

Care Resolution Ltd

Care Resolution - East London

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

Care Resolution – East London is a domiciliary care agency. It provides a service to younger disabled adults and older people, some of whom were receiving end of life care. 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.

At the time of the inspection the provider was supporting 11 people in the London Borough of Southwark.

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

People received person-centred care and records had detailed information for care workers to follow to help keep people safe. New staff were introduced to people and their relatives and carried out shadowing or double up visits to ensure they had a good understanding of their care needs.

The provider listened to people to try and be as flexible and understanding as possible to accommodate their needs. Staff monitored people's health and wellbeing and reported any changes or concerns to the relevant health and social care professionals.

People and their relatives were positive about the kind and caring attitude of the staff team and the relationships they had developed since they had started to use the service. The registered manager was proactive in following up feedback about any issues or concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People and their relatives were positive about the management team and felt comfortable contacting them if they needed to discuss any aspects of their care. People were confident they would be listened to and were given opportunities to discuss the support they received.

People were supported by a staff team who felt valued and fully supported in their role, especially during challenging periods during the COVID-19 pandemic. Staff praised the communication they received from the management team and were confident any necessary action would be taken if they raised any issues or needed advice.

Health and social care professionals were also positive about the management of the service and the level of care people received. They felt staff had a good understanding of people's needs and received regular updates about people's health and wellbeing.

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

Rating at last inspection

This service was registered with us on 15 January 2019 and this is the first inspection. It was scheduled to be inspected in January 2020 but the service was dormant at the time.

Why we inspected

We carried out this inspection following a routine review of information we held about this service. Our intelligence indicated there may be a higher level of risk at this service due to the length of time it had been registered and not inspected.

Follow up

We will continue to monitor information we receive about the service. If we receive any concerning information we may return to inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

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 responsive findings below.

Care Resolution - East London

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

Care Resolution – East London 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. A registered manager is a person who is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the provider a short period of notice because we were aware the management team were at times working remotely due to COVID-19 and we needed to ensure somebody would be available to assist us with the inspection.

Inspection activity started on 15 March 2021 and ended on 14 April 2021. We requested a range of documents related to people's care and policies and procedures that were sent to us by the registered manager between 15 March 2021 and 9 April 2021. We visited the office location on the 16 March 2021 to see the management team and to review further records related to the service. We made calls to people who used the service, their relatives and care staff between 17 March 2021 and 13 April 2021.

What we did before the inspection

We reviewed information we had received about the service since their registration. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Our planning took account of the information provided by the registered manager during an Emergency Support Framework (ESF) call on 21 May 2020. ESF calls helped us to give targeted local advice, guidance and support to providers and care staff using a structured framework to guide conversations and help them to respond to emerging issues, and to deliver safe care which protects people's human rights. We also contacted the local authority commissioning team. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records related to four people's care and support. This included people's care plans, risk assessments, medicines records and three staff files in relation to recruitment and training. We also reviewed records related to the management of the service, which included quality assurance checks and minutes of team meetings.

We spoke with 10 staff members. This included the registered manager, the care manager, the service delivery manager and seven care workers.

We made calls to seven people and spoke with three people and two relatives.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at two people's environmental risk assessments, further records related to people's medicines, staff recruitment documents, electronic call monitoring (ECM) records and discussed feedback we received from people and their relatives. We provided feedback to the registered manager via email on the 18 and 23 March 2021 and 14 and 29 April 2021. We also spoke with three health and social care professionals who had experience of working with the service.

Is the service safe?

Our findings

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

This is the first inspection for this service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were sufficient levels of staff to support people and visits were monitored to ensure calls were completed on time. Care workers only had one to two regular calls and confirmed they had no issues with travel time between calls. One care worker added, "I live locally and my two clients are in the same area so there are no issues at all."
- The provider used an Electronic Call Monitoring system (ECM) where care workers logged in and out of their visits and produced weekly compliance reports to check how often care workers logged into their calls. We saw care workers were invited into the office for a meeting if this was not always completed.
- Care workers told us ECM compliance was regularly discussed with them and their calls were monitored in real time from the office, who were alerted if they had not logged in for a call. One care worker said, "They explained the system and why it is important to know where we are. If I've forgotten to log in, they call me straight away."
- People and their relatives were positive about the punctuality of care visits, including the continuity of care. Comments included, "I have regular carers and they don't rush. Sometimes they stay longer than the allocated time" and "They are always on time, very rarely late. If they were, they tell me about it."
- Where one person told us there had been times their care worker was half an hour late, we discussed this with the registered manager. They explained they had arrangements in place with the commissioning authority where they could arrive within a specific time period of the scheduled visit time, usually around 30 minutes. This had been discussed with the person and the registered manager arranged to meet with the person to get further information and put enhanced monitoring in place after the inspection.
- The provider followed safer recruitment procedures to ensure staff were suitable to work with people who used the service. All appropriate checks for staff had been completed and there was evidence of photographic proof of identity and references. Character references were requested if applicants had no previous experience in health and social care.
- Where some recruitment documents for two care workers were not available in their files on the day of the inspection, the registered manager was able to confirm processes had been followed but had not been recorded at the time of recruitment. They acknowledged this and followed up with the recruitment team to ensure all outgoing reference letters and attempts to contact referees were clearly recorded.

Using medicines safely

- There were procedures in place to ensure people received their medicines safely. Medicines risk assessments recorded important information about people's medicines and the level of support required. It also included if people's relatives were responsible for managing their medicines.
- Staff completed medicines training and had competency assessments signed off by the registered manager to ensure they understood best practice. Guidance about medicines procedures was regularly

discussed with care staff to remind them of their responsibilities and support their understanding.

- Staff could explain in detail the support they provided and had a good understanding of their responsibilities related to people's medicines management. They also spoke positively about the training and support they received in this area. One care worker said, "They don't joke about this and make sure we understand what we need to do and always tell us to report any issues or concerns."
- Medicine administration records (MARs) were collected on a monthly basis and audited by the management team to identify any issues and make sure people received their medicines safely. One person said, "They are very aware of my medicines and know what to do. They complete the MAR chart and keep it all up to date."

Preventing and controlling infection

- The provider had an updated infection and prevention control (IPC) policy in place and records of team meetings showed important reminders and updated government guidance about safe practices during the COVID-19 pandemic were discussed and shared with all staff. This ensured staff knew how to keep people and themselves safe and reduce any risk of COVID-19.
- Staff had further materials from the NHS and Public Health England about the correct use of personal protective equipment (PPE). Staff completed IPC training and this was regularly discussed and refreshed during supervision and telephone conversations with all staff.
- Staff were very positive about the support from the management team since the COVID-19 pandemic started in February 2020 and told us they always had access to supplies of PPE. Staff contacted the office when they were running low and there were also weekly meet ups to drop off extra PPE. One care worker said, "They have always been there for us and given us enough to protect us and keep people safe. They are always reminding us about this and helps us to stay safe."
- Staff were also involved in the weekly COVID-19 testing programme and information for staff was sent out to explain how the process would work. The management team also supported staff and shared advice and guidance about the COVID-19 vaccine. One person told us how staff being tested on a weekly basis had helped to reduce their anxiety about people coming into their home.
- People and their relatives were positive about how staff followed correct IPC guidelines when they visited their home. Only one person felt improvements were needed with the staff understanding of effective hand hygiene. We discussed this with the registered manager who shared records of advice and guidance sent out to all care workers to remind them of the importance of hand hygiene. They also agreed to follow this up with the person to get further information.

Assessing risk, safety monitoring and management

- Risk assessments were completed before the service started and the provider had information from commissioning authorities about risks to people's health when referrals were received. A health and social care professional told us they had no concerns when the provider started a new care package and was positive about the level of detail in their assessments and confident in their ability to meet people's needs.
- Areas of risk included people's mobility and moving and requirements, nutritional risks and skin integrity. There were detailed moving and handling risk assessments with clear guidelines for staff to follow to reduce any risks to their health and keep them safe.
- Staff had a good understanding of people's needs and could explain in detail how they supported them and kept them safe. Care workers knew the risks related to one person and what should be done in the event of them having a seizure. We spoke with this person who told us they were very happy with their regular team of care workers who knew them well and was confident they would respond appropriately in the event of an emergency.
- People and their relatives were positive about how care workers kept them and their family members' safe and understood their needs. Comments included, "They know what they are doing, do everything I need and

I feel safe with the care I get" and "[Family member] can get agitated quite easily but they really understand their needs, understand the frustration and manage to help calm them down. They are very good at this."

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding policies and procedures in place which included a guide for staff about what abuse was, the types of abuse and what they should do if they had any concerns. Although there had been no safeguarding alerts or investigations, the registered manager discussed safeguarding and reminded staff of their responsibilities during meetings and supervision.
- Staff had a good understanding of their safeguarding responsibilities and completed safeguarding training as part of their induction training. Staff were confident if they had to raise any issues or safeguarding concerns, the management team would follow it up without delay. One care worker said, "They do take it seriously and they are always reminding us about this and to report any issues we see."

Learning lessons when things go wrong

- There were procedures in place for reporting incidents and accidents, with regular reminders to staff about when and how they needed to report any issues or concerns to the office. There was also a reminder printed within people's daily communication books that if they see something of concern, witness any kind of accident or incident, it must be reported.
- Although there had not been any safeguarding incidents, we saw that any performance related issues or areas for improvement were followed up, with learning shared across the service. These were recorded in notable event or performance management forms and discussed with the staff team. One care worker said, "They do call us if they find any mistakes and go through it with us. But it is done in a supportive nature as they want to encourage us to improve."

Is the service effective?

Our findings

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

This is the first inspection for this service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider received the relevant information about people's health and wellbeing upon referral from health and social care professionals which helped them complete their own assessments before they started supporting people.
- The provider had information from NHS Clinical Commissioning Groups (CCG) assessments and care plans for people with an overview of their health conditions, including any guidelines for staff to follow. One person had a safer moving and handling plan from the occupational therapy team with detailed advice and guidance that was shared with the staff team.

Staff support: induction, training, skills and experience

- People were supported by staff who completed a training and induction programme, which included shadowing staff and working on double handed care visits when they first started. Training was focused around the Care Certificate, which sets the standard for the fundamental skills and knowledge expected from staff within a care environment.
- New staff had their competencies assessed when they started and completed an end of probation review. This discussed what had gone well, any observed strengths and areas of improvement and development. One care worker told us how helpful the shadowing sessions had been as they had limited experience working in this sector. They added, "It gave me the confidence and I also had assessments and completed workbooks. At the end, they got feedback from my clients about how it was going with me."
- Staff were positive about the training they received and the support from the management team if they ever had any questions. Due to COVID-19, some refresher training was completed online but smaller groups of face to face training were being facilitated where possible.
- Staff received supervision and had regular contact with the management team which gave them the opportunity to discuss any issues or concerns they had in their role. Staff told us the management team had been proactive and would arrange supervision at meeting points when PPE was dropped off. All care worker feedback was positive about the supervision they received. One care worker said, "They do listen to us and take action. They also always remind us about the importance of wearing PPE and keeping everybody safe because of COVID."

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

- People were supported to eat and drink if this was part of their agreed care and support needs. People's care plans had detailed information about what support was required, including people's preferences, special diets or any nutritional risks. They also recorded the support people's relatives provided if they were involved in shopping or meal preparation.

- One person was very positive about the support they received from staff who supported them with meal preparation and cooking. They added, "They are very understanding of my different approaches to food, how they have listened to me, worked with me and picked this up. They have been amazing and taken it in their stride and understand my nutritional needs very well."
- Staff were aware of the support people needed and explained in detail this person's preferences and how they liked their meals. One care worker told us this was a key part of the shadowing process and was given plenty of time to read their care plans to understand what was important to the person.

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

- Staff were responsible for monitoring people's health and wellbeing and reported any concerns or changes in health to the relevant health and social care professionals. Care records showed people were also supported to access healthcare services if their needs changed.
- We saw a compliment from one relative who had praised a staff member for how well they had responded when their family member had had a fall, including how this support had put their mind at rest at a stressful time. A health and social care professional told us a member of the management team had helped support a person to a GP appointment in an emergency.
- We saw the provider followed up with health and social care professionals for advice and support when needed. One health and social care professional told us the provider worked closely with the district nursing team and was happy with the level of care being provided by the care workers. Another health and social care professional told us the provider always escalated any health concerns which was very reassuring.
- Staff had a good understanding about the importance of checking on people's health and welfare during their visits and recording and reporting any issues of concern. We saw this was regularly discussed during supervision and team meetings. One care worker told us they were regularly reminded about what emergency procedures needed to be followed if they had concerns or a person became unwell.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- The provider ensured people and their relatives had consented to their care and were involved in the decisions about how they wanted to be supported. Consent forms were completed during the assessment and included if their information could be shared with other health and social care professionals.
- Care records confirmed if people were able to communicate their needs and could make decisions about their care, including whether relatives or representatives were involved in supporting people to make best interest decisions.
- Although one care record could have been more detailed for a person who had capacity but had not signed to consent to their care, there were supporting documents from the CCG about why their family member should be involved and the reasoning behind this.
- Staff completed MCA training as part of their induction programme when they started working at the

service and understood why it was important people were aware and involved in the care they received. One care worker told us this was also discussed during one to one meetings to remind them of their responsibilities.

Is the service caring?

Our findings

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

This is the first inspection for this service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives were positive about the caring attitude of the staff team and how they had developed a good relationship with them. Comments included, "The girls do a lovely job, they are all very caring and very patient. I'm very happy with them" and "I have absolutely no problems at all, they look after me very well and are very kind and caring."
- The management team told us they always aimed to provide people with regular care workers as this would help build positive relationships. People confirmed this and told us where possible, they also got to meet their care worker during shadowing sessions when they first started. One person said, "The regular care workers have got to know us well. Their work is done with love and compassion."
- Care workers understood the importance of developing positive relationships with the people they supported and explained how they discussed this during meetings so they were regularly reminded. A health and social care professional told us they always received positive feedback and praise when they contacted people for updates on the service. They added they felt staff went out of their way to help people.
- We only received one negative comment where a person felt their care workers focused more on care tasks rather than their wellbeing. We followed this up with the registered manager who sent us supporting information. We saw a recent telephone monitoring record had discussed this and comments showed improvements had been noted in how staff interacted with the person during care tasks. The registered manager also followed this up with the family after the inspection to get further information and respond to the feedback.

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

- People and their relatives, where appropriate, were involved in making decisions about their care, with regular checks and monitoring in place to confirm if they were happy with their care. Records showed people's needs were discussed with them during initial assessments, including who should be involved when reviews were needed.
- People and their relatives told us they were given choices by their care workers when they were in their home and providing care. Comments included, "They are always communicating with us, encouraging us with everything. They are the icing on the cake" and "They do listen to [family member] and they respect their wishes."
- One person told us they were fully involved in all aspects of their care and praised the management team and care staff for how they worked closely with them and listened to them about how they wanted to be supported. A health and social care professional who worked with this person told us they knew this person was extremely appreciative of how they continually involved them and listened to them about their care needs.

Respecting and promoting people's privacy, dignity and independence

- People's care plans highlighted what tasks they were able to complete by themselves and where they needed support. Care records had guidelines for staff to follow for how people liked to have their personal care carried out.
- Privacy and dignity issues were discussed during the induction and staff were regularly reminded about this during meetings and supervisions. One care worker said, "They remind us about this on a daily basis, that people's privacy and dignity is the most important thing and we need to involve people and respect them."
- Staff were further reminded about this when they first started, with shadowing records highlighting staff awareness and if they had respected people's privacy and dignity during the visit. Spot checks and telephone monitoring records also showed the management team ensured this was maintained during visits and people felt comfortable with the care they received.
- Positive feedback included, "They're very respectful in the home, they don't just rush in, they knock, they respect the property" and "They understand this very well and know how I like to be supported." One person's recent care plan review highlighted their satisfaction with the service and commented on how their privacy and dignity was being respected by the care workers and it was a joy to have them in their home.

Is the service responsive?

Our findings

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

This is the first inspection for this service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Initial assessments discussed people's needs, health conditions, preferences and requirements which helped staff to create person-centred care plans with detailed information and instructions about people's lives and how they liked to be supported.
- Care workers had a good understanding of people's needs and told us they felt they had enough personalised information about them to be able to understand their health conditions and daily routines. One care worker said, "The care plan is always very detailed but if we need anything else or have any questions we can call the office and they always respond. This has never been a problem."
- The management team told us they tried to accommodate people's preferences and had regular contact and reviews with people and their relatives to ensure they received personalised care. One person said, "They have bent over backwards to find the right people that can meet my particular needs."
- One relative spoke positively about the assessment process and how this introduction and experience gave them reassurance. They added, "They came and talked everything through with us, made us feel relaxed and made the process for us very easy. They were very patient with this." A comment in one person's review stated, 'They always include me, involve me in decisions and ask for my opinions.'

Meeting people's communication needs

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

- People's communication needs and preferences were recorded during their initial assessment, with information for staff to know how best to communicate with them. The communication assessment checked if there were any communication barriers and what people's preferred methods of communication were.
- The provider had a communication difficulties policy and procedure in place which was aligned with the AIS. At the time of the inspection the provider was not supporting anybody who had indicated they had any impairments that required information to be sent in a different format.

End of life care and support

- The registered manager confirmed they supported people at this stage of their life and worked closely with the relevant health and social care professionals who were also involved in their care. End of life care plans included information about people's care needs at this stage of their life, including advice and guidance for staff to follow and to be aware of to ensure their needs were met.

- People's records included information about their advanced wishes, such as not wanting to go to hospital or who they wanted to be with them to support them with important decisions. There was information on whether a Do not Attempt Cardiopulmonary Resuscitation (DNACPR) document was in place.
- Staff confirmed they completed end of life training and had opportunities to discuss any issues or concerns they had with the management team. One care worker said, "It can be hard as we become close to the client but we do get good support from the office. If our client does pass away, they have offered us counselling."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and this was regularly discussed with people and their relatives during telephone monitoring calls, spot checks and service reviews. There had only been one formal complaint since the service was registered and it was in the process of being investigated at the time of the inspection, in line with their policy.
- People and their relatives told us they would feel comfortable raising issues if they needed to and knew who to contact. One person told us the management team had been quick to respond to an issue they had, which they had resolved. Another person said, "I know if there are any issues, I would have no problem in raising this and I'm confident they would find ways to mitigate any issues and resolve any concerns."
- Where one person said they felt they were not always listened to, we followed this up with the registered manager. They were proactive and agreed to meet with the person to discuss their concerns. They updated us after the inspection as they had met with the family and put enhanced monitoring in place for the coming weeks and would carry out a review afterwards.

Is the service well-led?

Our findings

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

This is the first inspection for this service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

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

- The overall feedback from people and their relatives was positive about the management of the service and how the management team were responsive and worked hard to provide a good service. Comments included, "I'm really happy with them, it has been very stable for us since they started", "The best thing about them is they are very understanding" and "I get excellent support from everybody, especially during COVID-19. I don't know what I'd do without them."
- Where one relative told us they thought there were areas of improvement in the service they received, they said the management team were responsive and tried hard to resolve any issues.
- Staff were also very positive about the support they received and the working environment across the service. Comments included, "The management are the best thing about this agency, their communication and the way they talk to us. They care about their clients, but they care about us too" and "It's the best agency I've ever worked for. They are very supportive, always listen and always respond."
- The management team were dedicated in their roles and understood the challenges their staff had faced since the start of the pandemic. Feedback was extremely positive about the reassurance provided to staff, especially during difficult periods in the past year. One care worker added, "There have been times I've felt I couldn't do this, but they have always reassured me."

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

- Although there had been no notifiable incidents across the service, the registered manager had a good understanding of their responsibilities regarding notifiable incidents and knew when notifications had to be submitted.
- Regular calls and discussions between the management team and care workers provided reminders for staff about important aspects of their role and key responsibilities. Reminders included their recording and reporting responsibilities. One care worker said, "They have made it 100% clear what we need to record, what we need to do, what can go in the log and to report any concerns we have."
- A regular discussion point included the importance of logging in for care visits and reminders of why this needed to be done. Staff were given the ECM policy and there were weekly reports of staff compliance. We saw this was regularly monitored and staff were brought into the office for a performance management meeting if improvements in this area was required.

Continuous learning and improving care

- The provider had systems in place to monitor the service to ensure people were receiving the care they needed and any areas of improvement could be picked up. Team meetings and check-in calls with care workers provided regular opportunities to discuss issues that occurred across the service. Spot checks and telephone monitoring calls were also in place to get feedback from people and their relatives about levels of care and to observe staff performance and their ability to carry out their care tasks.
- People's daily records and MARs were collected and audited on a monthly basis to check for any issues and to ensure care workers were completing them in line with best practice. Care workers confirmed they were regularly reminded about handing over completed records and were contacted if any areas needed to be discussed.
- We found one inconsistency for a person's January 2021 MAR chart that had not been picked up during the monthly audit. We discussed this with the registered manager who acknowledged the oversight and followed this up with the staff members involved.
- People and their relatives confirmed they were regularly contacted by the management team to check in on them. One person said, "I can contact them if I need to but they call me all the time to find out how everything is going and if I am happy, which I am."

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

- We saw people and their relatives had opportunities to be involved in the service and give feedback about their care. Along with regular telephone monitoring, there were surveys and reviews of service, especially if any changes in needs were reported. Samples of records showed people were positive about their experiences with the service.
- Staff spoke positively about the support they received from the management team and felt they were always available and listened to their issues, concerns or anxieties. Comments included, "They do care about us and check on our wellbeing, which I do appreciate" and "The best thing is they respect their staff, I feel valued and listened to."
- One care worker said, "Because of how they treat us and look after us, it encourages us to work and go above and beyond our duties."

Working in partnership with others

- The management team worked in close partnership with a range of health and social care professionals in relation to people's care and support. This included working closely with a registered care home, where they provided extra support to a person who lived there. A senior member of staff from the home spoke positively about the working relationship with both the care staff and management team. They added, "We certainly have no concerns. We give feedback to each other and they fit in well as part of our team."
- Health and social care professionals confirmed the management team kept them regularly updated about people's health and wellbeing, not just when they noticed any changes or deterioration in their health. One health and social care professional told us the management team provided very detailed updates before fortnightly multi-disciplinary team meetings which were very helpful.

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

- Although there had been no safeguarding incidents across the service, the provider was aware of their responsibility to be open and honest with people, including health and social care professionals. For a complaint that was in the process of being investigated, the provider had acknowledged where they were at fault and explained how they would improve future practices.
- One health and social care professional told us they were very confident in their ability to report on any incidents or events related to the people they supported, which was always without delay.

