Elite Livein Care Limited

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Inspection report

Wessex House
Eastleigh Business Centre
Eastleigh
Hampshire
SO50 9FD

Tel: 03301330235
Website: www.elitelivein.care

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Elite Livein Care Limited is a domiciliary care service providing personal care to people in their own homes. The service provides support to older people and younger adults some of whom may be living with dementia, and/or a physical disability or sensory impairment, mental health need or have a learning disability or autism. People receive 24-hour support provided by live in care staff. At the time of our inspection there were 35 people using the service living in Hampshire and the surrounding areas.

Everyone who used the service was receiving 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
We received positive feedback from people or their family members about the service they were receiving. Everyone spoke highly of the care staff, senior staff and the registered manager. People felt they were cared for with kindness and compassion and their independence was promoted.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there was a person using the service who has a learning disability and or who was autistic.

People were usually supported to have choice and control of their lives. However, we found some restrictions were in place and formal systems as required by mental capacity legislation had not been completed to assess people's mental capacity and ability to consent to care or restrictions.

Most risks to people were assessed, recorded in care plans and updated when people's needs changed. The registered manager took prompt action when we identified some further risks that required assessment and mitigation plans/guidance for care staff to be put in place. Medicines were generally managed safely and the registered manager took prompt action to improve some aspects of medicines record keeping.

There were systems in place to monitor the quality of the service however, these had not identified the failure to follow formal Mental Capacity and best interest decisions procedures or ensure all risk assessments and record keeping regarding medicines were in place.

People told us they had been involved in care planning and care plans generally reflected people's individual needs and choices. Staff were responsive to people's needs, which were detailed in care plans.

People told us they felt safe and secure when receiving care. People were supported to meet their nutritional and hydration needs and staff contacted healthcare professionals when required. Staff followed all necessary infection prevention measures.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. There were enough care staff to meet the needs of people being supported by the service. Staff told us they felt supported, received regular supervision and training.

People benefitted from a management and staff team who were committed to ensuring they received a service which was caring. People, family members and care staff had regular contact with the registered manager who they felt able to approach should the need arise. People and staff were confident the registered manager would listen to them and take any necessary action.

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

Rating at last inspection and update
The last rating for this service was good (published 21 August 2017).

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence the provider needs to make improvements. The registered manager took prompt action to make the necessary improvements. Please see the effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Why we inspected
This inspection was prompted due to the time since the previous inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elite Livein Care Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified a breach in relation to Mental Capacity and best interest decisions at this inspection. We have also recommended that the provider review their record keeping and quality assurance procedures.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next 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? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
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 not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Elite Livein Care Limited

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 Health and Social Care Act 2008.

Inspection team
This inspection was carried out by 2 inspectors 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.

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

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave a short period notice of the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 October 2023 and ended on 24 October 2023 We visited the location's office/service on 11 October 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We used information gathered as part of monitoring activity that took place in July 2023. We used all this information when planning the inspection.

During the inspection
We spoke with 4 people and 5 family members about their experience of the care provided. We spoke with the registered manager, deputy manager and six care team members. We received feedback from 3 external health or social care professionals.

We reviewed a range of records. This included 6 people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including, training, quality monitoring, policies and procedures were also reviewed.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Most risks to people were assessed, recorded in care plans and updated when people's needs changed. We identified some further risks that required assessment and mitigation plans/guidance for care staff to be put in place. These included emergency evacuation procedures, monitoring of smoke detectors and the risks associated with some medicines such as those prescribed to thin blood.
- The registered manager agreed to undertake further risk assessments as we had identified.
- The lack of some risk assessments was mitigated as staff demonstrated they had a good knowledge of potential risks to people and knew how to manage these risks. For example, they were able to explain what they would do should a fire occur within the person's home and confirmed they had received training to support people with specific health needs.
- Other information in care plans demonstrated that action had been taken to minimise risks for people such as the provision of movement alert equipment, meaning sleep in staff at night would be alerted if a person who was at risk of falling was moving about their bedroom.

Using medicines safely

- Overall systems were in place to ensure medicines were managed safely; however, we identified some further improvements in respect of record keeping which could be made which are detailed in the well-led section of this report.
- People and family members said they were happy with the way they were supported with medicines. One person said, "I went out with the carer yesterday and when we got back, she made sure I had my tablets, drops etc; everything [regarding medications] is okay."
- Information regarding the support the person needed with their medication was recorded within their care plan, up to date and accessible to staff. Staff received training in medicines management and had their competency regularly assessed.

Learning lessons when things go wrong

- A system was in place for accidents or incidents to be recorded and reviewed so action could be planned or taken; however, reviews of these records by the management team and any subsequent actions which had been taken were not recorded. The registered manager agreed to add a section to the accident forms to demonstrate review and actions taken by the management team.
- Staff understood their responsibility to report incidents and accidents. All staff said they would report to the office or on call manager.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe and family members felt their relatives were safe whilst receiving care. For example, one family member told us "I've always felt that [my relative] is safe with these carers. We've had quite a lot of experience with other care companies to compare with." A person said, "I have no doubts at all about my safety. The carers are all lovely people, all very kind."
● Staff knew what action they should take if they suspected a person was at risk of abuse. One staff member said, "I would contact the company. During out of office hours, I can call the out of hours number. We have a procedure to follow." The staff member was also aware that they could contact the local authority if they felt the management team were not taking appropriate action.
● The registered manager was clear about their safeguarding responsibilities. They told us about these during a monitoring call we made in July 2023. Notifications received from the service showed that, when necessary, appropriate action was taken by the management team to ensure people were protected from the risk of abuse. Notifications are information about specific important events the service is legally required to send to us.

Staffing and recruitment
● Recruitment procedures were in place to help ensure only suitable staff were employed. Staff files included records of interviews held with applicants, together with confirmation that pre-employment checks had been completed before the staff member started working at the service.
● There were enough staff available. The registered manager was clear they would only accept new care referrals if they had enough staff available to meet people's needs. Where necessary field supervisors or the management team would provide ad hoc care to ensure people received the correct level of support required.

Preventing and controlling infection
● We were assured appropriate actions to minimise the risks of infection were in place.
● A person said, "I am very happy with all of that. The carers do everything they should [like] washing their hands before they get any food ready."
● There was an up-to-date infection control policy in place, which included specific information about the management of risks related to COVID-19 and other infections.
● Staff demonstrated they understood their responsibilities in relation to infection, prevention and control. Training records confirmed that all staff had completed infection prevention and control training, including food hygiene training.
● Staff told us they had enough PPE and understood when and how this should be used.

Requires Improvement

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's ability to understand and agree to their planned care had not been assessed following the principles of the MCA. We found examples where restrictions as guided by external professionals had been put in place, however, no formal processes as required by the MCA had been undertaken by the service to ensure these were lawful.
- The registered manager confirmed not all people had the ability to understand and therefore give informed consent to the way they were cared for including when restrictions were in place. They also confirmed that no mental capacity assessments and best interest decisions were in place including when restrictions were occurring or that formal requests to the local authority for community DoLS assessments had not been made. We discussed this with the registered manager who agreed they had not fully considered this as part of care planning and in the case of some restrictions were following the plan in place from the local authority.

The failure to ensure the principles of the MCA were followed was a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- The registered manager immediately commenced reviewing care assessments and undertaking formal

mental capacity assessments and best interest procedures.
● Staff had received training in the Mental Capacity Act 2005 (MCA). They were aware people could change their minds about care and had the right to refuse care at any point. Staff confirmed they would encourage people to accept all necessary support but would never do this without the person's consent. Where care was refused, they would seek further support from the registered manager and the person's family.
● People and their family members told us they had been involved in discussions about their care. A family member said, "[The carer] doesn't tell [person] 'no'; she's caring and suggests safer alternatives." A person told us, "I make the decisions most of the time. I decide when I want to do things like getting up."

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care
● The service worked well and effectively with external health and social care professionals. A health professional told us, "As a service they work well with us, anytime I have contacted them they have always been happy to follow our suggestions and guidelines."
● Care plans contained information about the person's health, medicines and their wishes or decisions about the level of emergency care they should receive. Where we identified a need for additional information in relation to a specific healthcare need the registered manager undertook to add this to the care plan. Care staff had received training to meet people's specific health care needs.
● People told us staff would support them to access medical support if required. A family member said, "The carers are good at spotting signs of an infection and let me know; the carer contacts the doctor directly. All the carers are aware of [another medical condition]."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Assessments were completed using a formal assessment tool. This was to ensure the service would be able to meet people's needs before commencing care.
● Information gathered during assessment was used to create an individual plan of care and support. The plan reflected the person's needs, including aspects of their life which were important to them. Records of care provided were detailed, showing staff had provided support that had been agreed during the assessment process. People and family members confirmed this when we spoke with them.
● When required the registered manager liaised with health and social care professionals to develop the person's care plan.
● Field supervisors and the management team completed regular checks of staff practice. This helped to ensure the person received effective and safe care.

Staff support: induction, training, skills and experience
● People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. A health care professional made positive comments in relation to the competency of care staff. A person told us, "Both of the carers I've had have been trained properly, they seem to know what to do."
● Staff received an induction into their role, which included online and practical training. The provider's induction training met the requirements of the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. New staff received additional support and monitoring.
● Staff received regular one to one supervision and monitoring of their work performance. This enabled the registered manager to monitor and support staff in their roles and to identify any concerns or additional training required.
● Staff told us they felt very supported in their role and they could approach the registered manager with

any concerns or questions.

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

● We received some mixed views about meals care staff provided. Some people and family members felt care staff were not able to cook meals from basic ingredients however, others were very positive and told us meals were cooked "from scratch". The registered manager had been aware there were issues with some staff cooking skills. They now required photographs of all meals to be sent to the management team and, when necessary, feedback was provided - such as providing more vegetables or improving the presentation of meals.

● Information about the person's dietary requirements were included in their care plan. Staff recorded food and drinks provided.

Good

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 family members told us that staff were kind and caring and knew their individual preferences. A family member said, "The carers are obviously in the job they want to be in; it's a demanding job and yet they are all so kind and thoughtful towards [my relative]." A person said, "The carers do everything with love; they are wonderful and I thank the Lord daily for them all." Other people and family members made similar positive comments.
- Staff had built up positive relationships with people. Staff spoke about people warmly and all said they enjoyed their work. Care staff told us they had the opportunity to get to know people and people had the chance to get to know them.
- Care staff also told us before supporting a new person they were always introduced to the person by a member of the management team and a formal handover was undertaken. This included information about the person's life history and preferences around food or drinks. This meant care staff would know important information about the person, such as any information about equality and diversity or protected characteristics and therefore were better able to meet people's individual needs.

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

- People or family members were involved in the initial assessment, care planning, day to day decisions and reviews of care. As identified in the effective section of this report we found formal assessments of people's ability to make decisions about their care had not been made however, care records showed on a day-to-day basis people were able to make decisions.
- People confirmed they were supported to make day to day decisions. For example, one person said, "The carers ask me when I'm ready for whatever it is they're doing." Another person said, "The carers let me have my independence, and do what I want to do [even though] they are not always happy about it (giving an example). I think they would step in if they thought I was taking too much of a risk."
- People were provided with information about the service, what it could and could not do in the form of a service users guide. This also included information about care plans and what people or family members should do if they had any concerns or complaints.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One person told us, "When the family comes over, the carer gives us family privacy time; she stays within earshot in case she's needed, very respectful." A family member said, "I came home the other day and [person] was having a shower, with the curtain drawn but the bathroom door open so that the carer, who was sitting on the stairs, could hear him if he wanted any

help."

● Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was important and described how they assisted people to maintain this whilst also providing care safely. One care staff member told us, "If I know something she really likes to eat, I suggest we get more of it. Such as things she can pick up and eat herself – to limit how much I am feeding her. This helps her to keep using her hands."

● People confirmed they were encouraged to be as independent as possible. A person said, "Yesterday I wanted to make an egg salad, so the carer boiled the eggs for me and I did the rest. I can do my own washing, put things in the machine etc."

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 individualised care which met their needs although their care plans did not always reflect their 'current support needs. We found instances where incidents or changes in a person's needs had not prompted an update to the care plan. There was a reliance on the daily notes made by staff to reflect these changes. This made it difficult to locate information and to be assured updates had been acted upon and communicated to the staff team. Staff had a comprehensive handover between carers. Therefore, the risk of care plans not always reflecting current needs was mitigated as staff understood and were meeting people's needs and preferences.
● One person told us, "I was fully involved in the care plan set-up; my [family member] was present and [office staff member] came over and assessed my needs." Another person said, "I'm at the [care plan] meetings, and my [relative] comes too. I get asked how things are going and what I think about things."
● People and family members told us the service responded promptly when people's needs changed and family members said they were kept informed of any important information. A family member said, "A week ago [there was a medical issue] and [the carer] called an ambulance, then rang me to tell me. After the ambulance had checked [person] and left, it was on the understanding that [the carer] did 4-hourly checks on him until I could come, which she did."

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● People's communication needs were identified during their initial assessment and well documented within the care records. The care records provided information about what people's communication requirements were and any additional equipment such as hearing aids that may be required. A care staff member told us, "In the care plan there is guidance on communication, words she uses, what certain words mean."
● The registered manager confirmed that they were able to tailor information in accordance with people's individual needs and in different formats if needed. Documents such as care plans and policies could be offered in larger print and could be translated into different languages.

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

● There were arrangements to support people with social activities and to prevent social isolation.

● With the exception of one family member, all family members and people felt they were supported to follow interests and take part in activities. For example, we were told, "The carers are very open to getting [my relative] out and about when she can. She also loves music and they're very tuned in to what she wants and likes. The younger carers bring their knowledge of accessing online content and things like that."

● Another family member said, "The carer might take [my relative] to town, to have coffee and cakes etc. And she watches whatever [my relative] likes on the TV, just goes along with her choices." The one family member who felt more could be done to support the person's social interests acknowledged that they had not raised this with the management team but said they felt happy to do so.

End of life care and support

● The registered manager provided us with assurances that people would be supported to receive good end of life care and to ensure a comfortable, dignified and pain-free death. They told us they would work closely with relevant healthcare professionals, provide support to people's families and ensure staff were appropriately trained.

● A person was receiving end of life support. Their care records showed that information about the person's decisions in the event of resuscitation were in place. The medication section of the care plan indicated that anticipatory medication was in place. This meant that there would be no delay in the person receiving symptom managing medication should the need arise.

● Care staff felt supported by the management team when providing end of life care. One care staff member told us, "They [management team] were really supportive, checking in all the time. After the person had passed away they [management team] were checking in making sure I was OK. I had a little time off afterwards."

Improving care quality in response to complaints or concerns

● People and family members told us they knew how to make a complaint. They said they would speak to the registered manager if they had a concern or complaint. One person told us, " I had a [care worker] I couldn't understand and who hadn't done any housework at all. I told the company I wasn't very happy about it, and the boss took her out. They will always sort things out."

● The provider had a complaints policy. Written information about how to complain was available for people and family members within the information pack provided when people commenced using the service. People and family members were also asked if they had any complaints when service reviews were undertaken.

● Discussions with the registered manager confirmed no complaints had been received in the past year. The registered manager described how they would investigate complaints including responding in writing to the person who had raised the complaint.

Requires Improvement

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The provider had a system of audits and quality monitoring in place however, this system had failed to identify the concerns we found on inspection. These have been detailed in previous sections of this report and included records relating to medicines, risk assessments and care planning and the application of the MCA.
- The service had a digital care planning system which meant staff had the ability to instantly see any updates to people's care plans and the management team were able to monitor in real time staff work. However, it was not easy for office staff to find all information. For example, care staff recorded the administration of medicine on an electronic recording system however, it was not easy for the management team to monitor medicines administration without reading all daily notes made by care staff.
- This meant, when we identified a person had been regularly refusing a prescribed medicine, the management team had been unaware. The care staff member was able to describe the situation, medical staff had been contacted and there was no evidence of harm for the person. However, the systems in place were not enabling the management team to have a comprehensive oversight of medicines administration.
- We also identified some other record keeping areas for improvement. For example, there was no formal process for staff to record the effectiveness of 'as required' medicines. This is important as it helps prescribers understand if ad hoc medicines such as for pain relief are working effectively for people. As detailed in the safe and responsive sections of this report, we also found some improvements were required in relation to record keeping for risk assessment and care plans.

We recommend the provider review the quality monitoring and record keeping systems to ensure they are sufficiently comprehensive to assess, monitor and improve the quality and safety of the service provided.

- The registered manager undertook to review the systems in place to ensure the outcome of 'as required' medication was recorded and to consider better ways the management of medication could be monitored by office staff.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, whistleblowing, complaints and infection control. Care staff could access these at any time via the digital care planning system in use.
- Providers are required to notify CQC of all significant events. This helps us fulfil our monitoring and regulatory responsibilities. The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events as required. Providers are also required to display

previous CQC ratings and information about their service. This information was included on the provider's website and within the office.

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

● People and family members felt the service was well-managed and told us they would recommend Elite Livein care to a friend or family member. One person said, "I've had a lot of experience of care companies over the last few years, and I'd say that [Elite] are outstanding. They recently embraced our new situation and thought about how they could work things out to meet everyone's needs – and came up with an answer." A family member told us, "My [relative] was very lonely and depressed and she's now much happier since she's had the carers."

● Staff also felt the service was well managed. All were positive about the support they received from the registered manager and senior staff and felt they could go to them with any issues or concerns. For example, one staff member said, "They [The management team] are all nice people, you feel really supported. They made me feel very comfortable, they check in with you. The support makes it really nice. You know you can just call and speak about something. If you send a message you get an instant response."

● The registered manager had a clear vision for the service. They said, "The ethos, it's about the quality of care not quantity of packages." They added that this meant providing quality individual care for people, whilst promoting independence and choice.

● The registered manager often undertook initial assessments and was involved in handover meetings between care staff within people's homes. They identified this meant they could oversee how staff provided care and treated people. The registered manager also undertook formal supervision and support sessions with staff. This meant they could ensure staff were working in the way they should be and address any issues promptly.

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

● There was an open and transparent culture within the service. People, family members and staff were confident that if they raised any issues or concerns with the registered manager, they would be listened to and these would be acted on.

● The registered manager was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment. A suitable policy was in place.

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

● There were opportunities for people to provide feedback. A family member told us, "I discovered a satisfaction questionnaire among papers that seems to have come recently. It's one that you can complete anonymously and send back." We were provided with the reports compiled following surveys undertaken throughout 2023. These showed people, family members and staff were positive about the service.

● People had regular individual reviews during which they could provide feedback about the care and the service received. Additionally, senior staff attended people's homes during handover meetings between the live in care staff. This provided an additional opportunity for people or family members to raise concerns or provide feedback. Family members and people all felt able to contact the management team and were confident they would get a positive response to any issues or questions.

Working in partnership with others

● The service worked well with all relevant agencies, including health and social care professionals. This

helped to ensure there was joined-up care provision. Family members also felt the service worked well with them. One told us, "If I have any problems, [the service] are very good at discussing [persons] needs with me. I think they do listen – from the start I've felt that."

● The service had developed links with resources and organisations in the local community to support people's preferences and meet their needs. For example, the registered manager described the problems they had encountered sourcing a profiling bed for a person. They had persevered and we saw that a suitable bed was now available.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Formal processes to assess people's ability to understand and consent to care and restrictions had not been followed. Regulation 11(1)(3)