

TopKare Limited

# My Homecare Slough South Bucks

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

My Homecare Slough South Bucks is a service providing care and support to people in their own home. At the time of the inspection the service was supporting 51 people. This included both younger adults, people with physical or sensory impairments, and older people. Some people were receiving 24 hour or live-in care.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We have made a recommendation in relation to person-centred care planning. Staff could speak in detail about the people they supported, with knowledge of their routines and preferences. Complaints management systems were in place and people's care needs and satisfaction with the service were regularly reviewed.

Staff deployment aimed to provide continuity of care but we have made a recommendation in relation to staff rotas to ensure staff have sufficient travel time. People were supported by staff who were suitably inducted, trained and supported

We have made a recommendation in relation to person-centred risk assessments. People were safeguarded from risks of abuse and other risks, such as moving and handling, and infection control risks. Safe medicines administration practices were promoted, including regular audits.

Staff, people and families told us the service was well-managed. People indicated the manager of the service was accessible and staff told us they were well supported. Quality assurance systems had improved since our last inspection and the service worked well in partnership with other health and social care organisations.

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

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 6 May 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the service review their approach, so arrangements for rotas ensured the effective deployment of staff to meet people's needs. At this inspection we identified concerns about rota management and have made a further recommendation.

#### Why we inspected

We carried out an unannounced focused inspection of this service on 8 and 9 March 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.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for My Homecare Slough South Bucks on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We recommend the service further develop their approach to ensure staff rotas adequately consider travelling time to make sure people receive timely support. We have also made additional recommendations in relation to person-centred risk assessments and for care plans to fully explore people's personal history, interests and aspirations.

#### 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?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe 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.

# My Homecare Slough South Bucks

## **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 three inspectors and three Experts 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. Two inspectors attended the service's office location and a third inspector supported with telephone calls to staff.

#### Service and service type

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

#### Registered Manager

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

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

#### Notice of inspection

We gave the service a short notice period 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 12 July 2023 and ended on 24 July 2023. We visited the location's office on 13 July 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from local authorities in areas where the service operated. We used the information the provider sent us in the provider information return. 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 this information to plan our inspection.

#### During the inspection

During the inspection we spoke with 6 people using the service and 25 relatives/representatives.

We spoke with 11 members of staff, including 5 care assistants, some of whom had senior responsibilities as route leaders, 1 regular agency worker, the care coordinator, the field care supervisor, the field care manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received email feedback from an additional 6 care staff.

We reviewed a range of records. This included 6 people's care and support plans, as well as people's medicines records where they received support with this task.

We looked at 9 staff files in relation to recruitment, training and supervision. We reviewed a variety of records relating to management of the service including policies and procedures, accident and incident records, compliments and complaints and audits of the service.

We received feedback from 8 professionals who had worked with, or commissioned care from, the service.



# 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 requires improvement. The rating for this key question has remained 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.

### Staffing and recruitment

At our last inspection systems were not consistently operated for the safe recruitment of staff. This was a breach of Regulation 19 (1) 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 19.

- Staff were safely recruited. Staff submitted an application form, completed an interview process and all required preemployment checks were carried out. These included references from previous employers, explanations for any employment gaps, and disclosure and barring service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The service obtained overseas criminal record checks where staff were recruited from abroad.
- We identified some areas for improvement within staff files. For example, the interview questions were included in 2 staff files but there was no record of the applicants' responses to these. The staff members confirmed they had undergone an interview process. The registered manager told us an administrative worker had been recently employed to audit the staff files.

At our last inspection we recommended the service review their approach, so arrangements for rotas ensured the effective deployment of staff to meet people's needs.

At this inspection we found continued concerns in relation to the management of staff rotas.

- We found staffing rotas did not always provide staff with sufficient travel time. This meant we could not be assured staff were effectively deployed to consistently arrive on time.
- Some people and relatives described staff rushing visits. People's comments included, "The carers are very nice, some are a bit rough and they seem to be in a rush and a hurry to get to the next call" and "They don't stay the allocated time, they're always anxious to leave, say they have to get on, I feel rushed". People's representatives added, "When they do come in they meant to stay 45 minutes, but they're not, they're rushing in making mistakes", "The times the carers visit does vary and I don't feel they stay the amount of time they are supposed to" and "One of the ladies who went in, [person] said she rushed [them] and wasn't friendly to [person]".
- We received variable feedback about whether visits were scheduled and took place at times to meet

people's needs and preferences. Comments from relatives included, "The times are sporadic, too early, too late, no continuity. They are too early in the morning, arrive early in the evening when [person] doesn't want their pj's on yet" and "The morning call is between 8.00-10.00am then half an hour either side of that. If they have been in at 8.00pm the previous evening imagine how saturated my [relative's] pads are." A person added, "I would like the morning call to be earlier, it can be between 8.00-10.00am. The lunch [visit] is supposed to be 12.30pm but they can come earlier, then [it's] too close to breakfast."

We recommend the service further develop their approach to ensure staff rotas adequately consider travelling time to make sure people receive timely support which can be delivered without being rushed.

- Some people and relatives were more satisfied with staff deployment. Relatives advised, "They are more or less on time", "Reliability is good, they may be slightly before or after the time" and "Timekeeping is good and they stay the full time." A person added, "No set times but happy more or less with the times they come." The care coordinator advised they continued to monitor and improve rotas where required.
- Regular care reviews sought people's feedback about preferred visit times and staff timekeeping. The care coordinator aimed to deploy a small number of staff on regular 'routes', with additional responsibilities given to a 'route leader'. This promoted safety because it enabled regular staff to monitor for concerns and route leaders had oversight and additional responsibility for ensuring the smooth running of care.

### Assessing risk, safety monitoring and management

At our last inspection risk assessments were either not present or lacked sufficient detail to help staff understand and respond to risks. This was a breach of Regulation 12 (1) 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.

- Although the overall standard of risk assessments had improved since our last inspection, information within some risk assessments was not fully personalised, which meant standardised statements could be potentially misleading for staff. For example, the mobility risk assessment for 1 person who was non-weight bearing included correct information about methods and equipment used to transfer the person, but also included the standard text, "Encouragement should be given to individual to mobilise independently, using support or assistance from care staff if required".
- We also found information within care plans regarding medical diagnoses was not fully personalised. For example, 1 person's care plan contained information about 3 different types of epileptic seizures without specifying which type of seizures the person normally experienced or if there were any known seizure triggers. We spoke with the person's regular staff member who was not aware of which type of seizure the person had a history of. We were satisfied immediate risk was mitigated as the person resided with family who managed their medication and supported with the person's care.

We recommend the service review their approach to ensure full information about risks to people's safety is shared with staff through comprehensive, person-centred risk assessments.

- Care needs assessments and reviews identified and assessed a range of risks to people's safety and wellbeing. For example, risk assessments were in place for tasks such as moving and handling, for complex care needs including catheter care and use of home oxygen, and for risks found within internal and external home environments. We noted care reviews were used as an opportunity to ensure any equipment used to



deliver care had been appropriately serviced.

- The service worked to keep people safe through formal and informal sharing of information about risks. People received care from regular staff who monitored for changes in their wellbeing and daily handover systems were in place. This enabled developing risks to be identified and acted upon in a timely manner. For example, records showed a prompt response when a person became unwell and started to refuse care, involving other professionals, and closely monitoring the person's welfare including the use of food intake charts.
- Systems were in place to support people with complex care tasks, including delegated healthcare tasks such as bowel management. Records showed, and staff told us, they had been appropriately trained to offer this support. A staff member involved in delivering bowel care explained, "A nurse came to office for [staff] who came on [person's care visits]. [I was] trained in office by the nurse...were properly trained before started [bowel care]."
- Most people and relatives told us staff worked safely to help mitigate risks. A person told us, "I do feel they are trained to use [equipment aid], I feel confident with them." Relatives added, "In four years of care, [person] has had no pressure sores, which I see as an indication of good care", "A manager did a thorough assessment...I think risks were well understood and allowed for in the care plan" and "[Staff] use a slide sheet on a hospital bed. All the staff know how to do what is necessary...everything seems safe to me."
- A smaller number of relatives were not fully assured. For example, two relatives raised concerns about staff's approach to door security. We noted staff were subject to regular spot checks to ensure they were working safely and following training.

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

At our last inspection the service had failed to implement effective systems to identify, investigate and appropriately respond to allegations of abuse. This was a breach of Regulation 13 (1) 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 13.

- People told us they felt safe. Comments we received from people included, "I'd feel unsafe without them; they are very attentive and they offer extra help if they observe a need", "I do feel comfortable and safe when they are here, they are all friendly, polite and respectful" and "I like the way they keep watching me for safety, and making sure I have plenty of drinks."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it, highlighting any concerns for people's welfare to the management team.
- The service had safeguarding and whistleblowing policies in place. Since our last inspection the office team had undertaken 'safeguarding for managers' training and the care coordinator had been recently appointed as the safeguarding lead. They told us their role included identifying and reporting concerns to the local authority, and where required investigating concerns with the support of the registered manager.
- Records showed the service identified and referred safeguarding concerns to the local authority, such as a recent concern for a person at risk from self-neglect. We identified one incident witnessed by care staff where the service had not sought guidance from the local authority as to whether the threshold was met for a safeguarding referral. The registered manager explained how the service had explored the potential safeguarding concern, ongoing monitoring was in place, and the service had referred for additional support via occupational therapy to address wider concerns.
- Systems were in place to record accidents and incidents, which included management oversight of

actions taken to prevent reoccurrence. This information was stored as part of each person's records. Another system could be utilised to track data of accidents and incidents however we identified not all incidents had been logged on the system. This meant we could not be assured this data available to the registered manager was fully accurate. The registered manager explained there had been technical issues which the software provider was working to address.

### Using medicines safely

At our last inspection records did not evidence safe medicines administration had consistently taken place. This was a breach of Regulation 12 (1) 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.

- People were supported by staff who followed systems and processes to administer and record medicines safely. Staff told us, and records showed, staff received training to administer medicines and their competency was assessed.
- Processes for recording medicines support and auditing medicines administration had improved since our last inspection. A monthly auditing process was in place and the service had recently introduced a system of daily stock checks where medicines were prescribed in individual boxes. This had effectively identified a recent error and satisfactory action was taken to mitigate risk.
- Some people required medicines on an 'as and when' required basis, such as pain relief or prescribed creams. Care plans contained guidance for staff to enable these medicines to be administered safely. A relative told us this had improved, advising, "The most significant event was about a medication that was to be given as needed. I think it wasn't communicated to My Homecare very well...and staff didn't know how to judge when it was needed. Once raised, clearer directions were put in place."
- People's care plans and risk assessments identified the level of medicines support required, including any known allergies. We found risk assessments had not been fully personalised. For example, 1 person's risk assessment did not include the storage location for their prescribed creams or include the potential fire risk associated with the use of emollient creams. Emollient creams can be easily transferred from skin on to clothing and bedding, and testing has shown increased fire risks when fabrics are contaminated. Therefore, a risk assessment is required.

### Preventing and controlling infection

At our last inspection systems were not operated effectively to ensure appropriate infection control measures in response to the COVID-19 pandemic. This was a breach of Regulation 12 (1) 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.

- The service promoted effective infection, prevention and control measures to keep people safe. The provider had policies in place in relation to infection control. Staff received infection control training and continued to receive reminders of good practice. We noted recent staff newsletters were used to update staff with the infection control policy and to share reminders of correct hand hygiene techniques.
- Staff told us they were provided with sufficient personal protection equipment (PPE) and could describe

how to use this safely. A staff member explained, "First of all [I] put on PPE...while doing our tasks make sure [to change] gloves after every single task...try to keep work environment as tidy as possible...immediately after our task, clear up [and] take off our PPE in right order."

- Some people and relatives told us staff used PPE effectively and safely, with comments including, "They always wear PPE" and "Through the COVID period they took all the right precautions, and they still wear face masks all the time." A smaller number of people and relatives told us staff did not always use PPE correctly, with 1 person explaining staff did not always wear gloves and aprons when delivering care and another person commented, "Some wear masks, some don't." The registered manager told us staff compliance would continue to be monitored via regular spot checks.

# 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.

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

At our last inspection the assessment, review and delivery of care was not always personalised to people's needs and preferences. This was a breach of Regulation 9 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.

- Care plans included detailed information about people's preferred care routines and how care should be delivered in a person-centred manner. However, there was limited and variable information gathered about people's wider social needs, such as their culture and interests. For example, 1 person's care plan noted the importance of their family and religion. Another person's care plan held more limited information, with a section about what was important to the person containing brief statements such as 'I like to be in my own home' and 'I like to watch TV'. People were supported by regular staff who told us they learnt about people's interests and preferences during visits.

We recommend the service review their approach to ensure care needs assessments and care plans fully explore people's personal history, interests and aspirations.

- Staff provided person-centred support with self-care and everyday living skills to people. Staff spoke knowledgeably about people's routines and tailored the level of support to individual needs. Some people expressed concerns the timings of care visits did not consistently meet their needs which we have commented on further within the Safe section of this report.
- Staffing rotas promoted continuity of staff deployment. This helped staff to build a rapport with people which supported personalised care. A person advised, "It's more or less the same staff that come and they show an interest in me...staff have shadowed each other, which has been very effective." Relatives added, "At the start we weren't getting regular carers but the last few months the care has been more consistent" and "The staff who [visit] come from the same small pool of staff, so they all have a good understanding of [person] and she knows them."
- People, those important to them and staff reviewed care plans regularly together. Comments from relatives included, "We sat and did the care plan together and they visit every few months to review it" and "Management staff ring regularly to review how things are going, and sometimes they make sure it's by way

of a meeting at [person's] house, so [person] is involved." A person added, "I do feel mainly involved to make my own decisions, if I ask the carers for something I tend to get it. I have had a review."

- People and relatives indicated choice of staff gender was not always explored, however people who told us they had expressed a particular preference stated the service aimed to accommodate this. For example, 1 person told us, "I don't mind male or female [staff] but at bedtime I want a female and always get a female."

### 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.

At our last inspection the communication needs of people with disability or sensory loss were not always met. This was a breach of Regulation 9 (1) 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.

- A number of people and relatives told us where staff spoke English as a second language, this could make it harder to understand or be understood. For example, 1 relative told us a request had not been acted upon because the staff member did not understand the request. The registered manager told us staff received communication training and were encouraged to speak slowly. A person told us, "Their English isn't so good, not all of them, there is difficulty on both sides, I don't understand them and them me".
- Staff ensured people had access to information in formats they could understand. For example, documents such as care plans could be printed in large font when required. The service also had access to a translator however at present this service was not required.
- Care plans indicated where people experienced impairments of their hearing, vision or speech, identifying support required. For example, 1 person's care plan instructed staff to use a loud tone as the person had poor hearing, and to give the person time to respond.
- Staff adapted their approach to meet complex communication needs. Staff described how they supported 1 person to use eye gaze equipment, which allows a person to control a computer or tablet by looking at words or commands on a screen. Staff had used a whiteboard and communication picture cards to facilitate communication with 1 person with hearing loss.
- Some people and families provided positive feedback about staff communication. A relative commented, "[Person is] very deaf but they all communicate well and establish choices." A person added, "I have found the carers to be friendly and polite...we communicate well."
- A relative told us staff did try to overcome communication barriers, advising, "Communication isn't always easy, as they wear face masks all the time, many have difficult accents and [person] has significant deafness. However, they do stay at his level to communicate and talk loudly."

### Improving care quality in response to complaints or concerns

At our last inspection systems were not effectively operated and accessible for identifying, handling and responding to complaints. This was a breach of Regulation 16 (1) 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 16.

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. For example, feedback about quality of care and staff approach was requested as part of care reviews and office staff were easily accessible via telephone.
- Staff explained to people when and how their complaints would be addressed. A copy of the concerns and complaints process was made available within a service guide. A relative commented, "There is clear information about the agency and how to raise a complaint." The guide did not include accurate information about eligibility criteria for referring concerns to the Local Government and Social Care Ombudsman and the registered manager told us the guide would be updated.
- Some relatives told us they were satisfied with complaints handling processes, with comments including, "There have been times I've said I'm not happy about some aspect of their care; they've always addressed issues and changed the care plan" and "I complained about [food related issue], they put a stop to it right away; I've had no more concerns, but believe any complaint would be properly received and acted on." A smaller number of relatives were less satisfied with the service's response when raising concerns or complaints.
- A record of compliments and complaints was maintained, which also included a log of any concerns staff had raised about their colleagues. The service provided feedback around how staff concerns were investigated and addressed.

#### End of life care and support

- Staff were offered training in end of life care and described how they would provide compassionate and dignified support. A staff member commented, "[People] have right to choose for themselves until [their] last breath, that person...may not be able to talk or move, [may] have family around, [I] ask what we can do and should do so [person is] comfortable, clean and has everything they need." Another staff member described their role in ensuring relatives received emotional support as part of the delivery of end of life care.
- The service had an end of life care policy in place which reflected national best practice guidance.
- At the time of our inspection the service had not implemented detailed end of life care plans. We were advised a template had been developed and was being rolled out. We noted 1 person was receiving end of life care, and their care plan highlighted this to staff, instructing staff to provide comfort and reassurance, and to communicate effectively with the person about pain management. A relative provided positive feedback, noting, "With the end of life care, there are clear protocols in place...the care plan has been reworked to reflect the end of life arrangements."

# 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 inadequate. 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; Continuous learning and improving care

At our last inspection the registered person failed to notify the Commission of notifiable events, 'without delay'. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since our last inspection the service had submitted required notifications in line with reporting requirements, with the exception of 1 reportable incident which the service reported to Police but had failed to notify CQC. We were satisfied this was an isolated error and other notifications had been submitted appropriately.

At our last inspection quality assurance and monitoring systems were not effective and records were not suitably maintained. In addition, the provider was unable to demonstrate they had robust systems in place to make sure staff were effectively supported. This was a breach of Regulation 17 (1) 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.

- We identified some areas where records management or awareness of regulatory requirements required further improvement. For example, 1 staff member's file contained 3 documents relating to another staff member. We also found the service had failed to display its rating at the office location and on its webpage in line with requirements. The rating was correctly displayed in response to our feedback and the service had already employed an admin staff member to assist with maintaining records.

- Governance systems had improved since our last inspection. An action plan was in place which was regularly reviewed, and a system of audits monitored the service. For example, we saw the quality of staff daily care notes was regularly checked and feedback provided to staff to highlight areas for improvement.

- An electronic quality assurance system had improved compliance with the provider's policies, as the system alerted staff to upcoming deadlines, such as when staff spot checks or care plans reviews were due. The registered manager told us the system enabled them to have improved oversight, and the care

coordinator stated the system helped the office team plan their week to ensure due tasks were scheduled.

- Since our last inspection the office team had grown and roles and responsibilities were formalised. This provided greater capacity to enable required tasks to be completed in a timely manner, and staff told us support and communication had improved. A staff member stated, "I have support by management, we have meetings all the time, any time if you call the office...they will answer, and they do regularly [spot] check and supervisor [meetings]". Another staff member added, "The management supports [me]. Whenever I am on the field and I place a call to the office, the swift responsive action is very encouraging."
- Systems were now more consistently operated to deliver mandatory training, support staff and to monitor staff performance. The service also sought to acknowledge and recognise positive staff contributions, such as via an employee of the month scheme and encouraging high performing staff to take on more senior roles within the organisation.
- The service was continuing to develop and embed quality assurance processes. For example, a new system to monitor visit cancellations commenced in June 2023. The nominated individual explained how this helped to monitor any welfare concerns relating to frequent cancellations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

At our last inspection the provider did not have fully effective systems to actively seek the views of people, staff and stakeholders. This was a breach of Regulation 17 (1) 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.

- The service was responsive to professional feedback. Following our last inspection the service worked with a key commissioning organisation to monitor and review the progress of planned improvements. During our inspection we received feedback to confirm the service had acted upon recommendations made during a recent commissioner review.
- Records showed staff were in contact with a range of professionals in relation to people's health and care needs including GPs, district nursing teams and specialist services such as speech and language therapy. A professional commented, "I found they were both proactive and responsive in working with [my organisation] to ensure the best possible support was offered to this [person]...they were very responsive to emails."
- The provider sought feedback from people and those important to them and used the feedback to develop the service. Since our last inspection the service had recommenced and increased the frequency of satisfaction surveys. Systems had also been improved to ensure care plan reviews and telephone quality assurance reviews were occurring at frequencies in line with the provider's policy.
- People and their relatives were given access to relevant information. This included care plans and where consent was obtained, access could be granted to the service's electronic care system to enable relatives to monitor daily updates added by staff.
- Staff told us they felt supported and had opportunities to provide feedback which was acted on by the service. Systems to engage with staff included regular staff meetings, monthly staff newsletters and an electronic messaging system which enabled easier communication with the office. The service planned to further improve engagement with staff via regular wellbeing calls which had commenced shortly prior to our inspection.



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

- People and relative feedback showed communication with the management team had improved since our last inspection. Most people and relatives told us the office was easily contactable and professional, with comments including, "The office staff are open and helpful", "It's easy to phone the office, they are always very pleasant" and "I've always found them very helpful on the phone. There is good information about how to contact the office."
- Systems enabled management to maintain oversight of people's day to day wellbeing. There was an expectation that staff would provide a detailed daily handover to the office team and colleagues. This helped people to achieve better outcomes, as any health or welfare concerns could be identified and acted upon in a timely manner.
- Staff spoke respectfully about people they supported and demonstrated care and empathy. People received person-centred support from staff who knew them well. Comments from relatives included, "They are all good at treating [person] with dignity, and showing respect to each of us and our home", "All the staff know what they are doing, they are gentle and caring" and "[Person] is very happy with the carers. They do what was agreed. They are polite."
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement driven culture. Staff told us they had noticed improvements since our last inspection, particularly in the area of improved communication between staff and management.

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 service had a duty of candour policy in place and the registered manager understood their responsibilities in relation to the duty of candour.
- Accident and incident records indicated that people and families received verbal feedback when things went wrong. For example, records relating to 1 person's fall showed feedback was provided to a relative after an internal investigation took place with staff to review the circumstances of the incident.