

Verrolyne Services Ltd

Verrolyne Services Limited

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

About the service

Verrolyne Services Limited is a domiciliary care agency located in the London Borough of Havering. It is registered to provide personal care to people in their own homes. The service can support people who may have dementia, mental health needs or physical disabilities. At the time of the inspection, 65 people were using the service.

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

The provider had made improvements to the service following our last inspection. People told us they felt safe using the service.

Risk assessments for people were in place to protect them from coming to harm. Risks such as those related to people's health conditions and mobility were monitored so staff could support them safely.

People were supported with their medicines if required. However, we have made a recommendation for the provider to follow best practice guidance on recording medicines.

Safeguarding processes were in place to protect people from the risk of abuse. The provider carried out background checks to make sure staff they recruited were of suitable character to support people. People told us staff were punctual and completed their tasks according to their needs.

There was a procedure for reporting incidents and accidents in the service and learning lessons from them to prevent re-occurrence. Infection control procedures were in place to protect people and staff from the risk of infections. Staff had received training to ensure they had the necessary skills and qualifications to provide support to people. Staff told us they were supported by the management team to perform in their roles.

Assessments of people's needs were carried out before they started using the service. People's consent was sought when care was provided. 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. Staff supported people to maintain their independence. Details of health professionals involved in people's care were included in care plans. People's food and drink preferences were assessed to ensure they could be supported to maintain a balanced diet.

People told us staff were respectful and caring towards their family members. Their privacy and dignity were respected. People's human rights and equality and diversity characteristics were respected. People and relatives were able to express their views about the care provided.

Care plans recorded people's needs and preferences and people received person-centred care. People's communication needs were met by staff. There was a procedure for complaints to be acknowledged, investigated and responded to. People and relatives told us the service was well managed. Feedback about the service from people and relatives was received and acted upon. There were quality assurance systems in place for the provider to continuously improve the service. A contingency plan was in place should events occur that stop the service running safely and properly.

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 the service was Requires Improvement, (published on 5 September 2022) and there were several breaches of regulations.

We issued warning notices to the provider for breaches of regulation 12 (Safe care and treatment), regulation 9 (Person-centred care), regulation 18 (Staffing) and regulation 17 (Good governance). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Verrolyne Services Ltd on our website at www.cqc.org.uk

Why we inspected

We carried out an announced comprehensive inspection of this service on 28 June 2022 and 1 July 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, person-centred care, staffing systems and good governance of the service.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

Enforcement and recommendations

We have made a recommendation for the provider to follow best practice guidance on recording medicines after reminding people to take them, because their policy was not clear on this.

Follow up

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Verrolyne Services 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

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Verrolyne Services is a domiciliary care service. It provides personal care to people living in their own houses and flats and specialist housing.

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, but they were unavailable during the inspection. However, they also de-registered during the inspection process.

Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was 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 4 April 2023 and ended on 5 April 2023. We visited the office location on 4 April 2023.

What we did before the inspection

We reviewed the information we already held about the service. This included the last inspection report, feedback from social care professionals and notifications. A notification is information about important events, which the provider is required to tell us about by law. 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 used all of this information to plan our inspection.

During the inspection

We spoke with the director and provider of the service, 1 care manager and 1 senior supervisor. We spoke with 5 people and 6 relatives for their feedback on the service. We reviewed documents and records that related to people's care and the management of the service. We reviewed 7 care plans, which included risk assessments. We looked at other documents such as those for staff training and recruitment. After the inspection we spoke with 5 staff by telephone and continued to seek clarification from the provider to validate evidence found.



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 Requires Improvement. At this inspection this key question has remained the same. 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.

Using medicines safely

- People were supported with their medicines if required. Some people required reminding or prompting to take their medicines only and people confirmed this. One person said, "I take my own medication but [staff] always makes sure I have taken it."
- We did not find evidence that staff did not follow the provider's medicine procedures and people told us they had no concerns in this area. However, the provider's policy for reminding people to take their medicines was not specific enough about how staff should be recording medicines after 'prompting' people to take them, in line with national guidance.
- Records showed staff logged they had done so in their daily notes but not what medicine they prompted the person to take and at what time. This could be a risk as it would be unclear if the person took their medicines when needed.

We recommend the provider follows best practice national guidance on recording when supporting people with medicines.

- Staff were required to administer medicines to people who had their medicines packaged in a monitored dosage system, such as a blister pack, where people had been assessed as needing this support. This was where each medicine dose was sealed individually for each day.
- Medicines were administered by staff who had received the relevant training and assessments of their competency through regular spot checks. These were observations of care staff supporting people in the community and were carried out by senior staff.
- Risk assessments were in place for people's medicines and the level of assistance the person required.
- Medicine Administration Records (MAR) were completed by staff electronically after they supported people with the safe administration of their medicine. MAR sheets were completed accurately, and records showed people received their medicines as prescribed, where applicable. A person said, "Yes, the staff give me my medication."

Staffing and recruitment

At our last inspection, staff were not being effectively deployed to ensure people received a reliable and safe service. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and at this inspection and the provider was no longer in breach of

regulation 18.

- At this inspection, there was some risk the service would not have enough staff to support people. The provider sponsored staff with work permits and issued visas for them as they were from abroad. However, we received information prior to our inspection that some staff would no longer be able to work, which could leave the service short of staff. Contingency plans were in place, and we saw the provider was actively recruiting more staff to cover for potential staff shortages. The provider was also working with other agencies that supply care staff to help with their recruitment, although these were still in progress.
- The provider carried out safe recruitment checks to ensure staff were suitable to work with people. This included criminal background checks, obtaining references, proof of identity and their eligibility to work in the UK.
- At our last inspection in June 2022, systems to monitor staff who visited people in their homes to provide care were not effective. Care staff were not always given sufficient time to travel in between visits to ensure they arrived at people's homes at the correct time. We found improvements at this inspection.
- The provider had continued to use their existing electronic call monitoring system to schedule and monitor visits. We looked at these and individual care staff rotas, which showed the times that had been planned for people's visits. Enough time had been provided for staff to travel in between visits so they could arrive at their next visit on time. Staff confirmed they had sufficient travel time scheduled in their own rotas. For example, at least 15 minutes to 30 minutes in between their visits.
- Staff mostly worked within a specific geographical location, which meant the people they visited lived within a few minutes of each other. A staff member said, "Yes, we have plenty of time, we are not rushing trying to get to the next client. We have time to get there by bus or walking."
- People told us staff were punctual. A person said, "I am very happy with the carers who arrive on time and complete all their tasks. I have 1 carer twice a day and they are usually regular." A relative told us, "[Family member] is happy with the carers who mostly come on time. The office will let us know if they are going to be late."
- At our last inspection, we found some staff who were required to work in pairs to support people did not always work together at the same time, which could put people at risk. We did not find evidence of this at this inspection and records showed 'double handed' staff made sure they worked together to support people where required. A relative said, "[Family member] feels safe when they provide personal care and move [family member] from their bed to their chair."
- A protocol and system were in place to ensure people were not left without care. For example, if care staff were running late the person was informed of this by senior staff in the office. If care staff were unable to work, the service made sure their calls were covered by other staff or senior staff.

Assessing risk, safety monitoring and management

At our last inspection risk assessments were either not in place or were not robust enough to demonstrate safety and risk was effectively managed. This placed people at risk of harm and was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection, robust risk assessments were not in place to ensure people received safe care. People were not being appropriately protected against risks because risk assessments did not contain sufficient information for staff to follow.
- At this inspection, we found risk assessments relating to people's health and care needs had been

improved to include more information about risks relating to people's health conditions, their mobility, nutrition, their home environment, and risks around their personal care. For example, if people had difficulties with their breathing, any heart problems, or conditions such as diabetes or epilepsy and how these impacted their life.

- Risk assessments included some guidance for staff on what actions to take to prevent the person coming to harm. One person's assessment stated, "[Person] has heart problems and breathing difficulties. Staff to contact relevant health professionals such as district nurse and the office in the event of risk occurring." There was an assessment of the severity of the risk, from low and medium to high. The director told us some people's risk assessments still required further work. We saw that work was in progress to ensure all assessments were consistent, up to date and suitable.

Systems and processes to safeguard people from the risk of abuse

- There were systems to protect people from the risk of abuse. We reviewed safeguarding procedures and records. The registered manager raised alerts and worked with local authority safeguarding teams during investigations.
- Staff had received training in safeguarding people from abuse. Staff were able to describe the procedures they would follow should they identify people at risk of abuse. This included whistleblowing to external agencies such as the local authority or the police if they were unable to report concerns about people's safety to the provider.
- People and relatives told us the service was safe. One person said, "I feel very safe in [staff's] care. [Staff] wears an ID badge, uniform and PPE (Personal protective equipment)." A relative told us, "[Family member] feels 100% safe in their care as [family member] is very immobile. The staff understand their health needs and know how to support them."

Preventing and controlling infection

- People and staff were protected from the risk of infection, such as COVID-19. Staff were aware of their responsibilities around hygiene and wearing equipment.
- Staff were provided PPE when visiting people and carrying out personal care. These included gloves, face masks, aprons and shoe covers.
- The management team told us they were able to supply PPE at all times for staff to use. People told us staff always washed their hands and wore PPE when they were being supported by them.

Learning lessons when things go wrong

- There was a reporting procedure for when things went wrong in the service, such as an incident or accident. This included recording the details of the incident such as a fall or injury to a person and what action needed to be taken to keep the person safe.
- Forms and procedures showed lessons would be learned and actions taken to avoid a repeat of the incident in future.
- The management team drew lessons from incidents they investigated. They shared these with staff in meetings or posting important reminders and messages in staff chat groups on their devices. For example, ensuring staff communicate with the office in the event of delays, illness, or situations.

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 Requires Improvement. At this inspection this key question has changed to 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

At our last inspection the provider was not effectively assessing people's needs and choices so that they could receive a personalised service. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At our last inspection we found assessments of people's needs contained information that was inconsistent or contradictory to other information about the person, which could place them at risk of unsafe care. We found some improvements to the way assessments were carried out because the information was more accurate and consistent.
- People's needs were assessed by senior staff upon referral to the service, to determine if their personal care needs could be met. Assessments covered people's needs and any risks staff should be aware of to keep them safe. This also included their needs or wishes with food and drink, communication, mobility, medicines and their personal care.
- The assessment also incorporated any risks for each level of need, for example any special dietary requirements or allergies they had, or how they wished to be supported with their mobility to keep them safe and prevent any falls.
- People and relatives told us they were involved in the assessment process. Staff understood how to support them in the way they wished to be supported. This helped to ensure managers and staff had the information they needed to meet people's needs. A person said, "I think the carers are well trained and very understanding of my care needs and the support I need." A relative told us, "They understand my [family member's] health needs and support them well."

Staff support: induction, training, skills and experience

- Staff were supported with training and completed an induction programme to provide them the skills and knowledge to support people. The training was a combination of online and classroom learning. People told us staff were knowledgeable and professional in the way they went about supporting them. One person said, "The carers are well trained and very understanding."
- Staff also shadowed experienced colleagues providing care to help them get to know people and the processes. A staff member told us, "I had an induction and training which were helpful. It was all good."

- Training topics included safeguarding adults, moving and handling, infection prevention and control, first aid, continence care and dementia care. Staff also completed the Care Certificate which is a national set of 15 standards health and social care workers work towards.
- We saw the provider had implemented more effective safeguarding training for staff, following our last inspection. The training was delivered in a more practical way with scenarios and a case study so that staff could have a better understanding of safeguarding procedures.
- Staff told us they felt supported in their roles by the registered manager and the whole management team, who included care managers and field supervisors. Staff and records confirmed they had opportunities to discuss their work, their performance, and any concerns in supervision meetings.

Supporting people to live healthier lives, access healthcare services and support; working with other agencies

- People were supported to access healthcare services to maintain their health and receive the treatment they needed.
- Contact details of professionals involved in people's care were available in their care plans.
- Staff told us they could identify if people were not well and knew what action to take in an emergency.

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

- When required, people were supported with food and drink to maintain their health. Staff told us they understood people's needs and their preferences for their food and drink. They told us they could prepare light snacks and hot drinks.
- Details of how staff should support people to maintain people's nutritional requirements were included in their care plan. One person said, "The carers prepare food for me. They are very effective."

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

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

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

We checked whether the service was working within the principles of the MCA.

- The service followed the principles of the MCA. People's ability to consent to decisions made about their care was assessed and recorded.
- Staff had received training in the MCA and told us they asked for people's consent at all times, before providing them with support. A staff member said, "I make sure I give people choice and get their permission when I give them personal care."
- People confirmed they were given choices. One person said, "The carers ask before supporting me, acknowledging my choices and preferences."

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 Requires Improvement. At this inspection this key question has changed to 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; equality and diversity

- At our last inspection we recommended the provider seeks best practice guidance to ensure people's needs were assessed with dignity and respect. Assessments of people's needs contained language that was not always respectful or appropriate towards people's needs.
- At this inspection, the provider had made improvements to ensure assessments contained more suitable and respectful language when describing people's needs or health conditions.
- People were well treated and supported. They told us staff were kind and caring towards them and they felt well treated. A person said, "They are very respectful, caring and helpful and treat me as a friend." Another person said, "They are very kind and sweet. They chat along with me. They are very good."
- Staff told us they spent time with people and got to know them. A staff member said, "I have got to know people well and I enjoy having a chat with them."
- People's equality characteristics such as their ethnicity, religious beliefs and cultural needs were recorded in their care plans for staff to be aware of.
- Staff told us they understood equality and diversity and challenging discrimination. A staff member said, "I respect all religion and people's sexuality and race. I understand this and equality."

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

- People were supported to express their views and make decisions for themselves as much as possible. Staff told us they listened to people and respected their wishes.
- Records showed people had consented to receive care from the provider and they and their relatives had been involved in the planning of their care. A person said, "I have a care plan which my [relative] has been involved with." A relative said, "Yes, I was involved with the care plan for [family member]."

Respecting and promoting people's privacy, dignity and independence

- There was a confidentiality procedure to ensure people's personal information remained secure and protected. Staff told us they understood the importance of protecting people's personal details.
- People told us staff were respectful of people's privacy and dignity. A person said, "They always respect my privacy. They are kind and caring. We always chat like friends. They treat me very well. Their care is excellent."
- Staff told us they ensured people's privacy was protected during personal care to maintain their dignity, for example by closing doors and curtains. A staff member said, "I cover people up when dressing to protect their dignity and privacy. Curtains and doors are closed."

- Care plans contained information about people's levels of independence and if support was required from family members and from staff. For example, their ability to dress themselves and eat independently.

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 Requires Improvement. At this inspection this key question has changed to 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

At our last inspection we found people were not receiving a person-centred service because their needs were not accurately reflected in care records. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 9.

- At our last inspection people's care needs were not always set out in a personalised way in their care plans because they contained inaccurate or contradictory information. At this inspection, we found improvements and care plans were more consistent and accurate in the information they provided.
- Care plans were completed to reflect that people had choice and control of how they wished to receive care. They contained information about what support people wanted, detail of the tasks that staff needed to complete for them and risks around the person's care. People's needs and wishes were recorded in their care plans.
- Care plans contained information about the person's background, interests, hobbies, preferences and daily routines.
- People and relatives told us the service was responsive and they received person-centred care. A person said, "The staff do help me quickly when needed." A relative told us, "I have no complaints as far as I am concerned and all [family member's] care needs are addressed."
- Staff told us care plans were helpful in helping them get to know people. The provider used an electronic system for care planning and recording tasks. Staff used devices, which were linked to a central system to update care plans and log tasks. This meant all staff and the management team were able to view updates immediately.
- Care plans were reviewed and updated with any changes to people's preferences or health needs. Staff told us they communicated with each other and the management team to ensure people received the support they needed.

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 set out in their care and support plans. Staff told us they understood

the person's communication plan. For example, one person's communication needs in their care plan explained staff needed to support them with their hearing aids to enable them to communicate with each other.

- The provider was able to provide information about the service in a format that was suitable for people to understand, such as easy read or large print versions.

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.

- The provider supported people to develop and maintain relationships with others, such as their family and friends. This helped to prevent people feeling isolated or lonely.
- People were supported to go about their daily lives as much as possible by the service. Staff supported them to follow interests that were socially and culturally relevant to them, such as cooking, sewing, or just having someone to talk to and spend time with. A person told us, "Their communication is very good and we laugh and chat."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure should people and relatives not be happy with the service.
- Records showed the registered manager or director investigated complaints and followed the complaints policy to resolve them. They responded to people and relatives within the required timescales to explain what went wrong and what action they would be taking.
- Actions from the complaint investigation were put in place to ensure improvements were made to the service and help to prevent re-occurrence.

End of Life care and support

- At the time of inspection the service did not support people with end of life care. There was an end of life policy in place should the service support people needing this care and support.
- Staff were provided training in palliative and end of life care, so they had the knowledge and skills needed to deliver quality care to people nearing the end of their lives.

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 Requires Improvement. At this inspection this key question has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 our last inspection the provider did not have effective systems to assess, monitor and improve the quality and safety of the service and monitor risks to people to keep them safe. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection, there was not an effective quality assurance system in place to ensure people received safe care. People's needs and risks were not always assessed appropriately, and some care plans were inaccurate and inconsistent. Staff did not always have enough time in between visits, which could put people at risk of receiving late visits. Staff did not always complete their visits correctly.
- We found these issues had been resolved at this inspection. For example, risks to people were being assessed more thoroughly. People's care plans were more accurate to help staff support people effectively.
- Staff working in the community were each provided a rota for their scheduled visits to people's homes. There were systems to ensure staff had enough time to carry out their visits. Where 2 care staff were required to support a person, records showed staff waited for each other and worked together. This meant people were receiving an improved service.
- The registered manager carried out audits to check the quality and safety of the service was being improved. These included audits of medicine records, daily notes, care plans, recruitment records, complaints and staff training. Investigations of late or missed visits were carried out to establish causes and learn lessons. The provider used their systems to identify outstanding areas of work that required action. An 'out of hours' system was in place for emergencies.
- The provider acknowledged they were continuously working through their action plan from the last inspection to make sure people received a service that met good quality standards.
- We spoke with senior staff including a care manager and a field supervisor. They told us they felt supported by the provider and were also supported to oversee 2 other services managed by the provider. The care manager told us, "I am well supported by the director and the registered manager. They are approachable and we work well as a team. We support staff to be professional and follow our procedures to make sure people are safe and receive good care." Senior staff were provided additional leadership training following our last inspection to maintain more effective management of the service.

- Care staff told us they were clear about their roles and responsibilities to provide safe care to people.
- Feedback from people and relatives was received through continuous telephone monitoring and through spot checks of staff competency.
- There was a system for continuous learning and improving the service. The management team met to review incidents and discuss policies and procedures.
- A contingency plan was in place should events occur that stop the service running safely and properly. For example, should there be a reduced workforce.

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 provider notified the Care Quality Commission of any allegations of abuse, serious injuries or incidents involving the police, as they are legally required to do.
- The management team understood the need to be open and transparent with people and relatives when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- Staff told us there was an open-door policy and they could approach the registered manager with any issues. A staff member said, "The managers are good, they sort things out and listen to us. If there any problems, we can go to them."
- However, some staff had mixed views about the management of the service. The director told us that the past year had been difficult for the service and for the staff due to a reduction in the number of care hours they could provide but they were working to continuously improve.
- People and relatives were positive about the service. They told us the service was well managed. A relative said, "The company seems well organised. They do ring to check if I am happy with the service. The carers particularly are very good. I would recommend them." Another relative told us, "The agency used to be unreliable, but I think the service has improved big time." A third relative told us they were not satisfied with the service, which we fed back to the provider. The provider told us they would investigate the relative's concerns.
- Feedback about the service was received and analysed to help improve the experience of people as much as possible.
- Staff meetings were used by the management team to share important information and discuss any issues and topics the staff wanted to raise.
- People's equality characteristics, such as their cultural needs and disabilities, were considered and recorded in their care plans.

Working in partnership with others:

- The provider worked with local authorities, social workers and other social care or health professionals, to help maintain people's health and wellbeing.
- The provider was a member of various networks to ensure they kept up to date with new developments in the care sector and shared best practice ideas with the service.