

Day and Nite Services Ltd

Day and Nite Services (Kingston)

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

Day and Nite services (Kingston) is a domiciliary care agency. At the time of our inspection they were providing personal care and support to 68 mainly older people living in their own homes. One person using the service received 24-hour care from live-in staff.

66 out of the 68 people currently using the service received personal care. The 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.

People's experience of using this service

People told us the service had significantly improved in the last 12 months. Most people said they were much happier with the standard of home care and support this agency provided them. A quote we received from a relative summed up how people now felt about this home care agency, "I think staff time keeping and the way the managers in office run Day and Nite is a lot better than it was...I would now recommend them to anyone who needed help at home."

People were cared for and supported by staff who knew how to manage risk and keep people safe. The punctuality of staff regarding their scheduled visits and the way the provider monitored their visit times had improved. Appropriate staff recruitment checks still took place before new staff started working for the agency. People received their medicines as they were prescribed. The services arrangements for controlling infection remained robust.

The training and support staff received had improved in the last six months, which meant it was now relevant to their roles and responsibilities. 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. Where staff were responsible for this, people were supported to maintain a nutritionally well-balanced diet. People continued to be supported to stay healthy and well and had access to the relevant health care professionals as required.

Staff continued to treat people with dignity and respect. People were treated equally and had their human rights and diversity respected, including their spiritual and cultural needs and wishes. People were encouraged and supported to develop their independent living skills. Assessments of people's support needs were carried out before they started using the service.

Care plans were more personalised, which ensured people received personal care that was tailored to meet their individual needs and wishes. Managers now understood the Accessible Information Standard and ensured people were given information in a way they could understand. People were satisfied with the way the provider dealt with their concerns and complaints. People's end of life care wishes were recorded in their care plan.

The provider had improved their governance systems to ensure they could effectively assess and monitor the quality and safety of the service people received. The provider now worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care and support. People, their relatives and staff all spoke positively about the way the office-based managers now ran the agency. The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives and staff.

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

Rating at the last inspection

The last rating for this service was requires improvement (published 15 October 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating and to follow up on action we told the provider to take at the last inspection.

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.

Day and Nite Services (Kingston)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

An inspector and two Experts by Experience carried out this inspection. 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 that provides personal care to people living in their own homes.

The service had a manager registered with the CQC, who also owned the business. 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 five days' notice of the inspection visit because we needed to be sure the registered manager/owner and the other office-based staff would all be available for us to speak with during our inspection. Inspection activity started on 23 July 2019 with telephone calls to people using the service and their relatives and ended on 29 July with a site visit to the providers offices.

What we did before the inspection

We reviewed all the key information providers are required to send us about their service, including statutory notifications and our Provider Information Return (PIR), which providers are required to send us. A PIR

provides us with some key information about the service, what the service does well and improvements they plan to make. We also received email feedback from a local authority brokerage officer who regularly visited the service. We used all this information to help us plan our inspection.

During the inspection:

We spoke in person with the registered manager/owner, the deputy manager, the field-supervisor manager, two area supervisors, two care coordinators, the head of business support, and a member of care staff. In addition, we made telephone or email contact with 12 people using the service, eight relatives, an external NHS continuing healthcare nurse, the provider's quality and development manager, and four care staff.

We also looked at a range of records that included eight people's care plans, multiple medication administration record sheets and 14 staff files in relation to their recruitment, training and supervision. A variety of other records relating to the management of the service, including policies and procedures were also read.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found the provider had failed to robustly assess and manage risks relating to the health and safety and welfare of people using the service. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People's care plans now contained detailed risk assessments and management plans which explained clearly the control measures staff needed to follow to keep people safe. This included for example, risk assessments and plans associated with people's mobility, eating and drinking, skin integrity, dementia, behaviours that may be considered challenging and their home environment.
- Staff also understood where people required support to reduce the risk of avoidable harm. Several staff confirmed risk management plans were in place and easy to follow, which helped them reduce these identified risks. A member of staff gave us an example of the action they were required to take to reduce the risk of people with skin integrity needs developing pressure ulcers, which was clearly described in a person's care plan.
- Maintenance records showed where care staff used specialist equipment to support people in their own homes, such as mobile hoists; the provider ensured these were regularly serviced in accordance with the manufacturer's guidelines.

Staffing and recruitment

At our last inspection we received mixed feedback from people about staff not always turning up on time or sometimes missing their scheduled visits altogether.

At this inspection we found the provider had made the improvements they said they would at the time of their last inspection and in the action plan we required them to send us.

- We found the provider had introduced a new electronic call monitoring (ECM) system. The system logged the exact time staff started and finished their scheduled visits and automatically flagged up when staff were late, left early or missed a scheduled visit.
- People told us the reliability of staff in terms of their arrival times and never missing their scheduled visits had significantly improved in the last six months. Typical comments included, "Occasionally they [staff] are late, but they're normally always on time these days", "Staff time keeping has got better. The company have got this new-fangled electronic system to check staff arrive and leave our home when they should" and

"Staff have not missed any visits recently and on the rare occasions they were running late, staff from the office made sure we knew".

- Staff said their scheduled visits were much better coordinated by the office-based managers and senior staff. One member of staff remarked, "The staff in the office have got better at organising our visits and I think the electronic call monitoring system has helped them weed out those staff who were always late for their calls."
- Staff continued to undergo robust pre-employment checks to ensure their suitability for the role. Records confirmed staff files contained a proof of identity and right to work in the UK, full employment history and health check, satisfactory character and/or references from previous employer/s and a current Disclosure and Barring Services [DBS] check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of avoidable harm and abuse.
- The provider had clear safeguarding and staff whistle blowing policies and procedures in place. Staff had received up to date safeguarding adults training and knew how to recognise and report incidents of abuse. One member of staff told us, "I know what abuse is and how to report it because its mandatory for all staff to have regular safeguarding training."
- Staff were supported to understand how to keep people safe and to raise concerns if abuse or neglect occurred. One person told us, "Yes, I do feel safe with the staff who visit me at home." A second person remarked, "I feel safe because I know the carers who are coming to see me every day."
- The provider had notified the relevant authorities without delay when it was suspected people using the service had been abused. At the time of our inspection no safeguarding incidents were under investigation.

Using medicines safely

- Medicines systems were well-organised and people received their prescribed medicines when they should.
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered. A relative told us, "Our carers are good at ensuring my [family member] takes their medicines when they should."
- Staff had received training about managing medicines safely and their competency to continue doing so safely was routinely assessed by their line managers.
- No recording errors or omissions were found on completed medicines records we looked at.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The provider had systems in place to record and investigate any accidents and incidents as they occurred. This included a process where any learning from these would be identified and used to improve the safety and quality of support provided to people.
- The registered manager/owner gave us an example of how they had improved the safety of the medicines management by increasing the frequency they checked medicines records.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff were trained in infection control and basic food hygiene. They told us they were provided with personal protective equipment (PPE) such as gloves and aprons to use when supporting people with their personal care needs.
- Practice around infection control and use of PPE was checked by managers and senior staff when they

carried out spot checks of care staff. People said staff always wore the appropriate protective gloves and aprons when they were providing personal care to people.

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.

Staff support: induction, training, skills and experience

At our last inspection we found the provider had failed to ensure staff had the right knowledge, skills and support they required to effectively carry out their home care roles and responsibilities. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- Staff now received the right levels of up to date training they required to effectively meet people's personal care and support needs. For example, staff who supported people with mental ill health needs or who were living with dementia had now completed relevant awareness training in both these areas. Several relatives told us carers were well-trained. One relative said, "We tend to get the same carers these days who are very competent and know what they're doing."
- It was mandatory for all new staff to complete an induction which was mapped to the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well. The induction was followed by a period of shadowing experienced care staff.
- Staff demonstrated a good understanding of their working roles and responsibilities. Staff told us the training they received was always relevant and on-going. One member of staff said, "There's plenty of training. I've learnt a lot working here."
- The arrangements the provider had in place to support staff had improved since our last inspection. Staff now had greater opportunities to reflect on their working practices and professional development during individual and group meetings with their line managers.
- One member of staff told us, "We often have one-to-one meetings with our manager or small group meetings with our workmates when we can talk about we are and how the job is going." A second member of staff said, "I feel we get all the support we need from the office staff who are always coming to see us on our visits."

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- People's care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity and recorded any other individuals with Lasting Powers of Attorney (LPA) for the person's finances or welfare.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests.
- Staff were aware of their duties and responsibilities in relation to the Mental Capacity Act 2005. For example, staff understood who they supported lacked capacity and told us they always asked for people's consent before commencing any personal care tasks.
- People told us staff always asked for their consent before providing any personal care. For example, one person said, "They [staff] always ask me what I would like them to do for me and ask my permission to assist me", while a second person remarked, "Staff are good at talking through with me what they are going to do, particularly when they are about to use the hoist to help move me".

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

- People's needs were assessed before they received any personal care from this home care agency. A relative told us, "I thought they [staff] were very thorough with the assessment of my [family member's] needs and wishes when they first came to see us at home."
- Care and support was planned and delivered in line with people's assessments described above.
- Staff were aware of people's individual support needs and preferences.

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

- Where staff were responsible for this, people were supported to eat and drink enough to meet their needs. Staff monitored the food and drink intake of people who had been assessed as being at risk of malnutrition or dehydration to ensure these individuals continued to eat and drink adequate amounts.
- People who received assistance to eat and drink told us they were satisfied with the choice and quality of the meals and drinks staff offered them.

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

- People's care plans set out how staff should support them to ensure their identified health care needs were met.
- Appropriate referrals were made to the relevant health and social care professionals to ensure people received the support they required. This ensured external professionals, such as GPs and district nurses, were notified in a timely manner when people's health care needs changed. One person told us, "If I need to see a doctor about anything they [staff] will phone and get an appointment for me, or at least let my family know."
- Records showed staff had immediately contacted emergency services or other health care professionals when they were concerned about a person's health. Staff had also received basic life support training, and

where appropriate, falls prevention and epilepsy awareness training for staff who supported people with these needs.

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 continued to be 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 continued to be treated equally and had their human rights and diversity respected. People told us staff remained "caring" and treated them or their family members with respect. Typical feedback included, "The staff are lovely...I couldn't ask for better. They're all friendly, professional, and nothing is too much trouble", "They [staff] are very thoughtful and their visits are often the highlight of my day...They are all very kind to me" and "Staff will often stay late and chat to my [family member]. They are incredibly kind and very supportive of all our family".
- People also told us they received continuity of care and support from the same small group of staff who were more familiar with their needs, daily routines and preferences. A relative remarked, "I can't remember the last time we got a carer we didn't know."
- Staff received equality and diversity training to help them protect people from discriminatory behaviours and practices and staff were respectful of people's cultural and spiritual needs. We saw people's care plans contained detailed information about their spiritual and cultural needs and wishes.
- Managers gave us several examples of how they had matched staff with people who shared the same religion and/or cultural heritage or spoke the same language. For example, we noted the care coordinators had matched a number of people with staff who shared a language other than English and had the same religious beliefs. One member of staff told us, "I support a few people who practice the same Faith as me, so I know exactly what foods they can and can't eat, as well as when, which is dependent on our religious calendar."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity.
- Staff spoke about people they supported in a respectful and positive way. Several staff told us they ensured bathroom, toilet and bedroom doors were always kept closed when they were meeting people's intimate personal care needs.
- People told us staff supported them to be as independent as they could and wanted to be. One person said, "I can still wash my own face in the morning, and my regular carers are very good at remembering to remind me to keep doing this for myself."
- People's care plans set out their level of need and the specific support they should receive with tasks they could not undertake without staff assistance, such as getting washed and dressed or moving around their home environment.

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

- People were encouraged to make decisions about the care and support they received and have their decisions respected. People told us staff listened to them and acted on what they had to say. One person said, "The staff know how many showers I like to have a week and what I like for my breakfast, which they do respect." A relative also confirmed, "The staff always ask my [family member] what she would like them to cook for her at mealtimes."
- The provider used people's needs assessments, care planning reviews and quality assurance checks to ensure people had a voice and were able to routinely make informed decisions about the package of care and support they received from this home care agency.
- Care plans documented people's views about the outcomes they wanted to achieve. People had signed their care plan where they were able and willing to.
- People were given a guide about this home care agency which contained information about the standards of care and support they could expect to receive from this provider before they started using them.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
At our last inspection we found people's care plans were not personalised or contained sufficiently detailed information about people's unique strengths, their likes and dislikes, and how they preferred their personal care needs to be met.

At this inspection we found the provider had made the improvements they said they would at the time of their last inspection and in the action plan they sent us.

- People now received personalised care that was tailored to their individual needs and wishes. A relative told us, "The care my [family member] gets is very person-centred and focuses on what their specific needs are."
- People's care plans were individualised and now contained detailed information about their unique strengths, likes and dislikes, and how they preferred staff to meet their personal, social and health care needs. This enabled staff to offer people choices in line with their preferences.
- People, and where appropriate their relatives and/or professional health and social care representatives, were encouraged to help develop and review an individual's care plan. If people's needs and wishes changed their care plan was updated to reflect this. A relative remarked, "They review my [family members] care package every six months and I know they would do it more often if they needed to because things had changed."
- Staff demonstrated a good understanding of people's individual needs and preferences, as recorded in their care plan. Several staff explained how they helped people make an informed choice about the food they ate or clothes they wore by always showing them a daily selection of meals and clothing to choose between.

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.

At our last inspection we found children and adults with a learning disability using the service were not always given essential information about this agency in formats they could easily understand. This limited people's opportunities to be involved in making important decisions and choices about the home care and support they received.

At this inspection we found the provider had made the improvements they said they would at the time of their last inspection and in the action plan they sent us.

- Managers confirmed the service could now provide essential information to people with a learning disability, a sensory impairment or who could not read English, in a way they would be able to understand. For example, the registered manager/owner told us large print, audio and different language versions of their guide to the service and their complaints procedure could be made available on request.
- People's communication needs, and preferred method of communication had been clearly identified and recorded in their care plan. People told us staff understood their preferred method of communication, including a number of people whose first language was not English.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint if they were unhappy with the standard of home care and support they received. Several people said the provider's complaints process was easy to follow.
- A number of people also said they were satisfied with the way the provider had dealt with any formal complaints or informal concerns they had made about the service. A relative remarked, "We initially complained about the lack of regular staff my [family member] received, so we spoke to the office about it and to their credit they sorted it out straight away."
- People were given a copy of the provider's complaints procedure when they first started using the service. This set out clearly how people could make a complaint and how the provider was expected to deal with any concerns they received.
- A process was also in place for the office-based managers to log and investigate any formal complaints made, which included recording any actions taken to resolve any issues raised.

End of life care and support

- The provider had policies and procedures in place around end of life care and staff had completed end of life care training.
- Care plans contained a section that people could complete if they wanted to record their end of life wishes. We also saw Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) forms included in some of the care plans we looked at.
- The service liaised with various external health care professionals, including GPs district nurses, palliative care nurses and staff from local hospices, to ensure people nearing the end of their life experienced comfortable and dignified care at home.

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.

Continuous learning and improving care

At our last inspection we found the provider had failed to ensure robust governance systems were effectively operated to monitor the quality and safety of the home care service people received. This meant the provider did not always reflect on their practice to learn lessons and consider how they might improve the home care service they provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The provider had improved the service in the last 12 months and they demonstrated a better understanding of the importance of continuous learning and improvement. One person told us, "Managers regularly come to my house to check the records and make sure staff are doing things properly."
- The quality and safety of the service people received was now routinely monitored by managers and senior care staff. For example, since our last inspection the provider had introduced an electronic system to monitor staffs time keeping, recruitment, training and support, and recruited a quality assurance manager to improve the effectiveness of their governance systems.
- We also found office-based staff routinely contacted people by telephone or visited them at home to obtain feedback and observe staff's working practices during their scheduled visits.
- Managers told us they routinely analysed the results of all audits described above which helped them identify issues, learn lessons and develop action plans to improve the home care service they provided people. For example, staff had recently been reminded to always wear their identity badges and uniforms after it was identified during spot checks that some staff were failing to do this.

Working in partnership with others

At our last inspection we found the provider did not always work well with other external agencies and professional bodies.

At this inspection we found the provider had made the improvements they said they would at the time of their last inspection and in the action plan they sent us.

- For example, the provider had improved the way they worked with local authorities and community health and social care professionals, which meant they had a better working relationship with these external

bodies and professionals. An external health care professional told us, "The care agency managers resolve issues we or our district nurses report to them, take on-board our recommendations and training opportunities when offered. This helps our clients who they support and our professional working relationship."

- Managers told us they regularly liaised with the external bodies and professionals described above, welcomed their views and advice; and sharing best practice ideas with their staff team. This helped to ensure people continued to receive the appropriate care and support they required.

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

- We saw the service's latest CQC inspection report and rating were easy to access on the provider's new website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The provider had a clear vision and person-centred culture that was shared by managers and staff. Managers told us they routinely used group team and individual supervision meetings to remind staff about the providers underlying core values and principles.
- The registered manager/owner was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- The service's registered manager, who was also the owner, remained unchanged since our last inspection.
- There were clear management and staffing structures in place. The registered manager/owner was supported by various office-based managers including, a deputy manager, a field supervisor manager, a quality and development manager and five senior care and area coordinators.
- People using the service, external health and social care professionals and staff all spoke positively about the way the service was managed by the office-based staff. Typical feedback included, "The service is well managed. Everyone in the office is friendly and helpful - nothing is too much trouble", "I think it is a very well-run firm. We know the manager well and find her very approachable" and "The service is well-managed and the office staff are easy to deal with."
- Managers understood their responsibilities with regard to the Health and Social Care Act 2008 and were aware of their legal obligation to send us notifications, without delay, of events or incidents that affected their service and the people using it.

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

- The provider promoted an open and inclusive culture which sought the views of people using the service and their relatives about how the agency was managed.
- The provider used a range of methods to gather people's feedback about the agency, which included regular contact via the telephone, face-to-face home visits and satisfaction surveys with the office-based managers and senior staff team. One person said, "Managers sometimes ask us what we think about the service when they telephone, give us feedback forms or come see us at home." Written feedback we saw indicated people were satisfied with the standard of care and support received from this agency.
- The provider also valued and listened to the views of staff. Staff had regular opportunities to contribute

their ideas and suggestions about the agency through regular individual and group meetings with their line manager and fellow co-workers.