

UK Star Care Ltd

Vista Business Centre

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

Vista Business Centre, known as UK Star Care Ltd, is a domiciliary care agency providing care and support to people living in their own homes. People using the service lived in the county of Surrey. At the time of our inspection 35 people were using the service. The service was registered to provide care to younger and older adults, including people with physical and learning disabilities, people living with the experience of dementia and people with mental health needs. At the time of our inspection, they were providing care to both older and younger adults.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People using the service were happy with the care and support they received. They told us their needs were met by kind and considerate staff. They had been involved in planning and reviewing their own care, and the agency was responsive when their needs changed.

Care workers had enough time to care for people safely and well. There were appropriate systems for recruiting, training and supporting staff and they felt happy working for the agency. The provider undertook regular checks to make sure staff were suitable and were meeting people's needs.

People's care was planned in a suitable way. Care plans were clear and gave details about their preferences and needs. Risks to their safety and wellbeing had been assessed and planned for. The staff liaised with other healthcare professionals to make sure people received holistic care and support. People received their medicines as prescribed and in a safe way.

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.

The provider had systems for dealing with accidents, incidents, complaints and safeguarding concerns. They took steps to help make sure people were safe and investigated any concerns, feeding back to people using the service and others. They made changes to improve the service and learn from things that had gone wrong.

There were effective systems for managing the service, including monitoring and improving quality, asking stakeholders for feedback and auditing how care was provided. The registered manager was suitably qualified and experienced and worked with a team of other senior staff who knew people's needs and regularly engaged with them, asking them for feedback about their experiences.

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 requires improvement (published 4 December 2019). 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.

Why we inspected

This was a planned inspection based on the previous rating and to follow up on the action we had asked the provider to take.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Vista Business Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector. An Expert by Experience supported the inspection by making telephone calls to people who used the service. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 January 2021 and ended on 19 January 2021. We visited the office location on 19 January 2021.

What we did before the inspection

We looked at all the information we held about the provider, including the last inspection report, the provider's action plan and notifications of significant events.

We contacted representatives of Surrey County Council to ask for their feedback about the service.

During the inspection

We spoke with four people who used the service and the relatives of five other people. We received feedback from three care workers. We met the registered manager and other management staff in the agency offices. We looked at the care records for five people who used the service and medicines records for two other people. We looked at recruitment, training and support records for five members of staff. We looked at other records used for managing the service such as records relating to medicines management, policies and procedures, complaints, incidents and accidents and quality monitoring.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection of the service, we found that risks had not always been assessed or safely monitored and managed. 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 enough improvement had been made and the provider was no longer breaching this part of Regulation 12.

- People using the service and their relatives felt risks were safely managed. One person who had problems with some mobility equipment being broken, explained the agency had liaised with healthcare professionals to arrange for this to be fixed. The registered manager confirmed this and told us staff were careful when supporting this person as they were mindful the equipment was not always suitable, they had raised this with the appropriate authorities.
- The staff had assessed the risks to people's safety and wellbeing. There were general risk assessments for each person. These were clear and gave information about all aspects of the person's care and the environment they lived in. The assessments reflected information in people's care plans. There was information for staff about how to reduce risks when supporting people.
- There were also more detailed risk assessments relating to specific needs, such as physical and mental health conditions and risks of falling. These detailed assessments gave key general information for staff about the condition or risk, such as what it meant if someone had this condition. The assessments then went on to describe how the risk affected the person and included a list of actions the staff must take to keep this person safe. These included information for staff to follow in emergency situations and if someone's health deteriorated.
- Assessments of people's home environment included any equipment they used, whether this had been serviced and any concerns with this. The assessments were personalised and highlighted if there were hazards in the environment and when people were at increased risk because of mobility or sensory needs. There were plans to minimise these risks with clear instructions for the staff.

Using medicines safely

At the last inspection of the service, we found medicines were not always being managed in a safe way. This was a further 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 enough improvement had been made and the provider was no longer breaching this part of Regulation 12.

- People who were supported with their medicines told us they were happy with this support. They explained the care workers were careful and recorded everything clearly.
- There were appropriate procedures for managing medicines. These included training staff and assessing competence at handling medicines. Staff files we looked at included up to date training and assessments. The management team carried out regular spot checks and visits to people's homes where they observed medicines administration and talked to people about whether they were happy with the support they received.
- The staff assessed the medicines needs for each person, including people who managed their own medicines, and those supported by family members. These assessments included information about people's individual needs, their mental capacity to understand about the medicines they were prescribed, who was responsible for this, their abilities to manage this independently and how medicines were stored and collected from the pharmacy. The assessments had been recently reviewed and updated.
- The provider had created electronic medicines administration records, which the staff completed at each visit. The managers were alerted in real time when staff failed to sign to confirm they had given medicines. These records were audited each week and then again, each month. The managers kept a spreadsheet to record audits and any problems with medicines administration. Where problems were identified the staff responsible were asked to explain what had happened and were offered additional supervision and training.
- The provider had been proactive in addressing problems with supply from the pharmacy and GP. During the last year, there had been several incidents when the pharmacies had failed to supply people's medicines when needed. The provider had sent staff to collect medicines when possible and had followed up any ongoing issues with the GP and pharmacist.

Staffing and recruitment

- People told us visits usually happened on time, although sometimes care workers were late and people did not know whether they were coming. We discussed this with the registered manager who explained they reminded staff to let the office know if they were running late so they could warn people. We also saw records to show the registered manager had spoken with staff about this. Some people told us they would like rotas to show them which care workers were coming in advance. We fed this back to the registered manager who agreed to provide this information for people.
- The agency had experienced staffing shortages during the COVID-19 pandemic because some staff were shielding or unable to work for various reasons. They had a contract with a recruitment agency who provided staff. The agency ensured they had the same regular care workers who were suitable and had been trained. The provider treated the recruitment agency staff as they would their own workers ensuring they carried out spot checks, observations and invited them to supervision and training.
- There were enough staff to make sure all care visits happened as planned. The staff received their rotas in advance and had enough time to travel between care visits. The provider had an electronic call monitoring system, and this alerted them if care visits did not take place or were late. They could also monitor how long visits lasted. Where people had raised concerns about the timing of their visits, we saw records of discussions the managers had with the person and action they took to rectify the issues.
- There were suitable procedures for recruiting staff. These included checking their identity, eligibility to work in the United Kingdom, references from previous employers and checks on any criminal records. The provider carried out interviews with prospective staff and tested their numeracy and literacy skills. New staff completed an induction which included shadowing experienced workers, being assessed while carrying out care tasks and a range of training. This helped the provider to make sure staff were suitable.

Systems and processes to safeguard people from the risk of abuse

- People using the service and their relatives told us they felt safe. Their comments included, "I've no concerns", "There is nothing wrong with them", "I get the impression they are very genuine" and "They are

lovely people and I've no complaints whatsoever."

- There were appropriate systems for safeguarding people from abuse. All staff received regular training regarding safeguarding adults and children. People using the service and their relatives told us they felt safe with the agency and care workers who supported them.
- There were suitable policies and procedures for dealing with allegations of abuse. Where concerns had been raised, the provider had worked with the local safeguarding authority to investigate these and help protect people. They had also discussed these with the relevant staff so they could learn from these incidents.
- A representative of the local authority told us about a situation where the provider had been proactive in protecting a vulnerable person who was being abused. The carers working with the person had identified they were at risk and had reported this so the person could be moved to a place of safety. The registered manager also discussed this and other examples where the staff had identified risks and acted on this. Care plans stated what staff should do if they noticed deterioration in people's wellbeing or other triggers which might indicate the person was not safe.
- There were suitable systems for supporting people with shopping and financial transactions. These included auditing how money was spent, a clear assessment of risks relating to this, detailed guidance for staff as well as involving people who used the service and sharing information, such as receipts, with the person or their family. This helped to make sure people were protected from risks of financial abuse.

Preventing and controlling infection

- People using the service and their relatives told us the care workers followed good infection control processes. Some of their comments included, "They never stop washing their hands, they wash them when they arrive and before making meals, they are always wearing gloves and masks", "They wear gloves, masks and plastic aprons" and "They always come masked up and wear the gear."
- There were appropriate systems for infection prevention and control. These had been updated during the COVID-19 pandemic to help make sure government advice and legislation were followed. All staff undertook weekly COVID-19 testing. Staff were supplied with sufficient Personal Protective Equipment (PPE) such as gloves and masks. The provider carried out spot checks to make sure staff were using this properly and followed other good infection control practices.
- Staff undertook training regarding infection control, and this was regularly discussed at team and individual staff meetings.

Learning lessons when things go wrong

- The provider had effective systems for learning when things went wrong, and they followed these. Records of accidents, incidents and complaints were comprehensive, and we saw the managers had investigated these and responded to them. They had spoken with people using the service and their representatives to make sure their concerns had been addressed. There was evidence they had provided additional training and supervision for staff, when needed, and the provider had checked back with the person using the service after a period of time, to make sure things had improved.
- There were monthly staff meetings and regular communication with staff so that there could be shared learning from incidents.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

At the last inspection, we found people's mental capacity had not always been assessed and consent to care had not always been obtained in line with law and guidance. This was a breach of Regulation 11 (consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvements had been made and the provider was no longer breaching Regulation 11.

- People told us they were asked to consent to their care. They said the staff offered choices and respected these. They had been involved in planning their care and had signed consent to care plans and risk assessments. We saw evidence of this.
- For people who were not able to consent to their care and treatment (because they lacked the mental capacity to do so), decisions had been made in their best interests by people who knew them well and consent had been obtained from legal representatives.
- The staff had received training about the MCA and DoLS and this was renewed annually to help make sure they understood about their responsibilities.

Staff support: induction, training, skills and experience

At the last inspection, we found staff had not always received the training and information they needed to care for people. 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 enough improvements had been made and the provider was no longer breaching Regulation 18.

- People told us they thought care workers were well trained and knew how to care for them. However, some people told us that there was a language barrier and sometimes they found it difficult to communicate with the care workers. We spoke with the registered manager about this. They said they were already aware and knew the problem was made worse because staff were wearing masks which could impede communication. They had reminded staff to speak clearly and check people had understood them.
- The staff completed a range of training courses each year. Most of these had been remote, on line learning during 2020 because of the pandemic restrictions. The provider had arranged some face to face learning and was in the process of developing video training meetings with a consultant to improve the learning experience. The online learning which the staff had completed included tests of their knowledge. The registered manager also discussed key training areas in staff meetings to make sure the staff understood these.
- The staff told us the training they had undertaken was useful. We saw evidence of a range of training, including information about specific health care conditions and interventions. Some staff had qualifications in health and social care.
- All new staff completed an induction which included shadowing experienced workers. The provider assessed their knowledge, skills and competency before they were able to work independently. The provider also carried out regular spot checks and observations on all staff to make sure they were carrying out their work well and were competent.
- There were monthly team meetings, where the registered manager discussed the service with staff. They made sure staff were familiar with key procedures and updated them on any changes. There were also regular individual supervision meetings and appraisals for all staff where they had opportunities to discuss their work and performance.

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

- The provider completed assessments of people's needs before they started using the service. They asked the person, their representatives and relevant healthcare professionals for information. They spoke with the person and assessed them in their home environment. The assessments were used to form care plans.
- These assessments were regularly reviewed. Senior staff visited people and made phone calls to make sure they were happy with their care and to assess whether anything had changed. The care workers told the agency about changes in people's conditions and health and the provider took appropriate action in response to these.

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

- People who received help with mealtimes told us they were happy with this support. One person told us how the care workers always presented food nicely. Most people purchased their own food, or family members did, and the staff warmed this up. When people were supported with shopping, or staff shopped for them, the person chose what they wanted.
- People's nutritional and hydration needs were assessed. When they needed support with these needs, appropriate care plans were in place. The staff used monitoring charts to record food and fluid intake when this was needed, and the managers audited these to make sure care plans were being followed.

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

- The staff assessed people's healthcare needs. There were individual risk assessments and care plans for each healthcare condition. These gave the staff clear instructions about how they should care for the person and any risk.
- The agency had also given staff information about different healthcare conditions so they had a general understanding about how these might affect people. This information was linked to people's care plans, where their individual experience of the condition was explained.
- People using the service and their relatives told us the staff dealt with medical problems and emergencies well by contacting relevant health care professionals. The registered manager explained how they liaised with doctors, pharmacists and other healthcare professionals when needed to make sure people received the care and support which they needed.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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

- People using the service and their relatives told us their care workers were kind and treated them with respect. Some of their comments included, "[Care worker] is excellent", "I am happy with everything and how they treat me", "They treat [person] very well", "I can't fault them, I hear them talking to [person] and they are very kind" and "They are all very kind and caring. They have a chat and talk to me about my family, and they tell me about theirs and we show each other photos."
- People's care plans included reference to how they might feel in certain situations, if they were embarrassed about receiving care or about their needs. The plans described how the staff should respond to make sure they offered people empathy and respected their feelings.
- Feedback the provider had received from people using the service consistently showed people found the staff kind and caring. They felt valued and well supported and had good relationships with their care workers.

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

- People told us they were offered choices and able to make decisions about their care. People had been asked for their opinions during assessments and their choices and preferences were clearly recorded in care plans.
- People received visits from management staff at least every three weeks where they could discuss their care and any concerns they had. They were also asked for their views during regular telephone monitoring calls and a written survey. We saw the agency had responded to individual requests for changes and when they explained how they wanted their care delivered. For example, one person had asked for their planned morning call to take place at a different time and this had been accommodated.

Respecting and promoting people's privacy, dignity and independence

- People using the service and their relatives told us the care workers respected their privacy, shutting doors and curtains when providing care, waiting for people to be ready for them and having towels and clothes ready to cover people after showers. The staff had a good understanding about providing care in a dignified way and had received training around this. The agency organised for regular spot checks where they observed care workers. They monitored how care workers engaged with people and whether they respected their privacy and dignity.
- People told us they were supported to be independent where they wanted, and we saw this was a key theme within care plans. People said they were encouraged to walk independently where they were able with the use of mobility aids. They also were supported to be part of domestic chores, if this is what they

wanted and were able. Where people had a skill or could do something for themselves, this was recorded in plans to help make sure the care workers allowed them independence. One person told us, "They [care workers] never take over." Another person said, "I can still do things for myself and the carers are so good and kind to me, helping me when I need."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At the last inspection we found, people did not always receive personalised care and support. 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 enough improvements had been made and the provider was no longer breaching Regulation 9.

- People told us they were happy with their care, which was personalised and met their needs. They also told us the agency was reliable and adaptable when they made requests. One person said, "They are very flexible and responsive." People told us they could ring and speak with one of the managers if they needed any changes.
- The provider had updated and improved all care plans since the last inspection. The system they used was comprehensive and clear. Each person had care plans outlining their individual needs with clear guidance for staff on how they should meet these needs. There was a structure for each care visit, with details about how the person liked to be cared for and any risks. There were also quick reference plans which outlined the main areas of risk for each person along with a summary of their needs.
- Care plans included information about people's known preferences and how to support them to stay independent where they were able. People told us staff offered them choices and adapted their care to meet their needs. The care workers recorded how they had supported people at each visit on an electronic recording system. This provided live data to the management team so they could monitor people's needs were being met and care was provided as planned.
- Care plans gave a holistic overview of each person, linking how different mental and physical conditions could impact on other areas of their lives. For example, highlighting the risks associated with poor mental health and highlighting warning signs the staff should look out for and how they should respond to these.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and sensory needs had been assessed and information about these was included in care plans. The assessors had recognised how different situations could impact on people's

ability to communicate, for example if they were unwell or upset, and how the staff should take this into account.

- Information about the service was provided in accessible formats for people. People were provided with a file of information which they kept at their homes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The agency had asked people about their social interests, personal history, hobbies, culture and religion as part of the initial assessment. This information was recorded in care plans and people told us the staff respected this and talked to them about their interests and life.

- The registered manager explained that the care workers had been the only social contact for some people during the COVID-19 pandemic and lockdown. The care workers had taken on extra responsibilities which family members might otherwise have done. They had also supported people to make video calls to families and friends.

- Some people had social care support as part of their agreed care plans. The care workers supported them to access the community (when they were able), and with games and hobbies at home.

End of life care and support

- One person explained how the agency had supported them when they had lost a relative (also a person who used the service). They told us one care worker had attended the funeral with them.

- The agency was not providing end of life care to anyone at the time of our visit, although they had done in the past and had supported people through declining health. The staff had received training to help them understand how to provide good care at this time. The registered manager told us they had worked closely with palliative care teams and other healthcare professionals to help make sure people were comfortable and pain free.

Improving care quality in response to complaints or concerns

- People using the service and their relatives told us they knew how to make a complaint. Some of their comments included, "I have not needed to make a complaint, but I would call the office" and "If I needed, I would contact them, I don't have any complaints." People were provided with information about the complaints procedure and who to contact.

- We looked at the provider's record of complaints and how they had responded to these. They had carried out investigations, apologised to complainants and made improvements to the service when needed. They had also checked back with complainants to make sure they were happy after the changes had been made.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At the last inspection, we found that systems for monitoring and improving the quality of the service were not always operated effectively. 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 enough improvement had been made and the provider was no longer breaching Regulation 17.

- The provider had effective systems for monitoring the quality of the service and making improvements. Since the last inspection, they had made improvements in all areas making sure care plans, risk assessments and other information about people was better recorded and personalised. They had also reviewed the way in which medicines were managed, improved staff training and introduced a new electronic system for recording care and tracking care visits.
- There were regular audits of all aspects of care and support. These included weekly and monthly audits of medicines management, audits of repositioning records and food and fluid charts. The registered manager and other senior staff had a good overview of the service and knew about individual people's needs. They had responded to people's requests for changes, and any concerns they had raised. These responses included reviewing wider care and making other changes if these were appropriate and needed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a procedure for duty of candour. The registered manager logged and reviewed all accidents, incidents and complaints. They had apologised to the people involved and given them clear information about the action they would take. They had taken appropriate action in response to these and checked back with people that they were happy with the changes the agency made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was appropriately qualified and experienced. They were supported by a team of other senior staff/managers. They had a good overview of the service and the individual needs of people who they cared for.
- Feedback about the registered manager from people using the service, relatives and staff was good with one person telling us, "The lady in the office is fantastic", and a member of staff telling us they were very

supportive.

- There was a range of policies and procedures and these were regularly reviewed and updated. They were discussed with staff during meetings and staff were issued with handbooks so they knew about their roles and responsibilities.

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 positive culture with people using and working at the service feeling it was a good agency. People were empowered to make choices about their care, and these were respected. They confirmed this with comments which included, "I'm very grateful. I don't know how I would manage without them," "[The agency] helps me a lot" and "I don't know what I would do without them."
- Feedback from a local authority representative indicated the commissioners felt the agency provided a good service. They spoke about individual pieces of good practice where staff had gone above and beyond what was expected of them. An email to the service from another professional sent earlier in January 2021, stated a person using the service was impressed with how quickly a new care worker had got to know their needs. Another professional had written to the agency in October 2020 to compliment the hand and foot care provided by staff.
- The registered manager told us they were particularly proud of the care they had provided for one person. They had found the person's home environment presented a risk and their needs were not reflective of the hospital discharge care plan. They had supported the person and liaised with other professionals to make sure the package of care was reviewed, and the person's home was made safe.
- People were asked to complete satisfaction surveys. The provider had received a good response with the majority of people completing surveys in November 2020. The feedback was overwhelmingly positive with comments from people which included, "I am grateful and thank all the staff for all they are doing for me" and "Thank you for your help and person-centred care." Where one person had raised a number of concerns, the agency had addressed these and been in direct contact with the person since to ask whether they were happy.
- The registered manager had regular meetings with the staff, as a team and individually. They discussed the service and any concerns staff had. They also talked about key procedures, such as medicines, supporting people with mental health needs, consent and use of PPE. They had provided clear information about COVID-19 and the staff told us they had regular engagement and the information they needed.

Working in partnership with others

- The agency worked closely with other professionals to provide people with personalised care and support. For example, they had liaised with GPs, pharmacists and other healthcare professionals when they identified people had a specific need.