

Home Care & Support Limited

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Inspection report

Chatterton Works
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Home Care & Support Limited is a domiciliary care agency. It provides personal care to people living in the community. It provides a service to older adults in the London Borough of Bromley. Not everyone using Home Care & Support Limited receives the regulated activity 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 this inspection the registered manager told us there were 150 people using the service in receipt of personal care.

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

Improvements had been made to the management of medicines and the management of some risks. However, further progress was still required to ensure these areas were robustly managed. We found a breach of regulation in relation to the management of risk and a breach of regulation in relation to the quality assurance systems at the service.

There were other areas for improvement; staff had received training on the Mental Capacity Act 2005 (MCA). However, the provider and registered manager were not aware of their responsibilities under this act or how to assess people's capacity for separate decisions. We found no evidence this had impacted on people's rights or care, but improvements were needed to ensure the MCA code of practice could be followed to ensure staff supported people in the least restrictive way possible and in their best interests.

We have made a recommendation that the provider and registered manager seek suitable training and consult relevant guidance on the MCA.

Staff had regular training and support, but some improvement was needed to ensure staff had specific relevant training to meet people's needs. Some improvement was needed to the provider's recruitment system to ensure it was fully robust. Accidents and incidents were not always recorded to ensure sufficient oversight and identify learning.

The provider and registered manager took immediate steps to start to address these issues during and after the inspection.

People and their relatives told us they felt safe using the service. Staff were knowledgeable about how to protect people from harm. There were safeguarding and whistleblowing policies and procedures and staff had a clear understanding of these.

There were sufficient staff available to meet people's needs. Staff followed appropriate infection control practices to prevent the spread of infections. People's needs and preferences were assessed, and they were supported to maintain a healthy balanced diet. People had access to health and social care professionals as required.

People told us staff were kind and caring and treated them with respect and dignity. People were involved and consulted about their care and support needs and their diverse needs were considered.

People said they were happy with the way the service was run. There were some improved systems in place to assess and monitor the quality of the service. There were regular audits of medicines and spot checks on staff. The service worked in partnership with health and social care professionals and other organisations and sought the views of people and their relatives to improve the care provided.

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

Rating at last inspection

The last rating for this service was 'Requires Improvement' (report published 9 July 2018). At this inspection the service remains rated 'Requires Improvement' for the second time.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Home Care & Support 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 Care Act 2014.

Inspection team

The inspection team was made up of a single inspector and three Experts by Experience who made phone calls to people following the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Home Care & Support Limited 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 48 hours' notice of the inspection. This was because we wanted to arrange some visits to people with their consent and we needed to be sure that the provider or registered manager would be in the office to support the inspection. The inspection activity started when we visited the office location on 24 June 2019 and ended on 25 June 2019.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted the local authority safeguarding and commissioning teams to ask for their views about the service. We used all of this information to plan our inspection.

During the inspection-

We visited the office and visited two people using the service and three relatives with their permission. The Experts by Experience spoke with 23 people or their relatives by phone. We spoke with five care workers, office staff including the operations officer and quality control coordinator, a coordinator, the registered manager, a visiting external consultant and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at ten care plans and six staff files including recruitment, training and supervision records. We also looked at a variety of records related to the management of the service such as medicines audits and meeting minutes.

After the inspection

The provider sent us information to tell us how they had addressed some of the issues identified.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has remained the same 'Requires Improvement'. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- At the last inspection we found improvement was needed to the management of risks to people, as there was not always guidance available for staff. At this inspection we found some improvements had been made. The service now had new risk assessment tools which assessed a range of health and environmental risks. New falls risk assessments tools were being put in place at the time of the inspection.
- However, some risk management plans did not always detail sufficient guidance or evidence sufficient actions had been taken or considered to reduce possible risks. For example, where people smoked in bed, records did not always confirm that these risks had been fully assessed or adequate actions to reduce risk had been considered; such as a referral to the fire safety service, to help reduce possible risks. Where people had a specific health condition, there was no risk assessment in relation to this condition, or guidance for staff on possible warning signs of deterioration. Staff had not received any training on this health condition. Possible behavioural risks for two people were not assessed or guidance given to staff on how to reduce these risks.

Risks were not always fully assessed, or action taken to reduce the likelihood of the risk occurring. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the registered manager and provider about this. They told us they trained staff to look for and report changes in people which were passed to the relevant health professionals and they discussed health conditions in weekly staff meetings. They took immediate action to address the possible fire safety risks and told us they would address the other risks identified.

- Risks in relation to equipment were assessed and monitored. Staff told us that the service acted promptly to identify changes in risks to people and the need for new equipment with the local authority. A staff member said, "Everything we report, they seem to act on it straight away. If they get new equipment when it is delivered into a client's house, the team leader comes out and show us how to use it."
- Risks in relation to emergencies were identified and managed. Staff had first aid training and people and their relatives described prompt action being taken by staff to seek medical help for them when needed.

Using medicines safely

- At the last inspection in May 2018 we found improvement was needed to the way medicines were managed. Medicine Administration Records (MAR) had not been properly completed to detail why people

had sometimes not had their medicines and there was no guidance for staff on the administration of 'as required' medicines

- At this inspection although improvements had been made, we found further changes were needed to the way medicines were managed. Staff had not updated a MAR at one person's home to reflect recent changes made. They had signed incorrectly that they had administered a medicine that was no longer prescribed, and the new medicine had not been entered on the MAR to confirm it was administered. The provider took prompt action to investigate the issue identified with the staff concerned and to replace the MAR chart with a correct version.
- Records of the actions and the advice from the health professionals were not always available to verify action taken in respect of people's medicines. The provider told us they would amend their process to ensure these records were available.
- People and their relatives said they received their medicines as prescribed. We looked at the MAR for seven people and these were fully completed. There was individual guidance for staff on when to administer 'as required' medicines.
- Staff received training on the administration of medicines and their competency was checked to ensure they were sufficiently skilled to administer medicines.

Learning lessons when things go wrong

- Improvement was needed to ensure learning was consistently identified. Staff reported any accidents and incidents to the office and we tracked to see that these were reported to the local authority of relevant health professional or relative as appropriate. However, accident and incident reports for minor injuries, or incidents, or near misses were not completed, despite this being part of the provider's policy. This meant there was no oversight maintained of these issues and that opportunities to identify and learn from these issues could be lost.
- There was an accident book as required by law and the provider and registered manager were aware of the need to notify CQC of any notifiable incidents and the kind of injuries that were reportable to CQC; as well as their responsibilities to staff. The provider and registered manager told us they would start to implement their policy to complete reports for all accident and incidents and near misses to people immediately following the inspection.

Staffing and recruitment

- Recruitment checks required improvement to ensure they were robust. A range of suitable checks were carried out before applicants started to work at the service, to ensure they were supported by suitable staff. We saw these included the full range of checks required under the regulations. However, we found confirmation checks on character references to verify they were genuine had not been recorded for two staff. The provider told us they would address this and ensure this check was recorded.
- There were enough staff to meet people's needs. Most people and their relatives told us that staff usually arrived when they were expected. One person told us, "Timekeeping seems to be fine, even in the snow!." Where people's care needs identified they received care from two staff there were systems to ensure the staff arrived together. Staff told us their calls were planned close to each other, they had sufficient travel time between calls and did not need to rush. One staff member said, "Yes, definitely we have enough staff."
- There was some mixed feedback from two people and three relatives about some calls being rushed, staff not always staying the full length of the call and a lack of reliability about being informed if staff were running late. For example, a relative commented, "The evening visits, which other carers do, are sometimes rushed...Sometimes I would be hard pressed to match what is in the book with what they've done."
- The electronic monitoring system worked to monitor that staff arrived when they should and stayed the full length of the call. Where people had not consented to using this system we saw alternative checks were made. We checked the electronic monitoring system and saw there were no missed calls. We tracked to see

that any concerns about staff attendance and punctuality that flagged on the system were managed and addressed effectively.

Systems and processes to safeguard people from the risk of abuse

- There were systems to protect people from the risk of abuse or harm. People and their relatives all told us they felt safe using the service. One person commented, "They're very good and I feel safe. I trust them with everything and in the house." A relative said, "Yes I do feel [my family member] is safe; a lot of the time they don't realise I am here, and they come in and they're all chatty with her. Nothing's ever gone missing. They respectful of my [family member's] environment."
- The registered manager knew how to raise an alert to the safeguarding authority when required. Staff completed training in safeguarding from abuse and knew the signs to recognise abuse and actions to take. They told us they would report any concerns to the registered manager and if no action was taken they would whistle blow to relevant authorities. One staff member told us, "If they are any major concerns that is harming or affecting the service user in any way we are encouraged to notify the office immediately and they will investigate further. We know we can always call the police, or the local authority or the CQC. That is what we have been trained to do."
- People and their relatives told us staff wore uniforms but that they did not recall seeing their ID badges. We raised this with the registered manager who confirmed staff had ID badges and this was checked at spot checks.

Preventing and controlling infection

- There were processes to reduce the risk of infection. People and their relatives told us that staff wore personal protective equipment and washed their hands regularly. A relative said, "They have good hygiene practice; the flat is kept clean and they do her washing." Two other relatives said that some staff did not always wear protective aprons when needed. We fed this back to the registered manager and saw the use of PPE was checked during spot checks.
- Staff received training on infection control and food hygiene and were provided with personal protective equipment such as aprons and gloves from the office. Staff understood the importance of infection control. One staff member said, "It is very important to always wash your hands as you do different things and rotate the food in people's fridges to ensure it is used while it is fresh and in date."

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Systems to record and assess consent required improvement. There was no system in place to assess people's capacity under the MCA or to record best interest decisions under the Act should these were needed.
- The provider and registered manager told us that most people had capacity to make their own decision and the local authority assessed people's capacity before they started to use the service for example in relation to their medicines. However, they were not aware of their responsibilities under MCA code of practice and that they may be required to assess people's capacity to make specific decisions, or how they would complete this assessment. We did not find this had impacted on anybody's care or rights but required improvement to ensure they could comply with the law and code of practice when required.

We recommend the provider and registered manager seek relevant guidance and training on MCA.

Following the inspection, the provider and registered manager advised that they were seeking advice in relation MCA. We will follow this up at our next inspection.

- People and their relatives told us staff sought consent before they offered support. One person told us, "They always check first that I'm happy with everything that they are doing for me." A relative remarked, "All the carers definitely do ask for consent before they do anything and yes, they are respectful" Staff were aware of the need to seek consent from people in relation to their care needs. They had received regular training on MCA and understood how to support people with day to day decision making. They told us if

they had any concerns about people's capacity to make a specific decision they would report this to the registered manager.

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

- People and their relatives told us that there was an assessment of people's needs carried out before people started to use the service. One person said, "Yes everything was talked through with me at the beginning and my partner was involved too."
- The local authority carried out an assessment of people's needs before they started to use the service. The registered manager told us they used this assessment to help to plan people's care. People's needs were also assessed by the service to ensure their needs and preferences could be met.
- Assessments were used to form personalised care plans which provided staff with information and guidance on how best to support people to meet their needs.

Staff support: induction, training, skills and experience

- Staff received training in a range of topics and this as regularly refreshed.
- However, we found there was no specialist training to meet some people's specific needs. For example, some staff worked with people living with dementia and with health conditions such as diabetes, but there was no specific training in relation to these needs. Staff had not received equality and diversity training, although they told us they discussed these topics at staff meetings. We received no information of concern from people in relation to staff training and staff we spoke with were knowledgeable about the needs of people they supported. However, we could not be assured that all staff had enough knowledge to fulfil their roles and meet some specific needs.

Following the inspection, the provider told us that training in relation to equality and diversity, diabetes and dementia was being arranged.

- People and their relatives told us staff were knowledgeable about their roles. One person said, "I think they are well trained in everything. They seem to know what they are doing" A relative told us, "They seem to know how to approach and help [my family member] despite their dementia."
- New staff received suitable training and a period of shadowing experienced staff. New staff completed an induction programme in line with the Care Certificate, a nationally recognised programme for health and social care workers.
- Staff told us they had enough training and received regular supervision, support and an annual appraisal of their practice and development. One member of staff commented, "We have a lot of support as well as supervision and the training is good."

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

- People's nutritional needs were supported where this was part of the plan for their care. People and their relatives told us they were offered a choice and their wishes were respected.
- Care plans recorded people's nutritional needs, the level of support required with meal preparation or eating and any known allergies or nutritional risks such as possible weight loss or choking. Care plans reminded staff to leave enough drinks for people who were unable to mobilise.
- Staff told us they would report any concerns they had about people's eating or drinking to the office or to people's relatives where appropriate.

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

- People's health needs were assessed and recorded in their plan of care. People told us staff were very

good about acting on any changing health needs. A relative commented, "If they notice even the smallest thing with [my family members health they alert me to it."

- Staff checked on people's well-being and recorded any concerns in the daily records. Concerns were communicated to people's relatives, where appropriate and to the office for further action.
- The office communicated with a range of health professionals such as the GP, pharmacist or occupational therapist if they had concerns about medicines supplies or changes to people's health or mobility to ensure people's needs were addressed.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same, '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 valued the continuity of care they had from their regular care workers. One person said, "I couldn't have a nicer group of girls, they have a very kind approach and lovely manner. They chat with me when they are helping me, like friends but I am in control." A relative remarked, "The carers chat to [my family member] and explain all they are doing. They are all so good and that quality is enhancing their life." We had mixed feedback from two people and three relatives that weekend staff were not as familiar with people's needs or as attentive. For example, one person said, "The weekend staff are not as conscientious as the regular staff. Some can rush." However other people and their relatives told us that they were well treated and supported throughout the week. One person commented, "There's no distinction between regular carers and replacement one's."
- Overall people and their relatives described staff as patient and gentle. A relative remarked, "We have one male carer who comes who is absolutely superb. He explains everything to [my family member]. He reassures them, handles them very gently, very well. He's very flexible in his approach and he has built a great rapport with [my family member]." Another relative explained, "They are caring and kind. It's the way they talk to dad: explain to him what they're doing; they include him in the process."
- Where people were living with dementia relatives were positive about the way staff interacted and built up trust. One relative remarked, "They have built up a rapport with [my family member], bit by bit they've won her over and now she loves them. They are very patient with her and they make her laugh."
- Although staff had not received formal equality and diversity training, they understood the importance of treating people equally and respecting their differences. Care plans included information about people's backgrounds, family histories and needs in relation to their protected characteristics. One staff member told us how they left the room at the times a person prayed. Staff had also helped someone to dress in their traditional clothing to attend a wedding. They said, "We talk about diversity in the staff meetings or if we have a new service user coming up, we discuss it, so we make sure, for example, we respect people's gender."

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

- People's wishes and views about their care were respected and that they were involved in any decision making. One person said, "They always listen to me and are very respectful." Two people told us where they had requested not to have a particular staff member provide care to them, their wishes had been respected. A relative commented, "They always ask if [my family member] is happy for them to help."
- Care plans included a section for people to record their consent to the care provided. Where it was appropriate relatives told us, they were kept informed and consulted about any changes to people's health

or the care provided.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff encouraged them to be as independent as possible. One person said, "They're always patient with me and let me do things at my own pace, not pushy." A relative commented, "They encourage [my family member] to do things for themselves, like brushing and combing their own hair. They try and encourage them to wash and dry themselves too."
- People and their relatives said staff respected their dignity and privacy. A relative remarked, "They always close the door and the curtains when helping with personal care. I like the fact that by and large we get the same faces. It provides continuity and is less upsetting for her than constantly being handled by a series of strange faces."
- Staff were knowledgeable about how to protect people's privacy and dignity and understood information about the people they supported was confidential.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, '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's care was planned and personalised to their needs. People and their relatives told us there was a written plan for their care which was kept at their homes, for staff to use as a guide, and as a reference for people. Office staff had a copy for reference. Care plans explained people's needs for support across a range of areas and was personalised to their care. Care staff told us the plans were up to date and reflective of people's needs. One staff member said, "Yes, if you read it, it tells you everything, but if a client changes in some way, then you do ring the office and they change it straight away. The care plans have got everything we need to know."
- Care plans detailed the support needed at each visit, people's preferences for example, in their food choices or aspects of their personal care as well as their communication and any health needs. People and their relatives told us that regular staff were familiar with their needs and preferences about their care and support. Staff told us that before they went to someone new the team leaders spent time going through the care plan so that they had a clear understanding of people's needs.

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 assessed when they started to use the service. The registered manager told us that they could make written information about the service available in a range of formats where people needed this.

Improving care quality in response to complaints or concerns

- There was an effective complaints system. Most people and their relatives told us they had not needed to raise a formal complaint, but they knew how to do so if needed. The service user guide contained information on the complaints policy. Where people had raised a complaint, they told us this had been responded to. A relative told us, "If I have any issues I phone them through and then follow it up with an email. Things are dealt with."
- Where people had raised informal complaints these had been responded to. One person said, "Anything that we do bring up, they immediately adjust it."

End of life care and support

- The service worked to ensure people's needs at this stage of their lives were respected. The service

provided care and support to people at this stage in their lives as requested by the Clinical Commissioning group (CCG). We received positive feedback about the end of life care provided. A relative said, "Yes we were all involved for end of life care. We went through everything and we have regular reviews in terms of changing needs."

- End of life care plans recorded the support provided by the service and people's known wishes in respect of their care. The service was in the process of implementing a more personalised end of life care plan to ensure staff had all the appropriate guidance they needed.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has remained the same, 'Requires Improvement'. This meant the service management and leadership was inconsistent. Leaders and the culture they created 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

- At the last inspection the provider's quality assurance system had not identified the issues found at the inspection. The provider had employed an external consultant in 2019 to help them address the issues identified. We found the work to address the areas identified at the last inspection was still in progress at this inspection and we identified new areas that required improvement.
- The registered manager was not aware of their responsibilities under the MCA code of practice. Action was taken in response to accidents and incidents. However, accidents and incidents or near misses were not monitored or overseen adequately to ensure the quality and safety of the service and to demonstrate that any patterns or learning was identified. There was no audit of care plans or risk assessments and the registered manager had not identified that risk assessments did not always include enough guidance to reduce risks.
- Staff training was not effectively monitored to ensure staff had training and adequate knowledge to meet some specific needs such as diabetes or dementia. The call monitoring system checks did not include checks on short calls with people or their relatives if all tasks had been performed but relied on feedback from staff. The quality monitoring system had not identified the issues we found in relation to recruitment and personal references.

Systems to monitor the quality and safety of the service were not effectively operated. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Monthly medicines audits and checks on daily records were carried out and we saw where issues were identified these were followed up with staff. Regular spot checks and quality checks were carried out and these were effective at identifying issues any concerns identified were followed up with staff through supervision. Medicines spot checks were also carried out to check staff knowledge and competence. Regular checks on the call monitoring system were completed and any issues or concerns were acted on.
- Staff were positive about the registered manager. One staff member said, "She's very helpful actually, we can always reach her for any advice or help that we need, so I don't have any problem with her and I think all of the management upstairs, they are alright, because we can reach them for any advice we need." Staff understood their roles, responsibilities and contributions to the service
- There were management meetings with the consultant to discuss ideas for progress and improvement.

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

- The registered manager was committed to providing a good service and giving people and their relatives' person-centred care. The service slogan was 'Support from the heart.' They were directly involved in the day to day decision making and running of the service. They were open and honest about the gaps in their knowledge and showed a commitment to address the concerns raised promptly.
- People and their relatives told us overall they thought the service was well run. One person said, "I am very happy everything works well." A relative told us, "Yes I think it is a very well-run company and I would definitely recommend it." A small number of people and their relatives said the office staff could be more responsive. One person told us, "I'd give the carers eight out of ten and the office, six out of ten."
- Several staff had worked at the service for a number of years and told us they enjoyed working for the company and felt part of a team. One staff member said, "It's a good company. People are happy with their care." Staff told us they thought the provider and registered manager were focused on maintaining good standards of care. The service recognised good practice and long-standing service from staff through a system of awards.
- A range of regular meetings were held with staff groups to ensure effective communication across the service and allow staff to raise concerns. There was a weekly staff meeting where discussion topics included aspects of the service such as medicines management or falls prevention. Staff meeting minutes showed there was open discussion and staff were able to express their views.

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 had been no known safety incidents. The provider and registered manager understood the requirement under the duty of candour for openness and honesty.
- People and their relatives told us that any minor issues were addressed. A relative said, "There's never been any issues, when problems arise it's all sorted with gorgeous smiles. I simply can't fault them. Without this Agency, I think I would have gone completely mad."

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

- There were processes to engage in a meaningful way with people, their relatives and staff. The provider sought the views of people and their relatives through quality monitoring including regular telephone monitoring, spot checks and annual surveys. Results from the survey were analysed and any learning identified.
- People and their relatives confirmed their views about the service were sought. One person told us, "They sent me out a feedback form about a month ago, but I am completely satisfied with the help they give me."
- There was a staff room available and a suggestions box that staff or visitors could make use of. Regular meetings were held with team leaders to discuss aspects of the running of the service. Newsletters were also sent to staff and they included information on relevant topics such as dehydration

Working in partnership with others

- The service worked in partnership with the local authority, CCG and relevant health professionals. The local authority regularly monitored the service.
- The registered manager showed us evidence where they had liaised proactively with other agencies to raise issues and concerns in relation to people's needs.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure care was provided in a safe way by assessing and mitigating risks Regulation 12(1)(2)(a)(b)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to monitor the quality and safety of the service were not always operated effectively. Regulation 17 (1)(2)(a)(b)