Tabitha Home Care Limited

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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

This announced inspection took place at the provider's office on 26 July 2017 with some additional phone calls undertaken to people with experience of the service on 01 and 02 August 2017.

At our last comprehensive inspection of the service in June 2016 we found the provider to be in breach of two regulations relating to recruitment practices and the governance of the service. A warning notice was issued due to our continued concern about the governance of the service; we also held a meeting with the provider to allow them the opportunity to outline how they intend to make the necessary improvements. We conducted a focussed follow up inspection in relation to these two breaches in October 2016 and found the provider had made adequate improvements. However as at that time there was insufficient evidence that these improvements had been sustained, the provider kept their Requires Improvement rating issued in April 2016.

Tabitha Home Care Limited is registered to deliver personal care to people living in their own homes. The service provides support to younger and older adults who may have dementia, a learning disability or autistic spectrum disorder, a mental health condition, an eating disorder, physical disabilities or a sensory impairment. At the time of our inspection 164 people received personal care from the provider.

The service had a manager in place since January 2017 and who had commenced the process of registering with us. The previous registered manager withdrew their registration with us in February 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Pre-employment checks were in place, such as Disclosure and Barring Service (DBS) checks to ensure care staff were suitable to work with vulnerable groups. People using the service were supported safely and protected by care staff. Assessments were conducted to highlight any obvious areas of risk relating to care delivery. Care staff were aware of the various types of abuse people might experience and understood their responsibility to report any concerns they had. Effective checks on records relating to the administration of medicines and care staff competence were undertaken.

On the whole people were satisfied with the care they were provided with although they were not always confident that care staff had sufficient levels of training. Records we reviewed in relation to training provision demonstrated that a number of care staff had outstanding training requirements that they needed to attend and/or be provided with. New care staff received an adequate induction which involving shadowing more experienced senior care staff. Care staff were supported and supervised well. Care staff sought people's consent before supporting them. People were appropriately supported to eat meals of their choice and to drink sufficient amounts.

People were supported by friendly and caring staff. Care staff gave people time by listening to them, and reassuring them. Care staff supported people well and were mindful of their preferences for how they wished to receive support. People were listened to and were provided with the information they needed and were consulted about their care. Care staff behaved respectfully towards people and promoted their independence.

People received care that was appropriate to their needs from care staff. Care staff were knowledgeable about people's needs and demonstrated they knew the importance of personalised care. Care staff had the most up to date information about people's support that was in line with their preferences. People's care was reviewed regularly to ensure it met their changing needs. Complaints received by the provider were acknowledged, investigated and responded to in line with their own policy.

The provider had made significant improvements in relation to the quality assurance of the service; however some areas such as staff training and the timing of calls remained lacking. The provider was keen to actively involve people to express their views about the service provided. We saw that information about any changes to practice following incidents was cascaded to staff in a timely manner. Care staff were well supported and were able to speak openly and honestly to the management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The provider was implementing measures to minimise the likelihood of late calls, but they remained an issue for some people using the service.

People using the service were supported safely and protected by care staff.

Effective checks on records relating to the administration of medicines and care staff competence were undertaken.

Is the service effective?

Good

The service was effective.

People were not always confident that care staff had sufficient levels of training and records we reviewed demonstrated that a number of care staff had outstanding training requirements.

Care staff sought people's consent before supporting them.

People were appropriately supported to eat meals of their choice and to drink sufficient amounts.

Is the service caring?

Good

The service was caring.

People were involved in planning their care.

People were listened to and were provided with the information they needed.

Care staff behaved respectfully towards people and promoted their independence.

Is the service responsive?

Good

The service was responsive.

Care staff were knowledgeable about people's needs and demonstrated they knew the importance of personalised care.

People's care was reviewed regularly to ensure it met their changing needs.

Complaints received by the provider were acknowledged, investigated and responded to in line with their own policy.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider had made significant improvements in relation to the quality assurance of the service; however some areas such as staff training and the timing of calls remained lacking.

The provider was keen to actively involve people to express their views about the service provided.

Care staff were well supported and were able to speak openly and honestly to the management team.

Tabitha Home Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place at the provider's office on 26 July 2017 with phone calls made to people with experience of using the service on 01 and 02 August 2017. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The provider was given 48 hours' notice that an inspection would take place so we could ensure they would be available to answer any questions we had and provide the information that we needed.

We reviewed the information we held about the service, including the notifications we had received from the provider. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury. We liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

We spoke with six people who used the service and nine relatives of people using the service. We also spoke with a director, the manager, an administrator, two care coordinators and three members of care staff.

We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to six people by reviewing their care records. We reviewed three recruitment files, four medication records and the range of records used in the monitoring of the effectiveness of the service; these included people's feedback and complaints.

Requires Improvement

Is the service safe?

Our findings

People gave mixed opinions about the timeliness of care staff calls and whether they stayed for the full amount of time. People told us, "Some carers don't stay the full time and the times they call can vary although I've not been let down completely. I have had to ring the office at times, as they are late and I worry if someone is coming at all… sometimes it's late at night but the morning call is mostly okay", "I have one call a day, mostly from the same carer and they do come to me on time", "Yes, [care staff member's name] is usually on time" and "The ladies [care staff] are very reliable. It's been going a few months and it's working well". A relative whose family member required two staff to support them told us, "One carer didn't turn up and although I was told it was an emergency later, the message about this was not passed on and I was left waiting and getting anxious. Generally they [care staff] are on time and they do stay the full time". Other relative's comments included, "They [care staff] call four times a day, but their time keeping for the morning call has been a problem, it got better for a while and then slipped over time. I would say ninety nine percent of the time they are now sticking to the right morning times now", "It's mainly carers we know and we've got two regulars, they call on time generally", "They [care staff] come twice a week and are on time, it is helpful that we get the same staff", "If they are newer staff they tend to be less reliable, some staff are always late. Most days I'm chasing the carers up", "The staff are usually on time or within a few minutes and it has settled down better now and is okay. They would let us know if they were going to be very late", "Mostly the carers are regulars and call on time and the replacements are okay too", "They [care staff] are more or less on time" and "They [care staff] are keeping to it [the care plan] and they are on time".

It was clear from our conversations with people/relatives that they valued the support they received from the care staff but at times some were frustrated by delays in care staff arriving. Care staff spoken with gave mixed responses when asked about call planning and time available between calls for travel. One care staff member said, "There are not enough staff to cover the hours to do. Very little or no travel time allowed so gap not big enough, making us late for calls". Another care staff member told us, "Generally calls get done on time". Most of the care staff spoken with told us they did not feel under pressure or rushed when carrying out their roles and they took the time needed to do things properly. The manager told us that late calls were an issue they were working hard to address. We saw that issues around late calls were addressed with care staff through supervision or where necessary disciplinary action. Additional care co-ordinators had been recently recruited to stand in for care staff or cover any gaps on the rota to minimise any impact of late calls for people. However the issue of late calls had previously been an area identified as part of a breach of the regulations at our inspection in June 2016, which the provider was assessed as meeting at our focussed inspection in October 2016. So this meant that although the provider was trialling new ways of working to combat this issue, they had failed to sustain the improvements previously observed.

People who used the service and their relatives agreed that, whilst they could generally depend on a continuity of care from the same carers during the week, some told us they were sometimes unsure who would be providing support on a weekend, or when their regular carers were unable to attend. This was a source of anxiety for some people who used the service and the provider was trialling ways to improve staff retention, lower turnover and improvements to the planning of care calls, as they had identified these were contributory factors. Relatives told us, "It is helpful for [person's name] that they keep the same staff, as

continuity is vital and they have done that", "We have mainly regulars due to [person's name] condition" and "It's mainly staff we know and we've also have two regulars and they are good". The manager was aware of the benefits of providing a continuity of care to people who used the service and acknowledged this did not always happen. However the manager was recruiting at present and was hopeful of a more stable team of care staff in future to be able to offer increased consistency for people.

We saw a range of pre-employment checks were in place, such as Disclosure and Barring Service (DBS) checks. The DBS restrict people from working with vulnerable groups where they may present a risk and also provide employers with criminal history information. Other pre-employment checks included gathering references from previous employers and exploring any gaps in employment. However, when a disclosure had been made for one staff member we found that the provider's risk assessment was insufficiently detailed in terms of how the decision to allow the care staff member to work with people unaccompanied had been reached. We spoke with the manager about this and they told us they had met and discussed the disclosure with the staff member but could not provide documentary evidence of this. The registered manager agreed to ensure the risk assessment was revisited and made more robust and documented, in terms of the decision making process.

People recalled that care staff ensured their safety through good hygiene, using gloves, washing hands and by maintaining appropriate cleanliness, e.g. by use of aprons or by tidying up after meal preparation. All of the people we spoke with felt that the service provided was safe. People told us, "They [care staff] do rush a bit to get done but they are not nasty or rough handling me at all" and "I feel safe and at ease with the staff ". Relatives told us, "Mum is safe and at ease with the carers and never frightened" and "[Person's name] has had no falls with them [care staff] but she does have falls when they are not there. One carer arrived when she had had a fall and they stayed with her". We found that people using the service were supported safely and protected by care staff. For example an incident occurred where gas had accidentally been left on in someone's home; the care staff member had smelt gas on their arrival at the property and had quickly advised the person not touch the lights or phone and supported them to go outside. They had then contacted the family and office and ensured they stayed with the person until their house was safe. This meant that as a result of care staff support the person had been kept safe and unharmed.

An assessment of risk was completed during the first visit by a care coordinator to people in their home, to highlight any obvious areas of risk, such as trip hazards and electrical risks. We also saw risk assessments specific to people's individual conditions and needs were in place and these were reviewed regularly, or when a change occurred. Relatives comments in relation to how any risks were managed for their family member included, "The carers do take the time to support [person's name] properly, he's had no falls or slips" and "They [care staff] use a hoist and they know how to use it correctly". Risk management plans were available in people's homes to guide care staff about how to protect people from potential risks and harm. The plans provided clear instructions for care staff members when they delivered their support. Care staff spoken with had a good understanding of how to manage and assess risks. Their comments included, "I make sure the equipment is in good working order before I use it, like when it was last serviced for example and make sure no rugs are sticking up causing a trip hazard", "I followed the risk assessment in someone's home word for word as I didn't know them well, I did a night sit and it helped me to support the person safely" and "I saw that one lady's hoist sling was lose and reported it so it could be replaced and this was done".

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and care staff spoken with confirmed they had received safeguarding adults training. Care staff we spoke with gave examples of poor care and various types of abuse people might experience and understood their responsibility to report any concerns they had. Care staff members said, "I have never had to report

anything, but I know what to do, we have a policy to follow and posters telling us what to do and who to ring" and "If I saw any abuse I would call the local authority, or the police if it was a crime". The provider had notified us at the Care Quality Commission about any incidents that had occurred and they co-operated with local safeguarding teams when concerns had been referred to them to investigate. The number for the local safeguarding authority was displayed at the staff office, including guidance for care staff about what to do if they suspected or witnessed abuse.

People who told us they were supported with their medication said that this was done on time, without mistakes and that it was recorded by care staff. Care staff employed by the service received medication training during their induction and this was updated periodically. Spot checks undertaken by care co-ordinators included observing and reporting how care staff supported people with their medicines. Effective checks on records relating to the administration of medicines to people were undertaken when they were returned to the office base. Records we reviewed contained an accurate list of people's current medications, guidance for care staff about how people should be supported to take their medicines and any adverse effects they may experience.

Good

Is the service effective?

Our findings

Most people we spoke with had confidence that care staff had the skills and knowledge to meet their needs. However, a small number of people and their relatives said the care staff were rushed at times and/or that their experience was that some care staff were not as skilled or proficient as others; however all the people spoken with did confirmed that care staff provided their care properly. People's comments included, "They [care staff] probably could be a bit better trained but they are okay" and "The carers are well enough trained". Relatives feedback received included, "They [care staff] take the time to do the care right", "The morning call is the most important to [person's name], they [care staff] come and they know how to help him", "It's good care and its done right in the time given", "They [care staff] are good but could be even better with a bit of focus", "I'm not sure about the training but they seem okay in what they do", "Some staff are better than others, the better ones take more care and do the job right" and "They [care staff] seem to be trained very well and know the boundaries and know how to deal with [person's name]". This meant that although people were on the whole satisfied with the care they were provided with they were not always confident that care staff had sufficient levels of training.

Care staff we spoke with told us they had received training and that they were offered updates as and when necessary to maintain their knowledge. However our findings from records we reviewed relating to training provision demonstrated that a number of care staff had outstanding training requirements that they needed to attend and/or be provided with. Care staff spoken with described to us how they supported people in line with their specific needs, demonstrating a good level knowledge about how to meet people's individual needs effectively We spoke with the manager about this and they advised that they were aware of these gaps but were working to ensure that this was remedied. We saw that where care staff had not received the necessary training for example moving and handling training, they were attending calls with other care staff who were trained.

New care staff were subject to completion of an induction period, where they were supported by senior care staff, reviewed the provider's policies and completed some aspects of basic training. They shadowed more senior care staff and were observed and assessed whilst supporting people before being deemed suitable for working more independently. The care certificate is a national common set of care induction standards in the care sector, which all newly appointed staff are required to go through as part of their induction. We were able to confirm that the care certificate was part of the induction process.

Care staff spoke positively about the level of supervision they received; they told us that the care and support they provided to people was periodically reviewed by care co-ordinators who directly observed their practice in people's homes. Records showed that care staff received regular supervision, which was a mixture of observational supervision which took place whilst care staff provided care to people and office based contact.

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.

People told us that care staff sought their consent before supporting them. A relative said, "The carers ask [person's name] permission before doing things". We saw and the manager confirmed just under half of all care staff had not received training relevant to the Mental Capacity Act 2005 [MCA] and the Deprivation of Liberty Safeguards [DoLS]. Care staff spoken with were clear about the need to ensure the people they supported gave their informed consent to them before they provided them with assistance. They told us, "DoLS is about supporting people to make decisions wherever they can for themselves" and "It's [MCA] about making sure you respect the client's decisions about what they do want to and don't want to do". Care staff were able to describe how they supported people and we found this was in line with the principles of MCA. The registered manager told us they would be sourcing training for all care staff with this training outstanding as a matter of priority.

People told us they felt supported to eat meals of their choice and to drink sufficient amounts. Relatives feedback included, "[Care staff] do [person's name] meals and help her to eat it and make her a cup of tea" and "Food is nicely prepared and they [care staff] use gloves, wear an apron and they wash their hands". Care staff spoken with had received food hygiene training and were aware of people's specific dietary needs, including the assistance people needed to eat and drink adequately. We saw that information about people's dietary intake was recorded by care staff in order to monitor people's nutritional health and supply information to their family about the person's intake of food and drinks.

People's care records contained information about their health which included a summary of any medical conditions they had and what support or monitoring may be needed from care staff with these. One person told us, "The carers will let me know if they think I need the doctor". Another person who had ongoing issues with their legs, stated, "I get ulcers, the carer keeps an eye on them and they alerted me to my leg weeping so I would see the doctor". A relative said, "[Care staff] alerted us when [person's name] had banged her arm and needed the doctors". Care staff told us that they would contact the office or speak to the person's relative when they had concerns about people's health care needs.

Good

Is the service caring?

Our findings

People were complimentary about the friendliness and caring nature of the care staff who supported them. People's comments included, "I think they are wonderful, one carer comes every day and she looks after me like family she's incredible" and "[Care staff member's name] is nice to have around". Overall relatives were positive about the kindness and value of the care their family member received, stating, "They [care staff] seem very nice and [person's name] looks well looked after", "The staff have a good banter with [person's name] and they spend a little bit of time just sitting talking with him" and "They [care staff] take the time to do the care right, I hear the sounds of good banter when they are here so I know they get on well with [person's name]".

Whilst a small number of people felt staff were sometimes rushed, a significant majority of people provided extremely positive feedback, for example telling us, "[Care staff members name] is lovely we get on well; she's not gossipy and we chat" and "They [care staff] are excellent. I think it's the friendliness and organisation of the girls and how they speak so kindly and chat with me". Care staff described how they showed caring towards the people they supported; it was clear they knew people well, including what they preferred. They explained they gave people time by listening to them, reassuring them and getting to know them. A care staff member told us, "I listen, ask people how they are and make sure they are comfortable. I like to do a good job for them".

People told us that staff supported them well and were mindful of their preferences for how they wished to receive support. Care plans contained information about people's family and work life, whilst ensuring people's diverse needs were known and met where necessary. We saw that people's preference of gender of care staff supporting them was sought and respected.

People told us they felt listened to, had the information they needed and were consulted about their care. They said, "I am able to comment on my care and they do come to see me or call me to ask if everything's ok". Care staff we spoke with and records we reviewed confirmed that all peoples' care was planned with them or their representatives' involvement. We saw evidence within the care records we examined that people's changing needs and wishes were closely monitored on a regular basis. Any changes requested by people were included and adopted in a timely manner.

People told us that the carers behaved respectfully towards them at all times and promoted their independence. One person said, "It's [care] all done with dignity". A relative said, "They [care staff] are respectful and mum is at ease with them". Care staff described how they ensured people's privacy was maintained and care was delivered in a dignified manner. A care staff member said, "I make sure I give people the time they need and go at their pace". Other care staff gave examples such as making sure family members were not present when personal care was being delivered and covering peoples' bodies to maintain their dignity when they were supporting them with personal care. The manager confirmed that care staff's practices were observed through spot checks to ensure they were upholding people's need for privacy and that they maintained their dignity.

Good

Is the service responsive?

Our findings

People received care that was specific to their individual needs. A relative said, "They [care co-ordinators] came round to set up the care plan and they come to review it with us. They check it and update it and change it if it's needed, they involved us [relative and person using the service] and it was agreed by us". We saw that care plans had been devised from the initial assessments conducted to ensure people received care that was appropriate to their needs from care staff with the appropriate skills. This meant areas were identified where the person required care and were matched with the skills and experience of the care staff who would be supporting them; for example care staff trained to provide catheter care.

People we spoke with felt the care staff knew their individual needs well. Relatives gave examples of the care provided which was personalised to their family member's needs, saying, "We don't want to have male carers and they [the provider] respects that and makes provision for that" and "One carer started using coconut oil on [persons name] skin as she has a skin condition and it both helps keep any infection down and also softens the skin and keeps it supple. They [care staff members] came up with that…and it works". Care staff were knowledgeable about people's needs and demonstrated they knew the importance of personalised care and told us how they put it into practice.

People told us they were able to make contact with the office and make changes to their care or report any concerns readily. Care staff spoken with said, "If something happens, like the person had been unwell, the office lets us know by phone and then the records are updated too" and "We are notified of any changes before we go to the visit". We saw people's care records included information about their likes and dislikes and preferences with regard to how they wanted their care and support provided. They also included the tasks the care staff were required to carry out on each visit and these had been reviewed regularly and updated as necessary. This meant that care staff had the most up to date information they needed in order to provide the care and support that people needed in line with their preferences.

People told us they had a care plan and this was kept in their home with the records care staff completed each time they visited. One person said, "I've had a very occasional review with them [the provider] so they are keeping an eye on things". Some people told us that they had review meetings with the manager and others said that care coordinators periodically dropped in to see them to make sure they were happy and to renew or update the care records accordingly. Relatives told us, "They [the provider] do reviews so they can make sure it all [the care plan] works and they adjust it if it's needed, for, say more calls for our holidays when we are away. The carers fill in the records each time they visit and they are very willing to do any extra jobs if I ask them", "Someone comes out each year and they review it [the care plan] as needed" and "They [care coordinators] have come round to set up the care plan and they review it each year and I have the plan and the log book. Every year they check it and update it and change it if it's needed, they involved us and it was all agreed by us". This meant that peoples care was reviewed regularly to ensure t met peoples changing needs.

People were provided with a copy of the 'Service User Guide', which was given to them when they joined the service. This contained information about the provider's policy and procedure for raising a concern or

complaint, which included information as to how any complaints made would be handled. People told us if they wanted to raise complaints or concerns they knew who to speak with. Relatives comments included, "I've had some complaints only about the times as they were putting [person's name] to bed too early, they noted this and it's ok at present", "No we have had no real complaints…but have a very good relationship with them [the provider] and they call us up to check we are happy as well" and "We just once made a couple of complaints but not formal complaints and they have put things right". We reviewed the complaints received by the provider and found that the provider acknowledged, investigated and responded to complaints in line with their own policy. Care staff were clear about how they should direct and/or support people to make a complaint.

Requires Improvement

Is the service well-led?

Our findings

Our findings at this inspection were that the provider had made a number of improvements in relation to the quality assurance of the service. However although the provider was actively working towards and trialling ways to address the issue of late calls, this remained a cause of anxiety and frustration for a proportion of the people spoken with. We also found that further efforts were required in regard to ensuring all care staff received all their outstanding essential training and timely updates. We saw that a number of regular checks and audits were undertaken to assess and monitor the safety, effectiveness and quality of the service provided. People's care records were regularly audited to ensure information was up to date and completed accurately. Records we reviewed confirmed effective action was taken as required when issues were identified. Spot checks were undertaken in relation to how care staff supported people safely, observing them administering medicines and ensuring dignified and respectful support was provided.

People told us they would recommend the agency to others and were happy with the standard of care that they received. One person said, "It's been very good or even excellent for me". Relatives comments included, "I would recommend them…it works" and "I would recommend them due to [persons name] being so well treated. The service is good to excellent".

The manager commenced in post in January 2017 and it was clear to us she had the knowledge and skills to develop and deliver the service and was keen to continuously improve. Many of the people we spoke with had knowledge of the new manager and many had spoken to her; those that had spoken with her were confident in her abilities as a manager. The manager had commenced the process of applying to us to become the registered manager of the service.

Care staff spoken with had told us they were confident about the manager's leadership skills and also those of the Director. One care staff member said, "I go straight to [director's name] if I need anything and he sorts it out, I have not had many dealings with the new manager yet but she seems good from what I hear". Care staff told us they felt well supported and had access to management support both in and out of hours when they needed advice or had any concerns to raise. We saw that meetings were organised for care staff to attend, they told us they were able to openly raise any issues they had without fear or hesitation to the management team.

The manager understood their responsibilities for reporting certain incidents and events to us and to other external agencies that had occurred at the service. We saw that information about any changes to practice following incidents was cascaded to staff in a timely manner, by phone, email or in meetings. We saw that in meetings the manager frequently revisited company standards and expectations of care staff.

The provider had sent out surveys to people and their relatives in December 2016 and the comments made about the service they received were on the whole positive. They sent out 136 surveys with a stamped addressed envelope to further encourage people to respond. 96 were received back; 55 positively rated the service, 12 rated them average, 28 no comment/rating and with only 1 rating them poor. We saw that where required, people had been contacted directly if they had raised any issues and remedial action had been

taken. For example reminders to care staff in supervision and meetings about the timing of calls. This meant that the provider was keen to actively involve people to express their views about the service provided.

Care staff gave a good account of what they would do if they learnt of or witnessed bad practice and how they would report any concerns. The provider had a whistle blowing policy which care staff were aware of and knew how to access.

The provider had displayed their overall rating of their performance given to them by the Care Quality Commission in line with the requirements of the Health and Social Care Act 2014.