

# People Matter Support Services Limited

# People Matter Support Services

## Inspection report

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Date of inspection visit:  
07 March 2020

Date of publication:  
18 June 2020

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

People Matter Support Services is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older people, younger adults and also those with learning disabilities and/or those on the autistic spectrum. Not everyone using the service receives personal care. The Care Quality Commission only inspects the service being received by people provided with help with tasks related to personal care, hygiene and eating.

This service moved its office to a new address on 1 February 2020. When the office moved there was no change to the service provided, registered manager or care staff.

### People's experience of using this service

At the last inspection in July 2019 we found there were breaches of five regulations. At this inspection we found the registered person had taken positive steps and implemented systems to improve the quality and safety of the service provided. The registered person had hired an external consultant to support them with this implementation. Our findings demonstrated that the steps taken, and systems put in place were satisfactory in terms of ensuring people had safe effective care. This meant that the ratings for all five key questions and the overall rating for the service has improved at this inspection.

However, since the last inspection the provider had failed to consistently meet some conditions on their registration, namely to send the commission a monthly report on the first day of every month related to the areas of concern identified at the last inspection. Failure to comply with a condition of registration is a potential offence, this means that well-led cannot be rated better than requires improvement.

The registered person, with the support of the external consultant, was clear on the improvements that were still needed and understood that the systems and processes that were now in place were relatively new and further time, training and support was needed to ensure that they were embedded, and improvement sustained. We will check that improvements made have been sustained at our next planned comprehensive inspection.

Care staff recruitment had improved, and the registered person had introduced a new checking system to ensure full compliance with regulatory requirements. However, on inspection we did find some missing information in two files. This was rectified soon after the inspection. The management and monitoring of people's risks had improved and people and their relatives told us that they felt safe.

People were supported by well-trained care staff. All care staff had the necessary training to meet people's needs. People and their relatives told us that they thought the care staff were well trained.

People were treated with kindness and respect. This was validated by the feedback we received from people and their relatives.

People received care and support that was personalised. A new electronic care planning system had been introduced. The registered person, with the support of the external consultant, had re-assessed all of the people who use the service and recorded in depth information regarding their care needs, preferences and wishes. People's rights to make their own decisions were protected. They were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests.

People benefited from an improved quality assurance system being in place. This meant that the registered person's oversight of all the service's functions, including recruitment, training, medicines management and care planning was now more robust.

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

The last rating for this service was inadequate (report published 27 September 2019) and there were multiple breaches of regulations. At this inspection we found the registered person had made improvements and the provider was no longer in breach of regulations in relation to the service provided to the seven people who currently use the service.

This service has been in Special Measures since 27 September 2019. During this inspection the registered person demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating of inadequate. As part of this inspection we also assessed whether the provider had taken the actions necessary to meet the regulation breaches identified at the last inspection.

#### 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 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 had improved in this key question.

Details are in our well led findings below.

Requires Improvement ●

# People Matter Support Services

## **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 carried out by an inspection manager and an inspector.

#### Service and service type

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

The service has a manager registered with CQC, who is also the nominated individual for the provider organisation. A nominated individual is a person who is responsible for supervising the management of the service on behalf of the provider. As well as being the registered manager of the service and also being the nominated individual, they are also the only person with significant control of the provider organisation. This means they are legally responsible for how the service is run and for the quality and safety of the care provided. In this report, due to the person's multiple roles, we will refer to them as the registered person.

#### Notice of inspection

We gave the service five days' 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 7 March 2020 and ended on 13 March 2020. We visited the office location on 7 March 2020.

#### What we did before the inspection

We looked at all the information we had collected about the service. This included previous inspection reports, information received and information about important events the registered person and others had sent us. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered person and the consultant. We looked at the care plans for two people who use the service, plus associated monitoring records and medicine sheets. We also looked at two care staff's recruitment files, (they had commenced working with the service since the last inspection), care staff training records and the care staff supervision log. We reviewed a number of other documents relating to the management of the service, for example, quality assurance documents and action plans.

After the inspection

We reviewed the additional information the registered person sent to us after the visit at our request. We sought feedback from six care staff and received responses from four. We contacted people who were receiving care from the service and relatives who gave their feedback on the quality of the care. We sought feedback from three community professionals and received one response.

# 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 inadequate. At this inspection this key question has now improved to good. We will check that improvements made have been sustained at our next planned comprehensive inspection.

### Staffing and recruitment

At our inspection in August 2018 the registered person had failed to establish and maintain an effective staff recruitment procedure. The registered person had failed to ensure applicants were of good character and that information specified in Schedule 3 was available for each care staff member. This was a breach of regulation 19 (Fit and proper persons employed) and schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the last inspection in July 2019 we found not enough improvement had been made and the registered person was still in breach of regulation 19 and Schedule 3. We imposed a condition on the provider's registration.

At this inspection we found there was still some missing information in two files. The registered person agreed to either obtain the missing information or seek to reapply for this information within 48 hours of the inspection. After the inspection the registered person sent us the necessary information. Enough improvement had been made and the registered person was no longer in breach of regulation 19 and Schedule 3.

- People were protected from the risk of being supported by unsuitable care staff as there was now a system in place to ensure that the necessary checks for new starters was in place and being completed.
- We checked two care staff personnel files. These contained evidence of the necessary checks that needed to be completed before care staff commenced employment. A third file had been prepared for a new care staff member, but they had not started work at the time of the inspection.
- There were sufficient care staff to meet people's needs. We were shown evidence that there had been no missed visits since the last inspection. The registered person explained the process for managing late or missed visit to ensure people were kept safe. This included having an electronic system that would alert the registered person if a care staff member was late or a visit missed. The system also allowed them to generate attendance records for all care staff to identify any patterns of concern.
- One care staff member told us "The time we are given for each client is enough time to meet all their needs." A person told us, "They are always on time. If they go ten minutes over they will always stay extra time to do [tasks]."

### Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection in July 2019 the registered person had failed to establish and maintain effective systems to assess, identify and mitigate risk to the health and safety of people using the service. The

registered person had failed to ensure care staff providing care or treatment to people had the qualifications, competence, skills and experience to do so safely 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 registered person was no longer in breach of regulation 12.

- People's risks had been assessed to ensure they were kept safe. Risk assessments were detailed, accurate and up-to-date. There was good evidence that showed the service had assessed and mitigated the risks well. Assessments included internal and external house hazards, moving and handling and nutrition and hydration.
- An electronic care documentation system had been introduced since the last inspection. Risk assessments were completed online in the office, and care staff used handheld devices during the support calls to view important information.
- People were protected from the risk of infection. Care staff had been trained in infection control and were provided with protective equipment such as gloves and aprons, to use when appropriate.
- Two monthly infection control audits were undertaken by the registered person, checking areas such as access to protective equipment and that staff have the necessary training.

#### Using medicines safely

At our last inspection in July 2019 we made a recommendation that the registered person explore best practice guidance on the most appropriate procedure for assessing care staff competence in handling medicines, including the format and content of the competency assessments and who should carry them out.

At this inspection we found that care staff competency checks were undertaken regularly.

- Medicines people received, and the level of support they required, were clearly documented in their support plans.
- Risk assessments were completed to determine individual risks for people who were supported with their medicines. Where possible, people were encouraged to self-administer their medicine. For other people, care staff followed the support plan to ensure they safely received their medicines.
- Care staff received specialist training in medicines administration. This included theoretical and practical training. New care staff 'shadowed' experienced care staff to observe medicines management processes.
- New care workers were then supervised when they first started to administer medicines. They had to complete a medicines competency to ensure they were safe to administer people's medicines on their own.
- Experienced care staff were subject to regular medicines management competencies by the registered manager. This ensured ongoing safety because care staff skills were checked on an ongoing basis.
- Medicines charts showed good documentation. Important information such as allergies had been correctly completed. Where necessary, medicines incidents were reported, investigated, logged and used as learning points in staff supervision sessions.

#### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse. All care staff had undergone safeguarding training run by Reading Borough Council.
- The registered person had undergone level 2 safeguarding training and informed us that they were booked to attend level 3 safeguarding training.



- Care staff knew how to recognise abuse and where to report if they had any concerns. One care staff member told us, "It's a brilliant company, we've all had safeguarding training and know what to do if we think someone is at risk of abuse."
- A person told us "Yes, I feel very safe, they're sure of what they're doing".

#### Learning lessons when things go wrong

- There had been no accidents or incidents since the last inspection.
- The registered person had a system in place that ensured lessons were learnt when things went wrong. This included details of action taken and the outcome of any investigation. This system had been transferred onto an electronic system to ensure the registered person could be alerted in real time of any concerns."

# 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 inadequate. At this inspection this key question has now improved to good. We will check that improvements made have been sustained at our next planned comprehensive inspection.

Staff support: induction, training, skills and experience

At our inspection in August 2018 the registered person had failed to ensure care staff received appropriate training and supervision as was necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the last inspection in July 2019 we found not enough improvement had been made in relation to care staff training and the registered person was still in breach of regulation 18. We imposed a condition on the provider's registration.

At this inspection we found enough improvement had been made and the registered person was no longer in breach of regulation 18.

- People were supported by care staff with the necessary skills and training. All care staff had undertaken the necessary training to ensure they could support people safely. Where people had specific health needs care staff had undergone training to ensure people had the right support.
- There was a robust induction process for new care staff including an expectation that they would be supervised for 12 weeks before being signed off by the registered person as competent.
- New care staff had completed the Care Certificate; this is nationally recognised set of 15 modules for care staff working in the adult social care sector. Training included topics such as protecting adults at risk, moving and handling, first aid, fire safety and medicines management.
- There was evidence that self-directed learning, practical skills assessments and conversations with management had occurred as required by the course.
- Care staff files contained the staff training certificates which showed they had successfully attended and completed the training.
- A training matrix recorded all care staff attendance, and when training was due to be renewed.
- Care staff continued to receive regular supervision (or one-to-one) sessions with the registered manager. Records we reviewed showed detailed, meaningful conversations about the care staff members' objectives, training needs and people they supported. One care staff member told us, "The supervision and appraisals has made me a much better person. The feedback is amazing because I know what to improve or what I have to achieve."
- There was evidence annual performance appraisals were planned and had commenced.

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 our last inspection in July 2019 the registered person had failed to ensure care staff were competent and following the law in relation to the Mental Capacity Act Code of Practice. This was also a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We imposed a condition on the provider's registration.

At this inspection we found enough improvement had been made and the registered person was no longer in breach of regulation 18.

- People's consent to care and support was correctly obtained and recorded.
- Care staff had all received training on the principles and practice associated with the MCA.
- Care documentation in two people's files showed information was obtained and recorded about consent. This included whether the person had the capacity to make a decision about their own care.
- Where a person did not have capacity to consent, the service checked whether there was an attorney appointed under a valid lasting power of attorney. When needed, a copy of the document registered with the Office of the Public Guardian was obtained and placed on file.
- Care documentation showed that people, or others legally able to provide consent on their behalf, had signed agreements to care and support and to other matters such as sharing of personal data.
- Care staff had received training in data protection and management, so they had additional knowledge about how to correctly obtain, record and save information related to consent.

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

- People's needs were taken into account when planning their care. The registered person had purchased and implemented a new, electronic care planning system and was in the process, with the support of the external consultant, of training all staff and developing their skills when using the system.
- People's likes, dislikes and preferences were recorded and used in their support.
- Information was gained from people and their family and recorded in the electronic care system. For people who had difficulty communicating their preferences, observation of their likes and dislikes by care staff was reported as the best way to understand their choices.
- People's food, clothing and personal hygiene preferences were documented. We saw one person's care documentation stated, "After personal care I will let you know what I want for breakfast so you can help me prepare it. I will let you know what I would like to have for lunch. I like salads in the summer with cold meats. There will be things that I can do but will require support from staff to prepare vegetables, chopping or getting things from the fridge."
- Cultural preferences and faith-based requirements were recorded and respected by care staff. Care staff had received training in equality and diversity to help them understand different social networks and ways of working.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare

services and support

- People were supported to ensure they had access to sufficient fluids and a balanced diet.
- Where providing meals was part of the care package care staff recorded what people ate and drank. The electronic system generated an observations report that meant that the registered person could be assured that people were having their nutritional and hydration needs met.
- People were supported to access other agencies to ensure they received effective care, such as their GP and district nurse. For example, for one person we saw that care staff had spoken with their GP to enable a discussion about their medication needs.
- There was good partnership working with social workers and healthcare professionals. This ensured the best possible outcomes for people for people's health. The registered person agreed that their relationship with the local authority was challenging at times but understood the importance of establishing a working relationship with them to help provide the best care for people.
- A health care professional fed back that they felt the service supported people to maintain good health and access healthcare services.
- Evidence of other health and social care staff's involvement in people's care was clearly documented in people's daily notes by the care workers and registered manager. This ensured that information was available to support people in the best way possible and could be reviewed when 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 were treated with respect and compassion.
- People's equality and diversity needs were identified and set out in their care plans.
- The registered person and external consultant told us that they were seeking a specific training course for care staff to ensure that they felt confident about supporting people regarding their sexuality in a respectful and caring way.
- One care staff member told us "I respect their dignity....I am able to give them a chance to help themselves when they can."
- A person told us "They show an interest. They speak to the grandchildren. That two minute chat means something."

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

- People's views on the support provided was sought during management spot check, six monthly surveys and via email or telephone.
- People and relatives were actively involved in the planning and review of care. A person told us "They go above and beyond, always very polite. Will listen and discuss with me and my family."
- There were strong links and communication with people's relatives and others important to them. Relatives could make suggestions to the care workers and registered manager about ways of supporting people to achieve their life goals.
- The introduction of the electronic care planning and support system meant changes could be made in 'real time'. For example, care staff on a support call could use their handheld device to make changes to a person's plan of care if the person or a relative had requested it. This also meant care staff could update the support plan if it was not reflective of a person's needs or preferences.
- Information from outside sources was also used to inform care planning. For example, the GP, district nurse or social workers helped provide relevant information about people's lifestyle.
- Good communication with the external agencies ensured that there was continuity of care for people.
- Family members and others with consent could scan a barcode with a mobile phone on the front of a care folder in the person's home, to access and review all the care documentation.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us that they were treated with respect.
- Audits of care plans and care staff spot checks included checking that people were treated with respect by

care staff.

- People's right to confidentiality was protected. All personal records were kept stored securely and in a place of their choice within people's own homes.
- People's independence was encouraged and promoted. Support plans contained information about what people could do and where they required assistance.
- Examples of daily notes seen demonstrated that care staff treated people with respect and wrote about them in a respectful way.

# 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 that the service was meeting people's needs.

### 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.

At our inspection in August 2018 we found the registered person was not aware of the AIS. We recommended the communication needs of people be documented in a way that meets the criteria of the Accessible Information Standard. At the last inspection in July 2019 we found not enough improvement had been made and the registered person was in breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a requirement notice and asked the registered person to provide an action plan.

At this inspection we found enough improvement had been made and the registered person was no longer in breach of regulation 9.

- At this inspection we saw the new care planning system included facilities for documenting people's communication needs in line with the AIS. The care plans contained detailed descriptions of how people communicated and what staff needed to know and do in order to communicate effectively with the people they supported.
- The registered manager had implemented the five necessary steps of the AIS principles to ensure that documentation contained the information needed about people's communication impairments.
- Support plans provided information about people's sensory impairments and communication required. For example, there was information about people who were partially sighted and a person who was deaf. These were very detailed and easy for care staff to follow.
- The support plans included details that care staff could use when they provided support calls. For example, one stated, "I don't need help with any sensory needs. I have good hearing so normal voice tone is sufficient for me to hear you clearly."

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

- People received personalised care and support.
- Improvements had been made to ensure support plans were relevant, personalised and up to date. This meant that care staff had the necessary information to plan, implement and evaluate people's care responsively.

- People's life history had also been completed to help care staff to get to know and understand people. This included details of people's early life, their family, employment, interests and significant events.
- For example, one person's support plan stated, "[The person] enjoys cooking and bakes for charity on almost a monthly basis. [She] is also very creative and does a lot of arts and crafts making beautiful items for friends and family. She enjoys cross stitching as well."
- Daily notes of care were comprehensive. They detailed not only personal care a person was supported with, but also social and emotional needs.
- For example, one stated, "[The person was very chatty again tonight. We discussed the developments in the [coronavirus]. It was very clear that [the person] was not in pain as her mood was very light and it was nice to see her so relaxed."

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

- No incidents or accidents had occurred since our last inspection. A system was being developed and implemented to ensure lessons would be learnt in future if these did occur.
- There had been no complaints made to the service since the last inspection. Relatives knew how to raise a complaint and one relative told us they were confident the service would take appropriate action if they did complain. Care staff were aware of the procedure to follow should anyone raise a concern with them.



# 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 requires improvement. The provider had failed to meet some conditions of their registration. Failing to comply with a condition of registration is a potential offence, which means that the rating for well led can be no better than requires improvement. We will check that improvements made have been sustained at our next planned comprehensive inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

At our inspection in August 2018 the registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the fundamental standards. The registered person had also failed to establish an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They were not aware of, and not addressing, areas that needed improvement to ensure the quality and safety of their service and the people who use the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On 12 September 2018 we served a warning notice for the breach of regulation 17. We gave the registered person until 10 December 2018 to become compliant with that regulation. The registered person sent us an action plan, dated 18 October 2018, showing how they would meet the breaches of regulations.

We carried out a focussed inspection on 12 December 2018 to check the registered person had carried out the work they said they would to meet the warning notice we had served. At that inspection we found the work had not been carried out and the service remained in breach of the regulations. As a result, we imposed two conditions on the provider's registration. One condition required the registered person to seek written agreement from the Care Quality Commission (CQC) before admitting or re-admitting any people, the second condition required the registered person to send CQC a monthly report showing how they were meeting their legal obligations and the fundamental standards.

At the last inspection in July 2019 we found not enough improvement had been made in relation to complying with all fundamental standards and the registered person was still in breach of regulation 17. We imposed an additional condition on the provider's registration.

At this inspection we found enough improvement had been made and the registered person was no longer in breach of regulation 17.

- However, some conditions on the provider's registration were not consistently met. Namely sending the

commission on the first day of every month a report showing how they were making the required improvements. Failing to comply with a condition of registration is a ratings limiter and means that well led cannot be rated better than requires improvement.

- A new registered manager was in place. On this inspection we could see evidence of a better understanding of quality performance. Electronic quality assurance systems were being put in place, established by the external consultant, to support the registered person in their monitoring of the service and to ensure compliance with their legal obligations. The external consultant was supporting the registered person in utilising the new system and ensuring they were confident in its operation.
- Audits undertaken to monitor the quality of the service included medicines administration record charts and care plans. We could see that these were being completed regularly and that any concerns or issues found were being actioned.
- We also reviewed the improvement action plan completed by the registered person for February 2020. This described the actions already taken to meet the breaches in regulation, as well as ongoing plans for improvement.
- The registered person told us that they kept up to date with best practice through accessing CQC's on line information, also through attending provider forums.
- The registered person told us that their relationship with the local authority could be challenging and agreed that this needed to be improved upon to ensure that a positive working relationship was developed.
- A whistleblowing policy was in place and care staff told us that they knew what to do if they wished to report concerns.

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

- From reviewing various records including care staff supervisions, spot checks and team meeting minutes we could see that the registered person had a focus on person centred care and was emphasising this with their care staff.
- Care staff told us that they are able to support people in a person-centred way and enjoy looking after the same people so they can get to know them.

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

- There had been no incidents that had fallen under the definition of those that should be dealt with under the duty of candour regulation. The provider had a policy setting out the actions that should be taken in situations where the duty of candour would apply.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The views of people and their relatives were sought on a regular basis. Six monthly questionnaires were sent to people and relatives. We saw that all the responses were positive. A relative told us, "You are always asked if everything is ok."
- During spot checks of the care staff the registered person also gathered feedback from the person receiving care.
- Staff told us that their views were sought during their supervision sessions. We also saw evidence that staff took part in monthly meetings with the registered person where topics such as making report writing more person centred, care staff training needs and managing late calls were discussed.