

Ivy Homecare Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ivy Homecare Limited provides personal care to people in their own homes. At the time of inspection 10 adults were older adults were receiving a regulated activity.

Not everyone who used the service received personal care. The Care Quality Commission (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

Since the last inspection there had been a number of improvements made to the service. These improvements had resulted in safer, effective and person-centred care being provided to people being supported by Ivy Homecare Limited.

People and relatives told us they felt safe and were happy with the care. Effective systems and processes to safeguard people from the risk of abuse had been introduced and were followed.

Care plans and risk assessments were in place which provided information to staff on how to safely provide care and support to people. However, we identified with some risk assessments, it was not always clear what action staff should take if concerns were noted. The provider took immediate action to address this. Where people required support with medicines this was done safely.

Recruitment practices were effective, and people and relatives told us there were enough staff to meet the needs of the people using the service.

People's needs were assessed prior to care being commenced to help ensure they could be provided with the care they required.

People were supported to access appropriate healthcare services when required. Staff had received appropriate training and support to enable them to carry out their role safely. Staff felt well supported by the provider.

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.

People told us they were treated well by staff, who were kind and caring and treated them with dignity and respect. People and where appropriate those who were important to them were involved in decisions about their care. There was a person-centred culture within the service.

Since the last inspection, systems and processes had been introduced and were followed to help ensure any complaints received were investigated, acted on and responded to in a timely way. Full consideration had been given to people's communication needs.

People and their relatives told us the service was well-led and said they would recommend this service to others.

Effective quality assurance systems had been developed and implemented to continually assess, monitor and improve the quality of care people received.

The provider was open and transparent and demonstrated they understood their regulatory responsibilities. The provider kept in regular contact with people, checking if they were happy with the service they received and if any changes were needed. The service worked well with other partners, organisations and commissioners.

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 inadequate (published 4 October 2022) and there were multiple breaches of regulations identified. The service was placed in special measures and conditions were imposed on the providers registration.

During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

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

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ivy Homecare 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 team comprised of 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

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of inspection there was a registered manager in post who was also the provider. For the purposes of this report, we will refer to them as the provider.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider would be in the office to support the inspection.

Inspection activity started on 29 June 2023 and ended on 10 July 2023. We visited the office location on 29 June 2023.

What we did before the inspection

We reviewed the 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 CQC.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 4 people and 5 relatives of people who use the service about their experience of the care received. We spoke with 5 members of staff including the provider who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with or received feedback from 4 external professionals who work with the service.

We reviewed a range of records. This included 4 people's care records and medication records. We looked at 3 staff recruitment, training and supervision files.

We also reviewed records relating to the overall management of the service. We continued to seek clarification from the provider to validate evidence we found.

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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection we identified the provider had failed to safeguard service users from abuse and improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was no longer in breach of regulation 13.

- Since the last inspection the provider had introduced systems and processes to safeguard people from the risk of abuse. These systems included processes for investigating any safeguarding incidents that had occurred and reporting these to CQC and the local authority safeguarding team.
- The provider ensured potential safeguarding issues, accidents, incidents and near misses were clearly recorded and monitored. This allowed themes and trends to be identified and acted on to prevent and lessen reoccurring risks.
- Staff had received training in safeguarding. With the exception of 1 staff member all other staff were able to demonstrate they understood how to prevent, identify and report allegations of abuse in detail.
- People and their relatives said they felt safe with the staff and the care received. A person said, "If I didn't feel safe, I would just call the office and ask to speak to the manager and say so." A relative told us, "[person] is very safe with them [staff], they wouldn't be able to live at home without them helping every day." Another relative said, "They [person] is so much safer now they are there keeping an eye on things, what a relief."

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess the risks to the health and safety of service users and to do all that is reasonably practicable to mitigate any such risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was no longer in breach of regulation 12.

- Detailed care plans and risk assessments in place provided information to staff on how to safely provide care and support to people.
- Specific risk assessments were in place where required which provided guidance to staff on how to monitor people's health conditions and how to lessen risks associated to these conditions. However, we identified for some risk assessments it was not always clear what action staff should take if concerns were noted. This was discussed with the provider who took immediate action to address this.

- Risk assessments had been completed of people's homes and living environment to promote the safety of both people and staff.
- There were lone working arrangements in place to promote staff safety.

Using medicines safely

At our last inspection we identified the provider failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found the provider was no longer in breach of regulation 12.

- Medicines were managed safely. Systems and processes were in place to identify or lessen the risks to people that related to their medicines.
- Information regarding the support people needed with their medicines was recorded within their care plans and was accessible to staff.
- There were systems in place to ensure people received their medicines as prescribed. Regular audits were completed of medicine management systems, which helped to identify medicine administration concerns and allowed timely action to be taken.
- Where people were prescribed, 'as required' medicines (PRN), we identified guidance for staff was not always detailed about how to support people with this medication when needed. This was discussed with the provider who confirmed this would be immediately addressed.
- Most people we spoke with managed their medicines independently. Those people who were supported by staff were happy with the way this support was provided.

Staffing

At our last inspection we identified the provider had failed to ensure there were sufficient numbers of staff deployed to meet people's needs at all times. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was no longer in breach of regulation 18.

- Since the last inspection the provider had worked hard to ensure sufficient numbers of suitably trained staff were employed to meet people's care needs at all times. A number of new staff had been employed to lessen previous shortfalls in this area. This recruitment drive had also allowed the provider to fulfil their management duties more robustly.
- Processes had been implemented and followed by the provider which allowed staffing levels to be continually reviewed. This helped to ensure there were sufficient levels of staff to meet people's needs.
- People and relatives were positive about staff and the timings of their care calls. A person said, "There seems to be enough staff and they are usually pretty good with time keeping, give or take ten minutes or so." Relatives' comments included, "I would say that there are enough staff, they [person] has never gone without" and "They [staff] come in three times a day and usually on time and never rush [person] at all."

Recruitment

At our last inspection we identified the provider had failed to ensure safe and appropriate recruitment practices were followed. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was no longer in breach of regulation 19.

- Safe and effective recruitment practices and processes had been introduced and were followed. We checked the recruitment records of 3 staff and found all the required pre-employment checks had been completed prior to staff commencing their employment. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigation of any gaps in employment. This helped to ensure only suitable staff were employed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- Suitable policies were in place for infection prevention and control.
- Staff were able to describe how and when to use appropriate Personal Protective Equipment (PPE) to keep people safe from infection and confirmed adequate supplies of PPE were provided.
- Training records confirmed all staff had completed Infection Prevention and Control training.
- The provider had completed spot checks of staff in people's homes to ensure compliance with PPE protocols.

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 requires improvement. At this inspection the rating 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 we identified the provider failed to adequately assess people's needs and preferences in respect of their care and treatment. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was no longer in breach of regulation 9.

- People's needs were assessed prior to care being started. We identified assessments were detailed and included information in relation to the persons; physical, social and emotional support needs, as well as needs associated with protected equality characteristics. For example, religion, disability and relationship status.
- The provider told us before taking on a new package of care they would consider the needs of the person, staff skills to meet these needs and if the care could be provided as per the persons requirements and choice without impacting on the service's current commitments.
- We identified information had been sought from people and professionals involved in their care, when required. Information gathered during assessments was used to create individual plans of care and support.
- Staff applied their learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Regular checks of staffs practice helped to ensure people received the care they required.

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

At the last inspection we recommended the provider sought advice from a reputable source to ensure the application of the MCA is applied and recorded consistently and accurately.

At this inspection we found the provider had acted on this recommendation.

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.

- The provider demonstrated a good understanding of the MCA and best interest decision making process. Records evidenced people's consent had been formally sought for the care and treatment they received.
- Staff had received training in the MCA and demonstrated a basic understanding of its principles. A staff member said, "Every service user has a choice, they have a right to decide. If a person did decline care I would try and encourage them, but document it in their records and inform my manager." Another staff member told us, "I would try and encourage them [person] and explain why the care is needed. If they still declined, I would go to my manager."
- People and relatives confirmed staff asked for their consent prior to providing care and support. A relative said, "The staff are very careful and polite and always ask permission before attempting to start personal care."

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

At the last inspection we recommended the provider sought current guidance on meeting the nutritional and hydration needs of people and updates their practice accordingly.

At this inspection we found the provider had acted on this recommendation.

- Most people told us they or their relatives prepared their meals. People supported with meal preparation and support to eat and drink by staff, were mostly happy with the way this was done. A relative told us, "We get the food and they [staff] will prepare things for them which works really well." Another relative said, "They [staff] do make lunch and they are very happy with what they prepare for them."
- People's care plans included essential information around their nutrition and hydration preferences and the level of support they required from staff to maintain appropriate food and fluid intake.
- All staff employed had received training in fluids and nutrition. Where people were at risk of malnutrition or reduced fluid intake, risk assessments had been implemented, these provided staff with detailed information how to lessen and monitor these risks.

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

- People told us they were supported to access appropriate healthcare services when required.
- The provider worked together with other services to meet people's needs. Staff worked in cooperation with a variety of specialist professionals including, community nurses, GP's, social care staff and mental health professionals, where required.
- Information relating to people's health needs and how these should be managed was clearly documented within people's care plans.
- Professionals confirmed they were contacted appropriately by the provider when required. A social care professional told us, "The manager has contacted me on a number of occasions appropriately and has also provided support as requested by myself."

Staff support: induction, training, skills and experience

- There was an induction programme, which new staff were required to complete before working on their own. This included completing essential training for their role and shadowing an experienced member of staff. New staff spoken with, confirmed they had completed the induction programme and found it helpful.
- Staff had completed the mandatory training required by the provider. Staff had also completed some specific courses for diabetes, epilepsy and oral care. Staff told us they felt the training was suitable to enable them to care for people safely.
- Competency assessments and spot checks were carried out by the provider for infection control and medicines. Staff confirmed these took place.
- People and relatives confirmed they were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. People and relatives were positive in relation to the skills and knowledge of the staff. A relative said, "Most of the carers seem to be very well trained for the job in hand but some of the young ones seem to learn on the job." Another relative told us, "I think the staff are as good as gold and seem to be trained for the job." A person said, "The training seems to be adequately robust."
- There was a process in place to monitor the training staff had received and ensure training was updated in a timely way.
- Staff received regular one to one supervision with the provider. These sessions provided an opportunity for the provider to meet with staff, feedback on their performance, identify any concerns, offer support and identify learning opportunities to help them develop.

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 requires improvement. At this inspection the rating 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; respecting equality and diversity

- Feedback from people and relatives reflected that staff treated them respectfully and in a kind and caring way. Comments from people included, "The staff are always so polite and nice to have around, just like a friend" and "They are kind and look after me." Relatives' comments included, "They [staff] are always so polite and respectful", "They are happy people that create a happy caring atmosphere when they come to help, they are most respectful towards us all", "They are really nice people who take pride and care in what they do" and "Good as gold and kind as you like."
- Staff spoken with demonstrated a caring and kind attitude and spoke of wanting to provide people with high quality care.
- People's individuality and diversity were respected. This was achieved by identifying where people needed support. Staff had received appropriate training in this area and were open to people of all faiths and beliefs. There was no indication peoples protected characteristics under the Equality Act (2010) would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they protected people's privacy and dignity and gave examples such as closing doors and keeping people covered when supporting them with personal care. A relative said, "They protect [person's] dignity and always cover their privates when washing or dressing." Another relative told us, "They [staff] manage to do personal care without any embarrassment or uneasiness at all."
- Information within people's care plans reminded staff of ways to protect people's privacy and dignity and how to support people to remain independent. For example, 1 person's care plan stated, "I can brush my teeth independently but would like care staff to prompt me."
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

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

- People and where appropriate those who were important to them were involved in decisions about their care. A person told us, "We do talk about my care and they ask if I would like anything to be done differently." Relatives commented, "We are completely involved with the care plan and we discuss things moving forward when she will need more visits and more care", "We are fully involved in any decision making" and "We do have a review of his care and it is planned accordingly."
- The provider visited and telephoned people regularly to check they were happy with their care and

support.

- People had reviews of their care plan to make sure visits were still meeting people's needs. This gave people the opportunity to make changes if they wanted to.

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 requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection we identified the provider had failed to act on complaints. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was no longer in breach of regulation 16.

- The provider had a complaints policy in place which was followed should a formal complaint be received.
- Since the last inspection systems and processes had been introduced and were followed to help ensure any complaints received were investigated, acted on and responded to in a timely way. All reported concerns, dissatisfaction and complaints were logged and reviewed to allow themes and trends to be identified and effective action to be taken.
- People and relatives told us they knew how to complain and were confident any concerns raised would be dealt with.
- People and relatives comments included, "The office [staff] are approachable and would help with any concerns but I have not had to complain", "We have raised a concern in the past, which the manager did her best to sort it" and "I know how to complain, I just don't need to really."

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

At our last inspection we identified the provider had failed to assess and adequately plan and deliver person centred care to achieve good outcomes for people. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was no longer in breach of regulation 9.

- People received personalised care which met their needs. A person told us, "They [staff] know just what I like to have and how I like things to be done even the new ones know." A relative said, "They [staff] know just how [person] likes things to be done and also importantly what they don't like too."
- People had individualised care plans in place which recorded their needs in a personalised way. The care plans included information in relation to people's likes and dislikes, personal preferences, healthcare, social care needs, communication requirements and tasks they required support with during each visit. A staff member said, "The care plans and risk assessments are really helpful, they tell me exactly what the service

user wants, what they can do for themselves and what I need to do for them. It also tells me about them and their history."

- Daily records showed people received care and support according to their assessed needs.
- Staff and the provider were responsive to people's changing needs. Staff reported any changes to the provider and documented these changes within people's care records. This meant that all staff who provided care to the person could be kept up to date with any changes or concerns to allow effective monitoring and enable timely interventions.
- People and relatives confirmed care was provided as required and would be adapted if people's needs changed. A relative said, "They [staff] seem very adaptable and can turn their hand to whatever she needs on arrival, they are so good with her." Another relative told us, "They [staff] would set their hand to anything he asks I would confidently say, always happy to help."

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.

- The provider told us, "As part of the initial assessment one of the items we discuss is what is the service users preferred method of communication, for example, verbal, phone, print, sign language and others. As a result of this we base our communication method to the preferred standard. We review this, every 6 months."
- We noted people's communication needs had been identified and robustly detailed in their care plans. The information provided, included guidance for staff about how best to communicate with people and the use of any communication aids.
- Where required documents would be provided to people in a variety of formats, for example, easy read, large print, pictorial, or in different languages. The provider shared with us a copy of an easy read version of the services complaints policy, which had been developed for a person whose first language was not English. This helped to ensure all people were provided with information about their care in a way they could understand.

End of life care and support

- At the time of our inspection the service was not supporting anyone with end of life care. However, the provider told us they would work closely with healthcare professionals, including GPs to support people at the end of their life.
- Care plans were in place which demonstrated some consideration had been given to people's care and support needs in relation to end of life care. However, on review of these records we identified more information was required to help ensure people's wishes and preferences were understood by staff and adhered to. This was discussed with the provider who agreed to review these care plans.

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

- Where appropriate, people were supported to participate in activities socially and culturally relevant to them. The support needed with this was detailed in people's care plans.

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 requires improvement. At this inspection the rating 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

At our last inspection we identified the provider had failed to operate effective systems to assess, monitor and improve the service, monitor and mitigate risks and maintain accurate and complete records. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was no longer in breach of regulation 17.

- Since the last inspection the provider had implemented systems and enhanced audit processes to improve the governance of the service. Some of these systems were very new and will take time to be fully embedded into the service. However, we saw these had already driven improvement in all areas including, care planning, management of safeguarding, accidents incidents and near misses and staffing.
- The provider has worked closely with professionals and other agencies to gain a wider understanding of best practice and legal requirements. This has had a positive impact on the care provided to people.
- There were effective quality assurance systems in place to continually assess, monitor and improve the quality of care people received. On completion of the checks and audits, any required improvements identified had been effectively acted on in a timely way by the provider.
- During the inspection although we identified some areas which required further work, including more detailed information within some risk assessments, end of life care plans and management of 'as required' medicines when this was discussed with the provider, they were already aware of most of these issues and took immediate actions to make the required improvements.
- 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.
- The provider had detailed knowledge about people using the service and made sure they kept staff updated about any changes to people's needs. Staff were supported to understand the requirements of their roles through meetings and supervision.

At our last inspection we identified the provider had failed to notify the Care Quality Commission of significant events. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found the provider was no longer in breach of regulation 18.

- The provider is required to notify CQC of all significant events. This helps us fulfil our monitoring and regulatory responsibilities. The provider understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events as required.

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

At the last inspection we recommended the provider sought guidance from a reputable source to ensure the duty of candour requirements were fully understood and implemented.

At this inspection we found the provider had acted on this recommendation.

- The provider had a duty of candour policy that required them to act in an open and transparent way when accidents and incidents occurred. The provider was able to demonstrate this was consistently followed.

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

- There was a person-centred culture within the service and people and relatives told us they were happy with the care received and the running of the service. Comments from people and relatives included, "Well managed and well-run service, we are very happy with them", "We absolutely would recommend them to others", "We are most satisfied with the service being given" and "I would not hesitate to recommend them."
- Staff felt well supported by the provider and spoke positively about the running of the service. Staff comments included, "The manager is very supportive and caring, I would definitely recommend the service as a good place to work", "I have confidence in the [name of provider] and they are really supportive" and "The manager really cares, she's very supportive and she's tried really hard to make sure a good service is provided." This staff member added, "It's a very fulfilling job and I really enjoy supporting people to stay safe and in their own homes."
- Feedback was gathered from people using the service and their relatives in a range of ways; these included quality assurance surveys, one-to-one discussions with people and their relatives, and emails and telephone contact.
- People felt confident enough to contact the provider or the office staff and to speak to them about their care.
- The provider was open and transparent throughout our inspection. They were clearly committed to providing good quality care that would continue to evolve and develop, by engaging with everyone using the service and stakeholders.

Continuous learning and improving care

- Since the last inspection there was an emphasis on continuous improvement to ensure people were provided with safe, effective and person-centred care.
- Systems had been implemented to help ensure the provider and staff were proactive in identifying issues or concerns to allow action to be taken and to prevent a recurrence. All aspects of the service were monitored frequently including, complaints, accidents, incidents and near misses.
- Staff performance was closely monitored by the provider.

Working in partnership with others

- The service worked in collaboration with relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision.
- External health and social care professionals were positive about their interactions both with the provider and staff.