

West Sussex Adult Homecare Ltd

Right at Home Worthing & Shoreham District, Brighton City Airport

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Right at Home Worthing & Shoreham District is a domiciliary care agency (DCA) and it provides personal care to people living in their own homes. It provides a service to support people who require a range of personal and care support related to personal hygiene, mobility, nutrition and continence. Some people were living with long-term health related conditions. The DCA provides 'live-in' support for people who want care staff available throughout the day and night. At the time of this inspection the service provided personal care to 18 people.

'Right at Home' is a national franchise. A franchise is when a franchisee (the provider) has bought the right to sell a specific company's products in a particular area using the company's name.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People said they felt safe and were protected from harm. A person said, "I feel very safe. They [staff] have got to know me, what my care needs are and do that safely."

Staff had a good understanding of what safeguarding meant and the procedures for reporting any issues of harm to people. All the staff we spoke with were confident any concerns they raised would be followed up appropriately by the registered manager.

Staffing levels were specific to individuals. A person said, "I have a superb service, because of the calibre of staff. I mostly have the same staff and have had for 3 years. They are never late, and I have never had a missed call. My main carer, who I have five days a week, is now more of a friend than a carer. I like my calls early, at 7am. This gives me the rest of the day for myself and this time has never ever been a problem." The staff recruitment procedures ensured appropriate pre-employment checks were completed to ensure only suitable staff worked at the service.

Medicines were managed safely by trained staff. Effective practices were in place to protect people from infection.

Staff received supervision and appraisals to support them in their role and identify any learning needs and opportunities for professional development. Senior staff carried out spot checks on staff to monitor the quality of the service provided and to seek the views of the people who were supported.

Staff supported people to have enough to eat and drink and to make choices about what they ate and drank. A person said, "They make my meals for me, we plan this together to make sure certain foods are

taken out the freezer in time. They are always thinking ahead to make sure I have enough stock in the cupboards and fridge so I don't go hungry."

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. People received appropriate healthcare support as and when needed and staff knew what to do to summon assistance.

People were supported by kind and caring staff who knew them well. People spoke highly of the staff who looked after them and said they were treated with dignity and respect. A person said, "The staff really care for my modesty. And treat me with respect. We have a laugh and a joke. They always encourage me to do what I can do. I can wash certain parts of my own body, and they allow me to do this, they respect this."

People were involved in all aspects of their care and were supported to express their views. Complaints were investigated and managed appropriately in line with the provider's policy.

The registered manager monitored the quality of the service and used feedback from people and staff to identify improvements and act on them. The service worked in partnership with other agencies to ensure quality of care across all levels. People, relatives and staff were encouraged to provide feedback about the service. There was a culture of openness and transparency. Staff were positive about the management and leadership of the service.

The service had quality assurance systems in place, which were used to good effect and to continuously improve on the quality of the care provided.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 5 December 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-Led findings below.

Right at Home Worthing & Shoreham District, Brighton City Airport

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because 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 19 November 2019 and ended on 21 November 2019. This included phone calls to people and requesting feedback from their relatives. We visited the office location on 19 November 2019.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and received feedback from two relatives about their experience of the care provided. We spoke with six staff including the nominated individual (The nominated individual is responsible for supervising the management of the service on behalf of the provider), registered manager, quality and compliance manager, care manager, senior support worker and a care worker.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them. One person said, "They are friendly and normal. For example, they come in like friends and have a good chat, this makes me feel safe. You get to know them, and they are like my family. I am very lucky, most of the time I get the same two or three carers and have done for months now. It's like an old friend walking through the door."
- Staff had received training in how to safeguard people. Staff knew what signs to look for to keep people safe from harm or abuse. For example, changes in a person's mood or behaviour.
- Up to date procedures were in place for staff to follow. Staff had identification badges to identify themselves, so people could be assured they worked for the service.

Assessing risk, safety monitoring and management

- Risks to people had been assessed. A person said, "I feel safe, because the staff immediately put me at ease, and know what they are doing. I have a wheelchair and need help transferring from that to my bed or chair, they do this so well. I am never anxious about the transfer, they talk me through what is happening, what more could you want."
- Before a person received a service an assessment of risks in their environment was undertaken. This was to identify potential hazards in the person's home, such as uneven floors or with electrical appliances, and to look at ways to minimise risks.
- Where a risk had been identified, control measures and guidance for staff detailed how to minimise the risk. For example, to people's health and wellbeing such as when moving around their home, developing pressure areas and showering. Where people required help to move around, risk assessments detailed how they should be moved, the number of staff required to safely assist the person, and the equipment to be used.

Staffing and recruitment

- Staffing levels were specific to individuals. People said staff were punctual and always stayed for the allotted time. If staff were delayed, people said they were contacted by telephone for further updates. A person said, "The carers have never been late or missed a visit. If there is going to be a change of carer for whatever reason, I am told. The office staff are always friendly when I call, they make time to listen to me."
- Staff used handheld devices to log in and out at the beginning and end of their visits. The management team in the office could therefore monitor the visits being completed and be alerted if any visits were running late or had been missed. Staff contacted them if they were running late or early. The managers had an oversight and could co-ordinate a response in an emergency and keep people updated if there were any changes to the time of their visits. The scheduling of calls by the provider meant staff had sufficient travelling time and this helped to minimise late calls.

- Recruitment procedures were safe. Staff underwent a satisfactory Disclosure and Barring Service (DBS) check before commencing employment. The DBS check helps employers make safer recruitment decisions in preventing unsuitable potential staff from working with people.
- The registered manager said they always ensured people using the service met their care staff before they started supporting them. People confirmed new staff were introduced by the provider, to support continuity of care. An on-call service was available should people experience any emergencies or staff required support.

Using medicines safely

- The service safely supported people with the administration of medicines.
- People said they were happy with the support they received to take their medicines.
- Care plans and risk assessments described the support people required to ensure medicines were administered safely. People who required medicines on an 'as needed' basis had a written plan to ensure staff knew how and when to administer them.
- Records showed, and staff confirmed, they received training to administer medicines safely. Observations of staff competence were carried out annually.

Preventing and controlling infection

- People were protected from the prevention and control of infection. Staff were provided with protective clothing such as gloves and aprons and there was information in people's care plans about the prevention of infection.
- Staff were trained in infection control and there was a policy and procedure in place which staff could access. Staff demonstrated a good understanding of how to prevent the spread of infection. For example, staff washed their hands before and after supporting people with their personal care.

Learning lessons when things go wrong

- There was a system for reporting accidents and incidents, which staff were aware of.
- Safety briefings were given to staff when there was a specific change to safety standards, for example following new standards or guidance. Accidents and incidents were reported, recorded and monitored to check for trends and any patterns identified were shared with staff for learning. For example, at another franchise DCA within Right at Home, there had been an accident involving a hot water bottle. This was talked about at the team meeting, to raise an awareness. The registered manager conducted a review of all people using hot water bottles, to ensure they were in a good condition and being used safely.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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

At the last inspection, the provider did not always work within the principles of the Mental Capacity Act (MCA). Capacity assessments and best interest decisions were not always in place where required. Care records lacked detail on the specific decisions people who were assessed as lacking capacity would require support to make. We recommended the registered manager review their processes in line with the MCA 2005 Code of Practice, when establishing whether people are able to make decisions regarding their care planning and the delivery of care. We also recommended the registered provider review their processes for obtaining consent, so this is completed before care and treatment is provided.

- At this inspection, the registered manager had met those recommendations and reviewed/updated people's care plans in this area.
- People's capacity was now fully considered when planning each aspect of care and people's consent was sought and recorded on their electronic records.
- Most people using the service were able to make decisions for themselves, Records showed where people had appointed Lasting Powers of Attorney (LPA's). Only people with the appropriate legal power had signed consent forms on behalf of relatives.
- Staff had completed training about the MCA and understood the importance of ensuring people made choices about their lives. Staff sought people's consent before providing any care and treatment. A staff member said, "It is our role, to actually make sure each individual has the care they deserve and they have the care, independence, security and anything they require. We should be able to make people feel secure

and safe in their own environment. I worry people (in receipt of care) may feel we are taking control away from them, we make sure it's our role to give that control back." People confirmed staff always involved them in their preferred daily routine and always sought their consent.

- The management team had a good understanding of the MCA and where necessary the service had ensured decisions were made in people's best interests.

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

- Assessments of people's needs included protected characteristics under the Equality Act 2010. For example, people's marital status, religion and ethnicity were recorded. This is important information to inform staff and to prevent the risk of discrimination. This ensured staff were made aware of people's diverse needs and could support them appropriately.
- People and their families said they were involved in developing their care plans.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained, and who received the guidance and support they needed to deliver care effectively. A person said, "The staff are trained to know what they are doing. They support me with my mobility, as I can fall. They are aware of what I can and cannot do."
- Staff skills and competencies were checked by the management team. A supervision programme was in place which included one to one supervision and spot checks. Spot checks were undertaken by a senior care staff member or one of the managers who observed staff when visiting people. These checks were unannounced and included a check on when the staff member attended, how they conducted themselves and an observation of their competencies in relation to the care and support provided. This included how staff moved people, medicine management and the correct use of infection control procedures such as using gloves and aprons appropriately.
- New staff studied for the Care Certificate covering 15 standards of health and social care topics, through on-line learning. These courses are work based awards that are achieved through assessment and training.
- Training was ongoing and a system to ensure all staff completed essential training each year was in place. Staff told us the training provided gave them the skills and knowledge to undertake their roles.

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

- People's nutritional needs were assessed. Where people were at risk of poor nutrition, guidance was included in their care plan. People received modified diets where needed.
- Records showed staff supported people to purchase groceries each week and staff said they encouraged healthy eating whilst giving people choices. A person said, "They prepare my breakfast, while I do the bits I can do in my room, like getting dressed. I choose the food they are preparing. They leave the kitchen nice and clean. This means a lot to me as I wouldn't be able to do this myself."

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

- People were supported to live healthier lives and were supported to maintain good health. The service worked alongside GPs, district nurses and involved dietitians when required. A person said, "They are very good at picking up when I may be feeling unwell. For a long a time, I had a community nurse coming in, they were very careful not to interrupt that care. If they think something is wrong, they ask my permission to contact the doctor. They watch out for me. They wouldn't do things behind my back. They involve my family which is something I like them doing. They are able to explain things to family in a way I would struggle." Another person said, "If I need help attending health appointments, they come with me and help me make these arrangements. I find this helpful, I think I would get in a muddle without this help."
- Relatives said with the consent of their loved ones, they were informed of any changes in their family

member's health. A relative said, "I've trusted the carers to take [person] on routine doctors and hospital visits when family are not available. I wouldn't arrange this if I didn't feel content with the standard of care."

- Information about people's health and medical history were included in their care plans. This set out the person's health condition, how it affected them and the support and assistance they needed from staff.
- Staff knew to contact the district nurse if a person's skin integrity had deteriorated. Body charts were used to identify and monitor which part of a person's skin was affected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 we spoke with were very complimentary about the care staff who they knew well. A person said, "The brakes failed on my wheelchair while I was at home alone, I was trying to transfer to my bed. I sank elegantly down to the ground, pressed my pendent I wear for support. When the carer came, she was generally concerned about me. Made sure I was comfortable and while we waited for help, she made me a cup of tea and even made me some porridge, she stayed with me. This is just one of many examples, of why they are so caring. It is not just about the care they give, but the companionship. I cannot speak more highly of them." Another person said, "The staff I have ever met, have all been so caring. They are never in a rush to leave." A relative said, "I haven't met many of the carers but [person] tells me all about them on my weekend visits so I feel I do know most of them. The fact that she has such good communication with them tells me that there's empathy and caring present."
- Staff had received equality and diversity training and the provider had an equality, diversity and human rights policy, which set out how to support people, and staff, from diverse backgrounds. Staff demonstrated a good understanding of this training and were able to give examples of how they ensured people were not discriminated against and were treated equally. A person said, "They don't see me as an old person, who can't do things like I used to. They treat me like a human being. They are so important to me, I look forward in seeing them every day."
- The service made certain people were cared for in a way that respected and promoted their equality and diversity and maintained their human rights. For example, people with protected characteristics such as a physical disability had plans to ensure they were supported appropriately. This meant equipment to maintain their safety and allow them to receive effective care was in place and used according to need.
- Care plans included a section on people's cultural, religious and gender preference of carer. Where people preferred to have a certain carer, this had been facilitated. This showed the provider tried to meet people's preferences in a caring and kind manner. One staff member said, "Part of being caring, is being sensitive, respecting how the person wants to be addressed and how they want their personal care done. It's about given choice and options."

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

- People and their relatives said they had been involved in developing their care plans and they were consulted about their care. The provider was aware of the need for people's voices to be heard. They confirmed these arrangements had been maintained throughout their use of the service.
- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence. Staff shared examples of how they maintained good communication

links with the person or their family and recorded any required actions or changes in care.

- Staff described how they assisted people to make decisions. Examples included listening carefully and speaking slowly to people when appropriate and always asking them and involving them in decisions.

Respecting and promoting people's privacy, dignity and independence

- Without exception all the feedback from people and their relatives indicated people's privacy was respected, and their dignity maintained. Staff described how they supported people's privacy and dignity. This included giving people private time, listening to people, respecting their choices and upholding people's dignity when providing personal care. A person said, "At first I was embarrassed needing help in the shower. But then you hardly notice, because they are so sensitive, professional and respectful. For me, it is now just a pleasure to be able to have a shower. They encourage me to stay independent, like I can dress myself. Sometimes they help me fasten things I can no longer do, but they will sit and chat. It's a comfortable experience." Another person said, "They are very mindful of how I may be feeling during a wash. They put a towel over me to protect my dignity."
- Staff supported people to maintain their independence. Care plans included details of the level of support people normally required with personal care tasks. Records showed people were encouraged to do as much for themselves as possible.
- People had signed to confirm they agreed to the package of care and support to be provided. This included information regarding how data held about people was stored and used. Staff were aware of their responsibilities related to preserving people's personal information and their legal duty to protect personal information they encountered during the course of their work. There was a policy and procedure on confidentiality and confidential records held in the office were locked in cabinets.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were accurate and informative. They included specific guidance for staff on the tasks to be completed during each visit. In addition, staff were provided with details of people's routines, interests and hobbies and an overall objective for the planned support. This information helped staff provide individualised care and ensured people's priorities were respected. A person said, "My care plan is reviewed with [senior support worker]. They always are checking how I like things done. I like to talk. This is important to me, when the carers come. So when they come, we have a long chat first, then they empty the commode and do the bits I know they need to do. They respect the order I like things done in, for example, I like a top wash every morning, with a full body wash once a week. I choose when this happens, I would describe that as a personalised service."
- People and their relatives were involved in the development and review of their care plans and told us these documents were up to date. One person said, "I am lucky I have had regular ones [carers] and they do know me well and I know them and their families well. They asked how I would like my care visits carried out, this was written down (into a care plan) and the staff stick to this. We discuss it as and when needed really. It is done with a staff member from the office, normally [care manager] and we go through it together to make sure I am still happy. We make changes and they respect my choices of how I want my care delivered."
- Staff told us people's care plans were accurate and sufficiently detailed. A staff member said, "A person uses a stand aid, which keeps them safe, while mobilising. The care plans and risk assessments cover this. I have had training using the equipment and I was shadowed until I felt confident to use the stand aid."
- Staff completed hand written daily records at the end of each care visit. These records were informative and included details of the support provided, any changes in people's needs alongside a record of staff arrival and departure times. Where staff had significant concerns in relation to a change in a person's needs they were able to report this information directly to their managers using the providers mobile phone app.

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.

- During the initial assessment stage and during all reviews, people were asked if they needed information presented in a particular format. Where applicable, these needs were met. The care plans were presented to the people in the most appropriate format for them, to ensure the service was responsive to people's individual communication needs. For example, where required the font was made larger or offered in bold.

- The care manager told us if people needed information in any other format they would accommodate this. Care plans instructed staff whether people wore glasses and how to keep these clean. A person said, "They [staff] keep me updated and help me read my post for medical appointments. This means I do not miss anything important." This meant people were supported effectively.

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

- People said they engaged in a wide range of personal hobbies and interests. A person said, "They [staff] know me very well. They know how I like things left when they leave, they talk with me about what they know I like, the TV shows I watch, they'll ask for an update. They talk to me about what's going on in the news, which keeps me updated with life outside of my home. I like this." People were supported to participate in activities which were culturally important to them such as attending the local church services.

Improving care quality in response to complaints or concerns

- People and their families knew how to make a complaint if they needed and were confident their concerns would be listened to and acted upon as required. One person said, "I have never had a serious complaint, but I once raised a concern that I was unhappy having a male carer doing my personal care. You can say if you don't get on with someone. The office staff want you to be comfortable with who they send. They are very adaptable."
- The service had robust systems and procedures in place to ensure all complaints received were investigated and addressed. People were provided with information on how to make complaints during their initial care visits and written guidance on how to make a complaint was included in each person care plan.

End of life care and support

- No-one was receiving support with end of life care at the time of inspection, however staff were able to tell us about previous experiences and how they had provided a dignified, pain free death to people. This had involved working with district nurses, GP's and hospice teams to ensure people were as comfortable as possible.
- Where people already had advanced decisions regarding end of life care and treatment, this was identified in their care plans.
- Some people had Do Not Attempt Resuscitation (DNAR) documents. Where this was the case, their care plans clearly identified where these could be found.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection, we were not assured care records were always amended or audited in a timely way in response to reviews and that care was adapted following feedback from people or relatives. The provider's quality monitoring systems were not always effective in identifying areas of required improvement, for example care plan audits had not identified inconsistencies in the recording of people's mental capacity. Records were not always accurately maintained. We recommended the provider review all records to ensure they were accurate and up to date in line with best practice.

- At this inspection, the registered manager had reviewed all their quality monitoring systems, to ensure they were more robust and covered the areas of improvement found at their last inspection.
- The registered manager now carried out a monthly analysis of each person's care, whether there had been any issues, complaints, accidents or changes in their needs. They did this in consultation with the person and/or their family.
- The provider had further invested in technology which allowed the quality of the care to be monitored and audited quickly and effectively. Staff told us they could access guidance for delivering care and how to deal with emergency situations on their smart phones. For example, safeguarding information was available to staff for support and information. The system informed staff on a real-time basis of any changes to people's care needs. The software allowed requests made by a person or their relative to be communicated with staff instantly onto the electronic record. For example, if there was a medication change, or additional tasks needed to be supported with or if the person's capacity had been impaired due to an infection or change in health. This gave assurances to people and their relatives changes to support could be responded to without delay. This technology allowed the management team to monitor care on a day to day basis to help improve quality standards.
- Staff had a very clear understanding of their roles and responsibilities. Staff understood the provider's visions and values. They were able to tell us they included being person centred, supporting independence and respecting diversity. Staff told us they made sure they followed these values when they supported people. New staff had been inducted to fully understand the service's aims and objectives.
- The registered manager was aware of their responsibility to report incidents, such as alleged abuse or serious injuries to the Care Quality Commission. Notifications which they were required to send to us by law had been completed.
- Established systems were in place to report accidents and incidents investigate and analyse incidents.

People's care plans were regularly reviewed to reflect any changes in their care needs.

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

- People and relatives told us they found all staff to be approachable. A person said, "They [carers] all like each other and that's so good. They all speak highly of the provider. You never hear them moaning about work." A relative said, "My interactions are with the management/office staff and I've always felt confident in phoning them to discuss issues and concerns."
- The culture of the service was open, transparent and supportive with an honest and enabling leadership in place. Staff told us they worked within a caring and supportive team where they were valued and trusted. Staff were motivated and proud of the service. A staff member said, "The reason why I came into this job is to give back. Every individual we care for, we are giving back to them. They have given us so much, some people we support went through the war, others fighting for the rights we have today. It's our role to make sure they are happy and well cared for in the environment they are choosing to live in. If they are happy, smiling and confident, we are doing our job well."
- People told us, staff consistently knew them well and felt they worked well as a team. A staff member said, "We work as a team. Morale is very good."
- People said they were very pleased with the service. People and relatives said they would recommend the service to others. One person said, "The management team are very nice. I have already recommended them to people, who are now using them."

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

- The registered manager understood their requirements under duty of candour, to be honest, open and transparent. Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- Managers and staff treated the inspection process as an opportunity to review and improve performance and were open, honest and receptive to feedback.
- People and staff told us they felt confident to talk with the management team if they needed to.
- Staff knew how to whistle-blow and how to raise concerns with the local authority and with CQC if they felt they were not being listened to or their concerns acted upon.
- Policies and procedures included disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- The provider had their previous inspection rating displayed on their website and in the office location.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff said they were given opportunities to share ideas and make suggestions to improve the service at team meetings, supervisions and as and when they wanted to. A staff member said, "[Registered manager] is very approachable and listens. We can make suggestions and its acted on. For example, I had a problem with travel time to get to people in-between calls. I was arriving late at my next care call - this was acted on immediately and changed. It really positively impacted me and the person because I was no longer late, and it took pressure off the person I was supporting thinking I had only 10 minutes to get to the next call."
- Records showed the registered manager held regular team meetings for the staff. Meetings were well planned and included a clear agenda which staff had contributed to. We noted discussions were focussed on improving care for people using the service. The registered manager shared important information at the meetings to ensure staff had enough knowledge.

- People's feedback was regularly sought through reviews, 'spot checks', telephone calls and questionnaires. One person said, "During when my care is reviewed I am asked how the service can be improved, I have never been able to think how it could be. It's delivered in a way that meets my expectations and enables me to stay in my own home." Another person said, "I am asked for my views on the service, I have never needed to make a suggestion."
- Monthly surveys were provided for people and their relatives. We reviewed the outcome of recent surveys and saw people had expressed a high level of satisfaction with all aspects of the service.

Working in partnership with others

- The service worked in partnership with other organisations to support care provision. For example, the local district nursing teams, GPs, occupational therapists and physiotherapists. This was to meet and review people's needs. For example, for the arrangement of essential equipment being delivered to people's homes to enable them to return safely from hospital. One professional said, "I have found them excellent in every way. They were especially responsive when we had a crisis with a person. We rang the provider on a Friday evening and he assessed our client on the Sunday. They work in a very person-centred way."