic recording system. This information was immediately available for the registered manager person to review. This meant they would be alerted if staff had failed to administer prescribed medicines, meaning prompt action would be taken to rectify this if required.

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) and had not experienced a shortage during the COVID-19 pandemic.
- People or family members did not raise any concerns in respect of prevention and control of infection.
- The registered person and staff confirmed they were completing COVID-19 testing appropriately in line with government guidance.

Learning lessons when things go wrong

- There had been no accidents or incidents. However, the registered person told us, should an incident or accident occur, this would be investigated to identify possible causes, learn lessons and take any identified remedial action to prevent a recurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 the service started supporting them. The assessment considered all aspects of people's needs and the information was used to develop care plans and risk assessments. Assessments demonstrated people's protected characteristics under the Equality Act had been considered. People and family members when appropriate, were involved in the assessment process.
- People's care plans contained details of their background, any medical conditions, and information about choices and preferences and were updated if their needs changed. This meant that staff understood people well and supported them in line with their wishes.
- Care staff told us that when they identified a change in people's needs, they would contact the registered person for a review of the person's care plan. They said that if they felt more time was needed to complete a particular care visit the registered person took prompt action to address this.

Staff support: induction, training, skills and experience

- All staff completed online induction training which included: moving people, infection control, medicines, health and safety, first aid, food safety and safeguarding. Staff were supported to achieve the Care Certificate if they did not already have this. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in health and social care.
- A person told us, "I think they [care staff] are well enough trained."
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- Staff told us they felt training had met their needs and given them the skills and knowledge they needed to undertake their role.
- The registered person told us they provided practical training for staff to use moving and handling equipment such as hoists. However, they had not themselves completed practical moving and handling training. The service was developing a training room with a senior staff member due to complete training to provide practical moving and handling training which would address this issue and ensure all risks related to use of equipment were safely managed.
- Staff had regular supervision, so they could be supported to increase their skills and knowledge in specific areas. This enabled the registered person to monitor and support staff in their role and to identify any new training required.

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. Daily records completed by staff demonstrated this support had been provided as detailed in the care plans. For example, they detailed that drinks and snacks had been left for a person.

- People told us they were happy with the arrangements in place to support them with food and drinks. A family member told us, "They [care staff] make sure she's had her food and make her a cup of tea and top up her water jug so we know she's had her fluids too."

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

- People had care plans in place, which contained essential information about their general health, current concerns, social information and level of assistance required. Additional information was maintained in each person's home for any medical or emergency staff. This included 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.

- The electronic care planning system included a process whereby health care professionals such as paramedics and GP's could link into the system and access information about the care the person required including their prescribed medicines. This helped to ensure that in an emergency the person would receive prompt and appropriate care based on up to date information.

- Care staff worked together and shared skills for the benefit of people. For example, a person with a condition affecting their nervous system and mobility was experiencing severe cramping especially in their feet which was impacting on sleep and causing stress and anxiety. A care staff member trained in reflexology shared some simple massage techniques with other members of the team so the person could have a relaxing massage as part of their bedtime routine encouraging better sleep.

- External health and social care professionals were positive about their working relationships with the service. They confirmed they were contacted appropriately, and that staff followed their guidance and suggestions.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and their family told us they had been involved in discussions about their care planning. One family member said, "We discussed her care together and it's worked out well."

- 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. Staff said 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 person and the person's family.

- The registered person understood their responsibilities and actions they should take should a person be unable to fully consent to planned care.
- Care plans included consent forms which people had signed to show they agreed with the care which was planned to be provided. People were also included in day to day decisions. For example, one person said, "They [care staff] would even do a bit of shopping for me and they are flexible and respond to my needs well."

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.

This is the first inspection for this newly registered service. This key question has been rated 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 that staff were kind and caring and knew their individual preferences. A person said, "Yes they are kind and caring carers, nice and chatty." Another person said, "It's mainly the same carers each day, yes they are so friendly, yes friendly people and nice to talk too." Other people and family members made similar positive comments.
- An external professional said, "The people I know that have used them [Snowdrops and Rosemary Main Office] may be weak in body but they are very sharp in mind and consistently tell me that they are respected and treated with dignity: two very important things for individuals who feel they are losing control of their lives."
- 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 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.
- Staff also said they were provided with the person's care plan on an electronic care record system. 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. This information was seen in care plans we viewed during the inspection.

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

- People and their families views and wishes were captured by the registered person during the care planning process and through individual contact. Care plans we viewed demonstrated that people were involved in making decisions about their own care and support needs. A person told us "They [care staff] come twice a day and will do anything for me, they always ask if I need anything else done."
- The registered person regularly visited people to seek their views and check if they were happy with the service they were receiving. Records we reviewed showed formal reviews of people's needs were completed periodically or when people's needs changed.
- Staff understood how to support people to be involved in decisions about their care. For example, one staff member said, "I always ask, it's their decision and I would not force anyone to do anything even if it's in the care plan."
- 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 on how to raise concerns or make a complaint.

Respecting and promoting people's privacy, dignity and independence

- Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care by, for example, ensuring doors were closed and people were covered up.
- Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was important and described how they assisted people to maintain this whilst also providing care safely.
- People confirmed they were encouraged to be as independent as possible. A person said, "I can wash and dress myself again as I'm slowly getting better, but I know they are there for me." Another person said, "They help me wash and I cream myself each day which I can do on my own."
- The registered person had arranged for a person to have a rise and recliner chair. There had been no cost to the person and the provision of the chair meant the person was able to stand unaided giving them back some independence.
- People's confidentiality was maintained in the way information was handled. Care plans were stored securely within an electronic system that staff accessed safely. Staff were aware not to share confidential information with people that were not authorised.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Initial assessments were completed to capture essential information about people's needs. This enabled the registered person to be clear they could provide a service that met people's individual needs. A family member said, "They seem to regularly reassess the needs of people. For example, the manager said she [person receiving care] doesn't need four visits a day now so why not take them down to two."
- Care plans were written in a person-centred way that gave staff clear guidance about how to support people. They incorporated people's likes and dislikes, preferences, physical, social and emotional needs and risks to their safety and wellbeing.
- The registered person told us about actions that had been taken when a person had been reluctant to allow all necessary care. Staff were finding it difficult to find topics to communicate with a person who had advanced dementia. They tried various music styles and found the person responded well to 1940's music which relaxed [person receiving care] and brought a smile to their face. This meant meeting the person's personal care, nutrition and hydration needs was easier.
- Care plans were reviewed regularly and provided a clear record of people's needs. The electronic system the registered person used, meant that as people's needs changed, or they shared new information about how they wanted to be supported, this could be quickly added to their care plan.
- Family members felt involved and with permission from the person, were able to access the electronic care record system. One family member told us, "I can see that she's eaten and drunk enough and how's she's doing generally via the App [electronic care record system]. I can see now when she's up and dressed, whereas before I couldn't, also that she has her medicines via the carers, so we know that's done well and once again put down on the App [electronic care record system]."
- A person told us how the service had responded promptly to meet a change in their needs. They said, "Yes they [staff] are responsive, top notch in my opinion, I requested a bit of extra time and it was set up within a week' plus they [staff] are so easy to get hold of."

End of life care and support

- At the time of our inspection no one using the service was receiving end of life care.
- The registered person assured that people would be supported to receive good end of life care and to ensure a comfortable, dignified and pain-free death. They told us they would work closely with relevant healthcare professionals, provide support to people's families and other people who used the service and ensure staff were appropriately trained.
- An external health professional told us they had been very impressed with how the service had supported a person at the end of their lives. They said they would recommend Snowdrops and Rosemary for others who required this type of care.

- One person told us, "They [staff] used to look after me and my wife, but she's passed away so it's only me now. Yes, I can tell you straight, I wouldn't have anyone else looking after me now, they are really good." The registered person told us how team members had been invited to attend funerals.

Meeting people's communication needs

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

- People's communication needs were identified during their initial assessment and well documented within the care records. The care records provided detailed information about what people's communication requirements were and any additional equipment such as hearing aids that may be required.
- A family member told us, "The carers understand my family member [person receiving care] and write thing down for [person] so they don't forget things. My family member [person receiving care] is OK talking about the past but writing things down helps her cope with today's things."
- The registered person confirmed that they were able to tailor information in accordance with people's individual needs and in different formats if needed. Documents such as care plans and policies could be offered in larger print and could be translated into different languages.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to contact the office to raise any concerns if they needed to. They were provided with information as to how to complain within the information pack provided to all people receiving a service.
- The provider had a policy and systems in place to review any concern or complaint. These provided detailed information on the action people could take if they were not satisfied with the service being provided. The service had received one informal complaint and records showed appropriate action had been promptly taken.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. Procedures did not always support the delivery of high-quality, person-centred care.

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

- Systems to monitor the quality and safety of care delivered were in place however, improvements were needed to allow more robust processes to be implemented to ensure all aspects of the service were safe.
- The provider had not ensured they were aware of and following safe recruitment practices which meant people had been placed at risk of unsuitable staff being employed who were supporting vulnerable people. This failure resulted in a breach of regulation. This is further detailed within the safe section of this report and was discussed with the registered person who agreed to review and enhance recruitment procedures.
- There were systems and processes to assess, monitor and improve the quality and safety of the service. These included a range of audits, staff supervisions and reviews of people's care.
- The digital care planning system helped ensure responsiveness of the care planning process. Staff had the ability to instantly see any updates to people's care plans and the management team were able to monitor in real time staff work. This meant any issues could be followed up for people immediately.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, whistleblowing, complaints and infection control. Where required, policies and procedures were reviewed. For example, the recruitment policy was updated following our visit to the service to reflect best practice guidance and regulations.
- Staff understood what their role was in achieving personalised support. They understood what was expected of them and were motivated to provide personalised care, which treated people with dignity and respect.
- Providers are required to notify CQC of all significant events. The registered person understood their responsibilities and had notified CQC about incidents, safeguarding concerns and events as required.

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

- People and family members told us they would recommend Snowdrops and Rosemary to a friend or relative. One family member said, "The manager came to her [person receiving support] house twice on the first day instead of a carer which was nice and reassuring. I think it's nice the boss will come out and care too." A person told us, "I couldn't have picked a better care service." Another person said, "If I need anything, she's [registered person] so easy to get hold of too, they usually pick up straight away, but if they don't, they do get back straight away."
- Staff were positive about the support they received from the registered person and felt they could go to them with any issues or concerns. One staff member said, "She's [registered person] always available, I can contact her at any time, and she is really supportive. She will always come out [to person's home] if I need

help."

- The registered person had a clear vision for the service. They said, "In the next five years, through best practice, I want to change the face of care on the Isle of Wight." They added that this meant providing quality individual care for people, whilst promoting independence and choice.
- The registered person often worked alongside staff which they identified meant they could oversee how staff provided care and treated people. They also undertook formal supervision and support sessions with staff. This meant they could ensure staff were working in the way they should be and address any issues promptly.

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

- Protected characteristics, including sexuality, religion, race and disability, were respected and supported.
- People and families were involved in planning care and support and the registered person was actively involved in the delivery of care and support to people. It was clear that they knew people well and had developed positive relationships.
- Effective communication between the registered person and staff supported a well organised service for people. Staff told us they felt supported in their role and listened to. One staff member said, "I suggested we add additional information into people's folders about their past and what they enjoy and that's happening now."
- Surveys were sent out to assess people's level of satisfaction with the service. All people and their relatives we spoke with were very positive about the service.

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

- People, relatives and staff were confident that if they raised any issues or concerns with the registered person, they would be listened to and these would be acted on.
- The registered person was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.

Working in partnership with others

- The service worked well with other agencies, including health and social care professionals. This ensured there was joined-up care provision.
- Specific information had been provided within people's homes to ensure any visiting health professionals were aware of essential information about the person. This would ensure people received the care they required and any pre-existing wishes or decisions, for example emergency resuscitation would be known and followed.
- The service had developed links with resources and organisations in the local community to support people's preferences and meet their needs. An external professional said of the registered person, "They have always been very helpful and supportive when I have contacted them."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met: People who use services and others were not protected against the risks associated with unsafe or incomplete recruitment procedures.</p> <p>Regulation 19 (1)(2)(3)</p>