Alina Homecare Ltd

Alina Homecare Horsham

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 18 and 19 April 2018 and was announced. The provider was given 48 hours' notice as the service provides a domiciliary care service. We wanted to ensure that people were expecting our calls and were available to speak with us.

Alina Homecare – Horsham is a domiciliary care agency. It provides care to people living in their own houses and flats. In addition, this service provides care and support to people living in specialist 'extra care' housing in the same building where the service's office is based. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. The service provides support to younger and older adults, people who were living with a physical disability, mental health illness and dementia. The service was also registered to provide care for children aged 0-18 years of age; although at the time of the inspection no children were receiving a service. On the days of inspection there were 89 people who received support with the regulated activity of personal care.

Alina Homecare provides care at home as well as live-in services for people across the South of England. People can fund their own care or have this publicly funded. Alina Homecare Horsham is part of a group of services owned by the provider, Alina Homecare Limited. The service had a registered manager who had been registered in January 2018. A registered manager is a 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

At our last inspection on 16 June 2015 we rated the service as 'Good'. Following our last inspection, the service changed their address and de-registered. Therefore, this inspection is the first comprehensive inspection at the new address and is being treated as a newly registered service. At the inspection on 18 and 19 April 2018 we found that the provider needed to make improvements to some areas of practice. The service was rated as 'Requires Improvement'.

People's consent was gained on a day-to-day basis and they were involved in their care. People's wishes and preferences were respected and care was person-centred and tailored to their needs. Although the management and staff had an awareness of the legislation that related to gaining people's consent, this had not always been adhered to in practice.

Most people and staff thought that the service was well-led. Comments from people included, "They are running it really well" and "Absolutely first class, very good". However, some people told us that at times people did not always receive their visits on time or for the required duration. The monitoring and action taken to rectify this had improved, however, still required further embedding in practice. Some people told us that when contacting the office about changes to their care that their requests were not always listened

to. These are areas of practice that are in need of improvement.

Most people told us that staff listened to their requests and that their care was adapted to meet their needs. However, some people and relatives did not feel that their feedback or views were listened to or respected. This is an area of practice in need of improvement.

Most people were complimentary about staff's practice and told us that they had the skills required to meet people's needs. Staff had access to learning and development that the provider considered essential to their roles. In addition, the provider had recently introduced a training academy that could provide bespoke training for staff when required.

Efforts had been made to gather information about people's background, their hobbies and interests to provide staff with an insight into people's lives before they started to use the service. Most staff were introduced to people prior to offering support and people told us that this made them feel comfortable as they knew who to expect once their visits began.

People told us that positive relationships had developed between them and staff and that they took time to get to know them and their preferences. One person told us, "They always come on time and have a cup of tea". Another person told us, "Alina Homecare staff provide excellent care" A third person told us, "Cannot tell you how satisfied we are. We have one regular carer. She is very kind and has a marvellous sense of humour. My relative loved singing and I often hear the two of them singing whilst she helps my relative to have a shower. She has become a dear friend".

People were treated with respect, their dignity and privacy maintained. The provider, registered manager and staff provided people with compassionate care and some people told us that they viewed staff as friends.

People told us that they would feel comfortable to raise issues or concerns and that the registered manager was friendly and approachable. Staff were complimentary about the leadership and management of the service. One member of staff told us", I find them very supportive in the office. [Registered manager] is amazing and has been supportive of me. I love my job".

It was evident that good quality care and positive experiences were at the heart of the provider's aims and that these were filtered down through staff and embedded in their practice. There were quality assurance processes to help ensure that people received the quality of service they had a right to expect. When areas of improvement were needed these were identified and action taken. There was good partnership working with external healthcare professionals to ensure best practice and maintain a coordinated approach to care. People's wishes, abilities and needs were documented and staff were provided with guidance. Staff had a good understanding of the people they supported.

People told us that they felt safe due to the support that they received from staff. Staff had a good understanding of how to safeguard people from abuse and knew what to do if there were concerns about people's safety. There was a reflective approach to providing care and the provider, registered manager and staff learned from situations to ensure that care continually improved. People were supported to have their medicines safety and on time and were protected from the risk of infection and cross contamination.

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 consistently safe

There was mixed feedback about the sufficiency of staff. However, staff worked hard to ensure people's care visits were covered and their needs were met.

Staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding a person's safety.

People had access to medicines when they required them. There were safe systems in place to manage, store, administer and dispose of medicines.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were asked their consent for day-to-day decisions. The provider was aware of the legislation relating to gaining consent for people who might lack capacity but had not always implemented this in practice.

People were cared for by staff that had received training and who had access to on-going learning and development opportunities.

Staff worked with external healthcare professionals to ensure that people received appropriate and coordinated care.

Is the service caring?

Good

The service was consistently caring.

People were supported by kind and caring staff who knew their preferences and needs well and who could offer both practical and emotional support.

People were treated with dignity and respect. They were able to make their feelings and needs known and were able to make decisions about their care and treatment.

People's privacy and dignity were maintained and their independence promoted.

Is the service responsive?

Good

The service was consistently responsive.

People received responsive and personalised care to meet their needs.

People were involved in the development of care plans. These were detailed and provided staff with personalised information about people's care.

People and their relatives were made aware of their right to complain. The registered manager encouraged people to make comments and provide feedback to improve the service provided.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There was a positive culture that ensured that people were involved in decisions that affected their day-to-day lives. However, people told us that they were not always listened to and that the management were not always responsive to changes in their requirements. People were not always happy with the timeliness or duration of their care visits.

Quality assurance processes ensured the delivery of care and drove improvement.

The management team maintained links with other external organisations to share good practice and maintain their knowledge and skills.

Alina Homecare Horsham

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 18 and 19 April 2018 and was announced. The provider was given 48 hours' notice as the service provides a domiciliary care service. We wanted to ensure that people were expecting our calls and were available to speak with us. The inspection team consisted of two inspectors and two 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.

Prior to the inspection we looked at information we held, as well as feedback we had received about the service. We also looked at notifications that the provider had submitted. A notification is information about important events which the provider is required to tell us about by law. Prior to the inspection we asked the provider to complete a Provider Information Return (PIR), this is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used all of this information to decide which areas to focus on during our inspection.

During our inspection we spoke with 21 people, six relatives, six members of staff and the registered manager. We reviewed a range of records about people's care and how the service was managed. These included the individual care records for eight people, medicine administration records (MAR), four staff records, quality assurance audits, incident reports and records relating to the management of the service. After the inspection we spoke to a representative from the provider's quality assurance team and contacted two healthcare professionals for their feedback.

The service was last inspected on 16 June 2015 and was rated as 'Good'.

Good

Is the service safe?

Our findings

People and relatives consistently told us that people were safe. One person told us, "No worries about harm. They are a good bunch and I trust them". Another person told us, "No worries, very safe, very happy". A relative told us, "Alina Homecare staff provide excellent care. Went above and beyond when my relative fell, called the ambulance and waited for me".

People were treated fairly and equally and were protected from discrimination and harm. Staff had received training and demonstrated that they understood their responsibilities with regard to safeguarding people. One member of staff told us, "If I saw malpractice I would go to my manager or supervisor. If the manager was involved I would speak to head office". People told us they felt comfortable around staff and were confident that if they had concerns they could raise these with staff or the management team. Regular reviews of people's care and communication with management provided a formal platform for people to raise issues and discuss any concerns in relation to their safety. Recruitment procedures were robust and appropriate pre-employment checks had been undertaken to ensure that staff were safe to work with people.

There was mixed feedback from people and relatives about the sufficiency of staff. Some people told us that there were enough staff to meet their needs, whereas others felt that the service was often short-staffed. One person told us, "Staffing levels are okay. I got what I asked for in a care package". Another person told us, "When you phone the office they say, 'Staff off sick we are struggling to cope'". The provider was continuing to recruit staff, however, in the interim period had ensured that people's care calls were covered. This was managed as both care and office staff undertook additional visits to ensure people's needs were met. Rotas had been designed to ensure that people received visits in accordance with their needs and preferences. For example, for people that required support by a certain time due to their medicines or health needs. One member of staff told us, "The coordinators will look at who has a gap and will ring you if cover is needed or if someone is off sick. The system works well. No agency staff are used. The office staff and the manager have been known to go out. It is a team". Although the provider was continuing to recruit to ensure a higher number of staff, the registered manager had worked hard to ensure that people received their visits. As a result people's care was not affected and there were sufficient staff to meet people's needs.

Staff's safety was acknowledged and monitored by the provider and registered manager. An effective electronic call monitoring system enabled the registered manager to have an oversight of staff's whereabouts when in the community as well as enabling them to monitor if people had received a call and therefore ensure their safety and needs had been met.

Risk assessments for people's healthcare needs were in place and regularly reviewed. People were involved in the development of their care plans and risk assessments. Staff were made aware of risks to people's safety through care plans, group supervisions and meetings. Risk assessments were stored in people's own homes, as well as in the office. This meant that they were accessible for staff and they were aware of how to support people to fulfil their wishes whilst being aware of the measures to take to assure people's safety. Accidents and incidents that had occurred had been recorded and monitored to identify patterns and

trends and relevant action had been taken to reduce the risk of the accident occurring again. For example, risk assessments and care plans had been updated to reflect changes in people's needs or support requirements. There was good oversight and a reflective culture to ensure that when instances had occurred or care had not gone according to plan, lessons were learned and changes made as a result.

Risks associated with the safety of people's home environment as well as any equipment, were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans which informed staff of how to support people to evacuate their homes in the event of an emergency. Equipment was also regularly checked and maintained to ensure that people were supported to use equipment that was safe.

People were assisted to take their medicines by trained staff that had their competence regularly assessed. People and relatives told us that medicines were received on time and were happy with the support that was provided. One person told us, "My carer watches whilst I take my tablets, she is very kind to me". Another person told us, "Medication is always on time, staff put them out for me". People confirmed that if they were experiencing pain that staff would offer them pain relief and records confirmed that this had been provided. Care records documented who was responsible for ensuring that sufficient stocks of medicines were available for people and medicine records showed that people had received their medicines on time and in accordance with their needs. These records were collected from people's homes on a monthly basis and audited to identify any errors. Appropriate documentation was in place so that information about people's medicines could be passed to relevant external healthcare professionals if required, such as when people had to attend hospital.

There were suitable procedures to ensure that people were protected from infection and cross-contamination. Staff were provided with personal protective equipment and clothing and people and relatives confirmed that these were used. One person told us, "They always wear aprons and gloves". Unannounced observations, which were conducted by the management team, also ensured that staff used the equipment provided to assure people's safety.

Requires Improvement

Is the service effective?

Our findings

Most people told us that the service they received was effective and that they were happy with their care. A majority of people and their relatives told us that they felt staff were well-trained and experienced. People told us that staff asked their consent before being supported. The provider and registered manager understood the legislation in relation to consent but had not consistently worked in accordance with this. This was an area of practice in need of improvement.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. When restrictions to people's care and support needs are in place, appropriate applications should be made to the Court of Protection.

The registered manager and staff had an understanding of MCA. People and their relatives told us that staff asked for people's consent before offering support, that they were provided with choice and able to make decisions with regards to their day-to-day care. However, staff did not always adhere to the legal requirements associated with formally assessing people's capacity to make decisions and to gain their consent or to ensure that restrictions in place were legally authorised. Some people had restrictive practices in place such as the use of bed rails, covert and locked medicines. Covert medicines is where medicines are sometimes hidden in food or drink if a person refuses them and lacks capacity to understand the importance of taking their prescribed medicines. The registered manager had not formally assessed the person's capacity in relation to covert medicines and no best interests decisions in relation to this had been made.

When people had their medicines locked away, there was no documentation to confirm that people had been involved in the decision or consented to it. One person used bed rails. Bed rails are used to ensure people's safety but can restrict movement. The registered manager had not assessed the person's capacity to consent to their use and it was not evident how they, or their representative, had consented to their use. When this was fed back to the registered manager they took action to ensure that people's capacity was formally assessed in relation to these specific decisions and that people, or their representatives, formally consented to their use. However, the provider had failed to ensure that people's rights were protected when consenting to their care. This was an area of practice in need of improvement.

The provider valued the importance of learning and development. A new role known as an Ambassador had been introduced. This entailed an experienced member of staff acting as a point of contact for new staff. Staff that were new were supported to undertake an induction which consisted of shadowing the Ambassador, as well as other existing staff, and familiarising themselves with the provider's policies and procedures. They gained an awareness of the expectations of their role, completed the Care Certificate and sometimes had an opportunity to meet people prior to providing support. The Care Certificate is a set of standards that social care and health workers can work in accordance with. It is the minimum standards

that can be covered as part of the induction training of new care workers.

There were links with external organisations to provide additional learning and development for staff, such as the local authority and external healthcare professionals. Some staff held diplomas in Health and Social Care and were encouraged to develop within their roles. The provider had recognised that some staff required additional skills, outside of the training they deemed essential. A recently introduced Alina Homecare Academy provided staff with bespoke, specific learning and development opportunities. This enabled them to have an awareness and knowledge of people's specific health conditions and needs.

People were cared for by staff that had access to appropriate support and guidance within their roles. Regular unannounced observations of staff's practice as well as group supervision meetings took place to enable staff to be provided with feedback about their practice and identify further learning and development needs. Staff told us that these meetings were supportive, however, felt comfortable to approach the registered manager at any time.

People, when required, had support to shop for and prepare food and drink. They told us that they could choose and were supported according to their choices and preferences. One person told us, "They make me a drink and microwave me a meal". Another person told us, "Makes me breakfast, tea, toast, cereals. I am very happy with her, she's very kind to me". Staff were knowledgeable about people's preferences and dietary requirements and spoke about the need to remind and encourage some people to eat and drink enough each day. Care plans provided guidance for staff. For example, some people's care plans advised staff to ensure people had sufficient fluids available to them in-between their care visits.

People's needs were assessed when they first started to use the service and regular reviews took place to ensure the guidance provided to staff was current and met people's assessed needs as well as their preferences. People's healthcare needs were met and people, when necessary, were supported to make and attend routine health care appointments to maintain their health. Staff monitored people's health and wellbeing and supported them to access or request referrals to services as and when required. There was a coordinated approach to people's healthcare. Records showed and people told us that staff supported them according to the recommendations of external healthcare professionals.

Good

Is the service caring?

Our findings

People and their relatives described the care that they received as good and told us that it was delivered by kind and compassionate staff. One person told us, "They are very polite and caring". Another person told us, "The staff that come are always very polite, they care. They are friends more than anything and are very good". A third person told us, "I cannot tell you how satisfied we are. We have one regular carer. She is very kind and has a marvellous sense of humour. My relative loved singing and I often hear the two of them singing whilst she helps my relative shower. She has become a very dear friend".

There was mixed feedback from people in relation to the consistency of staff. Most people and their relatives told us that they received support from the same member of staff at each visit. However, some people told us that they did not always know the staff that supported them. The registered manager was aware of this and had worked hard to ensure that this improved by ensuring, as much as possible, that people were allocated staff who were familiar with their needs. The provider was recruiting for new staff and the registered manager explained that once fully recruited a main priority would be to ensure that people received consistency of staff and that they were always introduced to staff before receiving support. Processes were in place to ensure that staff knew people's needs and preferences. There was clear, detailed information in people's care plans to ensure that even when staff had not visited a person before, they were made aware of their care requirements. One person told us that even when they received support from staff that they were not familiar with, that they received a good level of care. They told us, "Any new girls are aware of my illness. They have a good boss who gives them information to help them and that's really good".

People and their relatives, if appropriate, were fully involved in discussions about their care and able to choose how much support they received and how they preferred to be supported. Information about people's backgrounds, interests and hobbies was gathered to provide staff with an insight into people's lives before they started to use the service. Care plans contained detailed information to ensure that staff were provided with guidance to enable them to understand people's interests and needs and ensure that the support they provided was in accordance with people's wishes. People's independence was encouraged. Care plans documented people's skills and abilities, enabling people to continue to do as much as they could for themselves. One person's skills and level of independence had increased which meant that they relied less on support from staff. Regular reviews ensured that people and their relatives were able to raise issues and offer feedback. Records showed that changes had been made to people's care as a result of their feedback and people and relatives confirmed that they were involved in decisions that affected people's lives.

People were supported to maintain contact with those that were important to them. Care plans ensured that consideration was made for people's social and emotional needs. Observations of staff who provided support to people who lived in the extra-care setting showed they were mindful of the importance of encouraging interaction and socialisation. For example, one member of staff was observed assisting people into the communal areas to enjoy conversations with one another. Care plans reminded staff to spend time with people. One person confirmed that this took place and told us, "I get regular carers, they're normally

okay and do anything I want. It is a bit of company and they will sit and have a cup of tea and chat with me". Another person told us, "Pleasant, friendly, they sit and chat with me and keep me company". A member of staff told us, "I recommend some online groups. We try to encourage people to go to day centres, out into the garden and we get friends and family involved in their care. We try to get people computer savvy. With assisted living we encourage them to join in with the activities".

People's diversity was respected and staff adapted their approach to meet people's needs and preferences. Staff told us that equality and diversity was a core part of the training that was provided and that people's needs would always be accommodated and catered for. Care plans considered people's religious and spiritual needs and measures had been taken to ensure that people, with different faiths, had access to places of worship.

People were respected and they were treated in a dignified way. Training in relation to this had been provided and was regularly updated. Staff's practice was monitored through unannounced observations and feedback was gained from people to ensure that they were treated with dignity and respect. When people who lived within the extra-care service were supported by staff, observations showed staff demonstrated respectful and appropriate care. People's privacy and dignity were maintained and staff were aware of how to support people in a discreet and sensitive way. One person told us, "They treat me with dignity and respect. I have no worries about them". When asked how they promoted respectful and dignified care, a member of staff told us, "We engage them in their care. I introduce myself. I maintain dignity all the way through their care. I tell them what I'm doing and ask them if they are happy and comfortable. It's being respectful". Information held about people was kept confidential, records were stored in locked cupboards and offices. Meetings, where staff shared information about people, were held in private offices to ensure confidentiality was maintained.

Good

Is the service responsive?

Our findings

People could choose how little or how much support they received, some having only one visit per day, whereas others had several. Most people told us that staff were receptive to any changes in their requirements.

Following an assessment of people's needs, care plans had been devised that contained specific information about people's skills, abilities and needs in relation to their physical, mental, emotional and social well-being. This included people who were living with dementia, mental health conditions and physical disabilities. People were involved in the development of care plans to ensure that they were person-centred and reflected their wishes and aspirations. Following the initial two weeks of receiving the service people were contacted for their feedback to ensure that the care they had received met their needs. People told us that they were involved in decisions that affected their care and could approach staff and management if they had any concerns.

People's preferences and life histories were documented to inform staff and enable them to develop and build relationships with people. Staff had an understanding of people's preferences and needs and most people told us that they had confidence that staff knew them and their needs well. Regular care plan reviews provided a forum for people to make their feelings known. People told us and records confirmed, that people were able to speak freely and air their views and concerns without the worry of any repercussions to their care. People's care plans were reviewed following these meetings or when changes occurred, to ensure that their care was current and that up-to-date guidance was available to assist staff to deliver effective and responsive care.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. The registered manager ensured people's communication needs had been identified and met. People's care plans contained information on the most appropriate way of communicating with people. People were cared for in a way that was specific to them. Staff adapted their approach to meet people's needs. For example, one person's care plan informed staff that the person could sometimes become confused and asked staff to be patient and understanding. Information for people and their relatives could, if required, be created to meet their needs, for example, in accessible formats to help them understand the care available to them.

People who lived in the extra-care service had personal alarms that enabled them to call for assistance from staff 24 hours a day. This provided people with a means of calling for assistance when needed and meant that people could independently remain in their own homes.

People were informed of their right to make a complaint when they first used the service. Concerns and complaints that had been made had been dealt with in accordance with the provider's policy and demonstrated that the provider was transparent and open with people who used the service. The

management team and staff demonstrated a reflective approach to their practice. They reviewed how they worked and used people's feedback as learning opportunities. For example, some people were not receiving their weekly timetables until a day before their care visits began and this had an impact on people's plans for the week. In response, the registered manager had changed the process and timetables were now sent to people in a timely way to ensure they were forewarned about the times of their visits and who to expect. People told us that they knew how to make a complaint and would feel comfortable doing so. When talking about discussing issues with staff, one person told us, "I would talk to one of the carers. The carers are nice and friendly and I've got nothing to complain about".

If people required support at the end of their lives, the service was involved as part of a multi-team approach with other external healthcare professionals. This ensured that people, where possible and in accordance with their wishes, were able to remain in their own home at the end of their lives. Staff told us and records confirmed that the registered manager and staff worked well with external healthcare professionals to ensure people received a coordinated approach to care that met their needs.

Requires Improvement

Is the service well-led?

Our findings

There was mixed feedback about the leadership and management of the service. Staff told us that management at all levels were approachable and fully committed to ensuring that people received a good quality service. One person told us, "They are running it really well". Another person told us, "Absolutely first class, very good". However, we found areas of practice that were in need of improvement.

There was sometimes a failure to listen to feedback from people. Most people told us that staff listened to their requests and that their care was adapted to meet their needs. However, some people told us that when they asked for changes to be made to the times of their visits or to the support that was required during their visits, that staff that worked in the office did not always listen. Comments from people included, "Office staff do not listen, lots of excuses, nothing happens", "I get fed up talking to the office, it's no different to when it was run by the previous provider" and "When I phoned the office and asked them not to send one carer again they were very rude". Other comments from people and their relatives demonstrated that staff were not always flexible to changes in their needs and some people had not received the level of care they expected or required.

There was mixed feedback from people and their relatives about visit times. One person told us, "Always on time and usually stay for the full time". Another person told us, "Stay for the full time even if they have done their jobs". Whereas other comments from people included, "Times vary depending on what they have done before me, some go before their time is up" and "Office staff phone and tell me staff will be late which makes me feel guilty so I tell them, 'Okay don't bother today'".

The provider and registered manager, since being in post, strived to continually improve the service that was delivered. There were quality assurance processes in place and an oversight of the service to ensure that the systems and processes that were used worked. An electronic call monitoring (ECM) system enabled the registered manager and provider to monitor the time and duration of people's visits. This was used in conjunction with another system to monitor the timeliness of people's visits. These helped to ensure that people received their visits on time and that any late or potential missed visits were identified immediately and appropriate action taken to ensure that people received a visit from staff. The provider monitored the system across all of their services and there was competition between services to ensure that people's visits took place at the appropriate times. The ECM, and the system to monitor the timeliness of people's calls, showed that most people had received their visits on time. As part of their commitment to continually improve, the registered manager had discussed the importance of logging in and out of people's homes in group supervisions and office meetings. The weekly monitoring showed that there had been a significant improvement since the registered manager had been in post. This was also demonstrated within a comment made by one person, who told us, "Carers are occasionally late but time keeping much improved recently". However, this, as well as the responsiveness of office staff to meet changes in people's needs, are areas of practice where further improvements need to be made.

The provider had stepped-in to provide care when another provider had exited the domiciliary care market. They had worked closely with the local authority prior to and throughout this time. This helped to ensure

that people were provided with a smooth, coordinated experience during this period of transition. However, despite an extensive recruitment campaign, the provider was unable to increase their staffing levels. Although people's needs were being met, the impact of staffing levels in the long term was identified. The provider had recognised that they were unable to meet people's needs in a way that they would like. As part of their strategic plan the provider had identified the potential for risk. They had once again worked with the local authority to hand back packages of care to ensure people's needs were met and that they received the standard of care they had a right to expect.

The service had a registered manager who had registered in January 2018. A registered manager is a 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run. They had worked hard to continually improve the service. Staff told us that they felt well-supported and that the service was well-led. The registered manager received regular support from the area manager and the provider's quality assurance team. The registered manager was experienced and this helped ensure that staff felt supported and equipped to support people effectively. Staff told us and observations showed, that the management were accessible and approachable. This ensured that both people and staff knew who to approach if they had any queries or concerns.

Regular audits were conducted by the registered manager, office staff and the provider's quality assurance team. Action plans were devised following the audits that provided the registered manager and staff with clear actions to complete to ensure that the quality of service was to the appropriate standard. Records showed that when audits had been completed and minor areas for improvement were required, these had been recognised and appropriate action taken. In addition, regular unannounced observations of staff's practice were conducted by members of the management team. These provided an opportunity to improve practice and ensure that people received support that was in accordance with their needs and preferences. There was a reflective culture and it was evident that the provider and registered manager used incidents as a chance to learn and develop the service and the care that people received.

The provider's mission was to 'Make life easier' for every person that used their service. The registered manager ensured that this was embedded in staff's practice. People were fully involved in devising the type of care and support they required and were treated with compassion, dignity, equality and respect. Part of the review of people's care asked if the care that they received had made their lives easier. A majority of comments from people and relatives, in relation to this question, were positive. This further demonstrated that the provider, registered manager and staff were passionate about providing care that was effective and made a difference to people's lives. The provider was committed to ensuring that people received a good quality service. Posters were displayed within the office reminding staff what 'good' care looked like.

Staff told us that the service was managed in such a way that ensured that they were appropriately supported and had access to resources to enable them to provide effective care. Staff told us that they were involved and kept informed of any changes within the organisation and that they felt valued, appreciated and supported. One member of staff told us, "I'm very well-supported. There is a really good team in the office. I have no problems with them at all. They are supportive of my personal needs or changes in availability. They are very understanding. I'm kept informed and updated with letters from head office and we had a letter from [registered manager] about the changes". Another member of staff told us, "I find them very supportive in the office. The registered manager is amazing and has been supportive of me. I love my job. Not all staff morale is good. There has been a changeover of management and the implementation of change. A lot of positive things have happened like the spot-checks and Ambassadors role".

Records demonstrated that the provider was open and transparent with staff. Regular office meetings,

group supervisions as well as management meetings, took place to monitor the service being delivered, share information and promote best practice. Staff had access to regular meetings with their managers and told us that they could approach management at any time if they had any concerns or needed further support. Staff were provided with regular feedback on their practice to enable them to reflect on and develop their knowledge and skills. The provider demonstrated a caring approach with regards to staff's well-being and staff had access to an employee assistance programme.

The provider demonstrated their awareness of the Duty of Candour CQC regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons'. Records showed that people had been informed, within reviews of their care and telephone meetings and had been involved in planning and contributing to any changes that were going to occur. Other records showed that people and their relatives or representatives, if appropriate, were informed if people's health needs or condition had changed. The provider was aware of their responsibility to comply with the CQC registration requirements. They had notified us of certain events that had occurred at the service so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. There were good links with external healthcare professionals to promote best practice and ensure that people received coordinated care.