

Carepoint Services Limited

# Carepoint Services Ltd (Ickenham)

## 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

Carepoint Services Ltd (Ickenham) is a domiciliary care agency providing a range of services including personal care to people in their own homes. At the time of our inspection, there were 16 people using the service, most of whom were funding their own 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.

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

People's care and risk management plans set out the care tasks they required help with and these contained information about people and their preferences for how they liked to be supported.

People told us they felt safe. Where there were risks to people's safety and wellbeing, these had been assessed and the provider had done all that was reasonably practicable to lessen those risks. However, some risk assessments lacked clarity about the risks identified. This was addressed before the end of the inspection.

There were systems for the management of incidents and accidents. However, there had not been any significant concerns. The provider was transparent and there was clear communication within the team, so they learnt from mistakes and made improvements when things went wrong.

There were systems in place to monitor the quality of the service and recognise when improvements were required.

We received positive feedback from people and their relatives about using the service. They told us the staff were kind, caring and respectful and met their needs in line with their wishes.

There were enough staff deployed to support people and people told us the staff usually arrived on time. Recruitment checks were carried out to ensure staff were suitable to support people. Staff received induction, training and supervision and felt supported in their roles.

The provider sought feedback from people, relatives and staff and used this to develop the service. People and staff were confident they could raise any concerns they had with the registered manager and felt they would be listened to.

The registered manager and senior staff were responsive to and worked in partnership with other agencies to meet people's needs.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at the last inspection

This service was registered with us on 15/7/2020 and this is the first inspection.

Why we inspected

We planned this inspection based on the length of time since the service was registered.

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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Carepoint Services Ltd (Ickenham)

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience undertook telephone interviews with people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. 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.

#### During the inspection

We spoke with four people who used the service and eight relatives of other people about their experience of the care provided. We spoke with the nominated individual, registered manager and care coordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

#### After the inspection

We received feedback by email from six care workers and two external professionals who were involved with the service. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

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

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- The risks to people's health and wellbeing had been assessed and regularly reviewed. Each person had a support assessment in place which contained information about the person's needs such as if they were cared for in bed, at risk of falls, had skin integrity issues or any condition which impacted on their mobility and safety. They also had moving and handling assessments in place and these were up to date.
- Specific risk assessments and plans were available based on the individual risks that had been identified at the point of the initial assessment of people's needs. While staff knew people's needs and the risks they faced well, we noted the risk assessments lacked details, did not show the risk level and did not always specify how to minimise risk. For one person, their initial assessment highlighted they had dry skin, which bruised easily but the risk assessment only specified for staff to be trained and undertake all transfers with due care and attention.
- We discussed this with the registered manager who told us they would make the necessary improvements. Before the end of the inspection, they showed us some newly improved risk assessments, and assured us they would review all others without delay. We saw evidence of this after the inspection.
- The provider carried out an environmental risk assessment of people's home prior to supporting them, to help identify any risks to the person or care workers visiting. This included access to the property, any hazards, cleanliness, smoke alarms and equipment. There were procedures in place in the event of a fire evacuation and adverse weather conditions, and these were recorded in people's care plans.

### Systems and processes to safeguard people from the risk of abuse

- Without exception, people told us they felt safe with the care workers who supported them and did not feel rushed with the support they received. They added the care workers were on time and visits were never missed, rushed or cut short. One person told us, "They are good and I feel safe." A relative agreed and said their family member was, "Completely safe with [care workers]."
- The provider had a safeguarding policy and procedures in place and staff were aware of these. Staff received training in safeguarding adults and understood what they would do if they were worried somebody was being abused. There were no safeguarding concerns at the time of our inspection.

### Staffing and recruitment

- There were enough staff deployed to meet people's needs. Staffing levels were determined in line with people's agreed care packages. This was subject to change depending on people's needs. The care coordinator and registered manager went out regularly to provide care to people. They felt this was useful to build a good rapport with people and relatives and that meant they knew them and their individual needs well. People told us the management team were 'hands on'.

- Recruitment practices ensured staff were suitable to support people. This included ensuring staff had the relevant previous experience and qualifications. Checks were carried out to help ensure staff were suitable before they started working for the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring criminal record checks were completed.

#### Using medicines safely

- People told us they received their medicines safely and as prescribed. The provider undertook monthly audits of the medicines administration record (MAR) charts. However, there was a risk that an error or omission might not be identified straight away. We discussed this with the registered manager and the care coordinator. The care coordinator told us they checked the logbooks where the staff recorded when medicines were given daily, and people had not reported any issues. Following our discussion, they told us they would put in place a peer audit sheet so care workers would be responsible for checking if the person had received their medicines at the previous visit. We saw evidence of this after our inspection.
- The managing director added they were in the process of having a new electronic system which would not allow the care workers to log out of a visit unless medicines had been given, thus reducing further the risk of omission.
- Some people required support to take their medicines. Staff were trained to do this appropriately and had their competencies assessed regularly to ensure they maintained their skills and knowledge. There was a medicines policy and procedures in place and staff followed these.
- The medicines administration record (MAR) charts we viewed were completed appropriately and contained details of the medicines, dosage and administration instructions. Staff signed the MARs to evidence they had supported people with their medicines. We saw there were no gaps in staff signatures, indicating people were receiving their medicines as prescribed.

#### Preventing and controlling infection

- There were systems in place to protect people from the risk of infection. Staff received relevant information and training in relation to COVID-19, infection control and personal protective equipment (PPE).
- The staff were required to get tested for COVID-19 weekly. At the start of the pandemic, where staff had tested positive, we saw the provider had followed government guidelines in relation to self-isolation. Relevant information about the vaccine was circulated to staff and they were encouraged to get vaccinated. Staff who were hesitant were supported and reassured, and the provider was in the process of devising a risk assessment for them.
- There were detailed COVID-19 risk assessments in place for staff and people who used the service. These considered their age, medical history, and any conditions which put them at higher risk should they contract the virus.
- Staff confirmed they had access to PPE and knew how to use this. They told us they understood how to support people whilst keeping them and themselves safe. People and relatives we spoke with confirmed the staff followed good infection control practices and wore PPE appropriately. One person told us, "During COVID, they've been wearing face masks, plastic gowns and aprons." They added they found this 'reassuring'.

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong. There had not been any accidents or incidents at the service in the last year. However, the registered manager told us they had improved their service as a result of the pandemic, which had been a difficult time.
- The registered manager believed in prevention, and making improvements before anything went wrong.



For example, they had improved the MAR chart format, to make this clearer thus reducing the risk of errors.

- The registered manager also explained how they had worked as a team to learn and improve during the pandemic. They told us, "COVID has been a learning curve. There was no PPE at first, the bare minimum. We supported each other. Now we have a contingency plan in place, so in the future this won't happen. We are now well stocked up and I am on top of this. Once a week, I check and re-order and always check with the care workers."

# Is the service effective?

## Our findings

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

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service, and a care plan was devised with the person at the time of the assessment. These were detailed and contained the necessary information about the person, such as their healthcare needs, living arrangements, communication needs and mobility. Assessments also included how people wanted their care needs to be met at each visit.

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- People's choices in all areas were considered and recorded, for example, their choice of gender for the care workers who provided care. Where possible, people were matched with care workers who had the right skills and personality to form a positive rapport with the person. For example, one person liked to discuss current affairs and serious matters and their care worker was able to have meaningful discussions with them.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained, supervised and appraised. People thought the staff were well trained and had the necessary skills to meet their needs.

- New staff received an induction which included an introduction to the service and its policies and procedures and shadowing more experienced staff. They were assessed in all areas of their work, such as moving and handling and personal care. When assessed as competent, new staff could support people unsupervised. One staff member told us, "The team is very supported and I had a good induction."

- Staff received training in subjects the provider identified as mandatory such as safeguarding, moving and handling, medicines, mental capacity and infection control. Staff were supported to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff an introduction to their roles and responsibilities.

- Staff also received training specific to the needs of people who used the service, such as dementia care, oral care, sensory loss, end of life care and sepsis. The training matrix indicated staff training was up to date and regularly refreshed.

- The office location had a training room with a range of equipment such as hoist, wheelchair, zimmer frame and specialist bed, so staff could be provided with practical moving and handling training.

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

- People's nutritional needs were recorded in their care plans and met. Each person had a 'Nutritional support assessment' in place. This contained details of how they wanted to be supported and any specific needs they might have. For example, "Carers to leave out water and encourage [Person] to drink."

- People's food preferences and requirements were recorded, so care workers knew how to meet their

needs. For example, one person's care plan stated, 'Cook lunch to include vegetables, slice of buttered bread if required and a small glass of orange juice'. Where necessary, the staff completed 'Food and nutrition logs' so they could monitor a person's nutritional intake and identify any concerns. Staff received training in nutrition and hydration, including special diets.

- Where a person had specific complex needs such as dysphagia, and at risk of choking, we saw a risk assessment was in place which offered instructions to care workers on how to reduce the risk and keep the person safe. For example, one person required soft and pureed food, and had been assessed by the speech and language therapist (SALT). The staff had received training in this to help ensure they understood the person's condition and met their needs.

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

- People's healthcare needs were recorded and they were supported to have these met. The registered manager expected all staff to be vigilant during visits and report any concerns they may have about people's health conditions. We saw evidence care workers communicated well with the office and reported any concerns promptly. One relative told us, "They are very proactive. They will contact the GP if they think my [family member] needs any creams etc. They are very helpful."

- The registered manager liaised with other healthcare professionals to meet people's needs. They told us, "We liaise with social workers, GPs and district nurses to meet people's needs. I take a person to a day service every week, so [they] get a better quality of life, engage with the community and give [their relative] respite." They added, "We have got a client in sheltered accommodation too. We work with the warden to help [them]. [They] had a flood recently so we liaised and got [them] another flat."

- We saw evidence the actions of a staff member had considerably improved a person's health and skin condition. The person was cared for in their bed and had been found with multiple bruises and redness on their skin. It was established that poor moving and handling prior to receiving care from the service, and inadequate sleeping arrangements had contributed to the person's deterioration. The provider contacted healthcare professionals and the person was provided with the right equipment. District nurses' input helped the person's skin heal and the care from well-trained staff meant the person's condition improved rapidly. The care coordinator told us, "[They are] like a new person. We really thought [they] would not make it, but now [they are] so much better."

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.

- People told us they were consulted about their care, and their choices were always respected.
- The registered manager told us where people had the mental capacity to make decisions about their care, these were respected.

- Where people lacked the capacity to make certain decisions, they had their capacity assessed, and decisions were made in their best interests. We saw, where possible, people had signed their records to show they had been consulted and agreed with the content of these.
- Staff received training on the principles of the MCA and demonstrated an awareness of this.

# Is the service caring?

## Our findings

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

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were treated with kindness and respect by the care workers who supported them. Their comments included, "They are absolutely great...really good... superb", "I can't fault them. Nothing is too much bother. They have gone out of their way to provide support." Relatives agreed and said, "They don't speak down to us or are condescending" and "They treat [family member] with dignity and respect."
- People were asked if they preferred a female or male care worker and told us their choices were respected. One person told us a male carer visited to give them a bath, in line with their wishes.
- People's religious and cultural needs were respected and met. For example, during lockdown, one person was unable to source ingredients from their country of origin they used for cooking. The staff assisted the person to make her a shopping list and found an open grocery shop where they found the ingredients required. They delivered the shopping and helped the person put it away.
- The provider had a sexuality policy in place which included details about how to support people from the Lesbian, gay, bisexual and transgender (LGBT+) community. Staff received training in 'LGBT: Promoting inclusion and awareness'. At the time of our inspection, they were not supporting anyone from this community.

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

- People told us they were consulted and involved in decisions about their care. They told us staff took time to explain things and listened to them.
- The staff team communicated well with people and their relatives and ensured they were always involved in their care and support. The registered manager told us, "It is their care at the end of the day, they know their own needs. We ask them how they want their care, and work with their families, social workers when the person lacks capacity."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us the care workers treated them with dignity and respected their dignity and independence at all times. A relative stated, "It's very good, extremely good." A healthcare professional echoed this and said, "They are compassionate, understanding, person centred and listen to the citizen's wishes. They have a very good rapport with [person] and the citizen said [they are] very pleased with them."
- The care workers helped raise people's self-esteem and were observant. For example, a care worker had noticed a person had nail varnish but was unable to apply this due to a condition which affected their movement. They assisted the person who was 'very happy'. Their relative later called the office to express

their gratitude.

- People's care plans specified how to support them whilst respecting and promoting their independence. For example, "[Person] will wash [their] own hands with the flannel, this is very important to [them]." A member of staff told us, "When we do personal care for them, we always cover their bodies. We draw the curtains and keep their dignity and privacy at all times." The registered manager added, "We have to put ourselves in their shoes. It is difficult for them to accept care. We support them to remain independent but we are there to help."

# Is the service responsive?

## Our findings

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

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

This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that met their needs and preferences. People and relatives told us they were happy with the care they received and the care workers met their needs. A social care professional told us they had been happy with how their client's needs had been met by the staff. They added, "The manager also supported the family with contacting appropriate services for [Person] and with the appropriate support required to meet [their] needs."
- People, relatives and external professionals told us the whole team went above and beyond at all times. A social care professional told us, "I remember the manager going beyond [their] remit during lockdown to support a citizen complete some forms and supporting [them] to scan and email them back to social services. I also remember a carer agreeing to avail [themselves] at a citizen's home when they were in hospital to receive delivery of equipment at no extra cost."
- People's care plans were comprehensive and person-centred. They were divided in sections which covered every area of the person's needs, such as life history, interests and hobbies, likes and dislikes, end of life wishes, sexuality and gender preference, health conditions and what the person wished to achieve.
- People's specific requirements were recorded in their care plans. This included the frequency and length of time of care visits, and how many care workers they needed to support them. This was reviewed as people's needs changed. For example, one person's care visits had increased as their mobility had decreased, and they required more support.
- Each visit was described in detail to enable the care workers to know exactly how to support the person in line with their wishes and needs. For example, "Please fill the bowl with water to the temperature of [Person's] liking."
- There were logbooks where care workers recorded all tasks undertaken during visits. These were regularly audited by the registered manager. Any concerns or discrepancies were addressed with staff in a timely manner.

Meeting people's communication needs

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

- People's communication needs were recorded in their care plans and met. For example, the care plan for one person whose hearing was impaired stated, 'Carers to speak in a clear tone no more than an arm's length away to ensure communication is clear and understandable'.

- The staff had worked effectively to meet the needs of a person who was registered blind. They assisted the person with daily tasks which were difficult for them. The registered manager told us, "We assisted [them] to add [their] appointments to [their] calendar by recording instructions onto special "dots". We have assisted with [their] filing and sorting of hospital letters. We have transported [them] to [their] weekly bowls meeting. We have helped [Person] set up [their] audio books subscription and made it easily accessible on [their electronic device]."
- One person was unable to communicate verbally and used sounds and facial expressions to communicate their needs. The provider had ensured the person had the same regular care workers supporting them so they built a rapport with the person and knew how to communicate with them.
- The staff were observant and recognise people's body language. For example, one person often became anxious and tearful. The staff knew how to recognise signs when this was happening. This meant they were able to reassure the person sufficiently, so they did not become distressed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Most of the people who used the service lived with relatives and were able to maintain relationships with their extended family.
- People were encouraged to take part in community activities and socialise. The registered manager told us, "We used to take a person shopping. We have another person who we supported to go out for a walk and now [they are] independent and accessing the community by [themselves]."
- Care workers provided activities if this was part of her person's care plan. For example, one person liked the care workers to do word searches and puzzles with [them]. The registered manager told us they had supplied 'Isolation packs' to people during lockdown. These contained a range of material to keep people entertained and prevent social isolation. The registered manager told us, "One person goes to the day centre every day. [They have] a lot of sensory toys and books that make noises. We engage with [them] using these."

Improving care quality in response to complaints or concerns

- People who used the service were happy with the care they received and told us they had no complaints. They told us the office staff were 'extremely approachable' and when requests were made or issues raised, these were resolved. They added that phones were answered quickly and emails were promptly acted upon.
- The provider had a complaints policy and procedures and people were aware of these. There had only been one complaint in the last year and we saw this had been addressed appropriately and in a timely manner.

End of life care and support

- People's end of life wishes were recorded in their care plans if this was something they were comfortable discussing. The provider had an end of life policy in place and staff received training in 'end of life care' and 'Dementia: End stage of life'.
- At the time of our inspection, nobody was receiving end of life care, although the provider had, in the past, provided care for a person who was at the end of their life. The registered manager told us, "We had a client who was end of life. We were working every day with the district nurses to manage the person's pressure sores and provide support for them."



# Is the service well-led?

## Our findings

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

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

- People and relatives spoke positively about staff and management. They told us the registered manager was approachable and knew who [they were]. Their comments included, "I cannot sing their praises too much", "The managers at Ickenham provide the best service possible" and "They are very organised. Very well run, absolutely fantastic." A healthcare professional agreed and said, "They are passionate about what they do and it is evident that they love it too. The carers also appear to be well trained."
- The staff told us they liked working for the company and felt supported. One staff member stated, "The office staff and colleagues are very helpful so it's a nice working environment" and another said, "my experience so far with this service as been absolutely amazing."
- The registered manager told us people's needs came first and they would respond to people anytime of the day and night. They explained that one person's condition meant they preferred to communicate by text. They were given the registered manager's number, so they could contact them directly. The registered manager told us, "Their needs are always met. I always answer and provide what they need. They get their message across, I visit them, give them reassurance etc."
- The registered manager initiated a social media group which was an effective way of communicating and sharing information with staff. They told us, "I make myself approachable. They need to feel they can tell me what they want. There are always two sides. We listen."

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

- The registered manager understood their duty to report any accident or incident, to take appropriate action and to offer an apology if necessary.
- They demonstrated they knew they had a legal requirement to notify the CQC. They told us, "We are transparent about everything. If something goes wrong, we talk about it and see how we can improve. We then learn lessons from this together to make the service better." They added, "If a complaint has been raised, and it is our fault, it is my duty to make sure I follow the right procedures and not cover the situation. Be transparent. It could be anything, like a medication mistake. It is important to prevent this from happening again. We would work with the local authority and CQC."

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

- The provider had effective auditing systems in place which included audits about recruitment, care plans, accidents and incidents, health and safety and medicines.
- The senior staff undertook regular spot checks of the care workers, so they could help ensure people received the support they needed. Spot checks included observations of the care provided, care worker's punctuality, manner, dress code. Any concerns were addressed with the care worker and recorded.
- The provider was in the process of introducing an electronic monitoring system so the registered manager and senior staff could access information in real time. For example, they could check if a care worker was running late, and address this without delay.

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

- The provider conducted annual satisfaction surveys with people who used the service. Upon receipt of these, the results were analysed. When concerns were highlighted, the provider put in place an improvement plan stating what they would do to improve service delivery. In addition, the managing director told us they wrote to people individually to give them the outcome of the survey, and what they had put in place following people's feedback. They also gave each person their head office address and their telephone number in case they wanted to contact them.
- We viewed the most recent survey, which showed a high level of satisfaction and most people stated they would recommend the service to others.
- There were regular staff meetings where a range of subjects were discussed. The office staff met weekly to discuss any new guidance, PPE stock, reviews for the week, any concerns and to set objectives for the week.
- The senior team worked well together and communicated effectively. The provider kept the staff informed and involved in the service by meeting with them and sending quarterly newsletters which contained news and announcements. For example, carer of the month, and reminders such as training. The registered manager told us, "We communicate via zoom meetings, [social media] groups for staff and we have a suggestion box for any feedback."

Continuous learning and improving care

- The registered manager held a qualification in social work and was undertaking a qualification in leadership and management. They had gained several years working in social care to develop their knowledge and skills prior to becoming the registered manager. They kept themselves involved and informed of all relevant developments within the social care sector. They were supported by the managing director who was also knowledgeable, well qualified and experienced.
- The provider kept themselves updated about the changes to guidance and legislation in a variety of ways. They had signed up with a number of organisations including the United Kingdom Home Care Association (UKHCA) and Department of Health (DOH).
- The registered manager received regular updates from Skills for Care, a training organisation for the adult social care sector. They told us, "Skills for Care provide me with webinars around CQC regulations, mentoring workshops and recruitment ideas and overall keep me informed about current and future upcoming changes and advice."
- The provider kept a log of all compliments they received from people and relatives. We viewed a sample of these. Comments included, "Thank you so much for looking after [Person]", "Just wanted you to know how grateful we are for your care, kindness and efficiency. ... A big gold star to you" and "Thank you for helping [Person] to stay in [their] own house for as long as possible."

Working in partnership with others

- The registered manager kept abreast of developments within the social care sector by attending meetings and training courses organised by the local authority. They told us, "I attend fortnightly domiciliary care

forums to talk about changes to guidance, Covid-19 changes and impact and how to support care workers in different ways."

- External professionals told us they had a good working relationship with the provider. Their comments included, "I observed the communication of the manager with other professionals involved to be very good" and "I found the management to be very effective and responsive. They provided me with accurate information promptly when needed. They are knowledgeable and know where to report concerns and follow up."
- The managing director told us they constantly worked to recruit new staff by raising the profile of social care to encourage people to work in the industry. They had liaised with the Association of Directors of Adult Social Care Services (ADASS) who had produced a short film about choosing social care as a career.