Chosen Care Group Limited

Chosen Care Group Limited

Inspection report

Cranbrook House
61 Cranbrook Road
Ilford
Essex
IG1 4PG

Tel: 02036595052
Website: www.chosencaregroup.com

Date of inspection visit:
23 October 2019
24 October 2019

Date of publication:
09 December 2019

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
Chosen Care Group is a domiciliary care agency that provides personal care to people living in their own homes. At the time of our inspection the service was supporting 162 people.

People's experience of using this service and what we found
Systems were in place, including risk assessments to keep people safe. Recruitment practices were robust, and mostly people received consistent care in a timely manner. There were systems in place to make sure people received their medicines safely and to protect them from the risk of infection. The service analysed accidents and incidents to prevent reoccurrence and keep people safe and well.

Staff were supported through training and supervisions to provide effective care and support. People were supported to have their nutritional needs met and the service worked well with other health and social care professionals to provide holistic care and support and keep people well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had mixed feelings about how caring the service was, but they told us they were involved in their care package. People felt they were encouraged to be as independent as possible. Care plans did not initially reflect people's needs relating to equality and diversity. Following the inspection, the service updated people's care plans to ensure equality and diversity was considered. We made a recommendation to ensure staff did not use their mobile phones in people's homes.

People received individualised care that met their needs. Information was provided to people in an accessible format. Mostly, people told us they felt able to make a complaint and were confident that complaints would be listened to and acted on. People received responsive end of life care; following the inspection the service advised they would update their paperwork to ensure end of life care was discussed when care packages started.

Mostly people, relatives and staff spoke positively about how the service was managed. There were systems in place to manage and monitor the quality of the service provided. The management team had regular contact with people using the service and staff. They welcomed suggestions on how they could develop the service and make improvements. The registered manager liaised with other health and social care professionals to ensure a high-quality service was being delivered.

Rating at last inspection
The last rating for this service was good (published 26 April 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well led findings below.

Chosen Care Group Limited

Detailed findings

Background to this inspection

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

Inspection team
This inspection was carried out by two inspectors and one Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.
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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 October and ended on 25 October. We visited the office location on 23 and 24 October.

What we did before the 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.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with eight people who used the service and 12 relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager and care workers.

We reviewed a range of records. This included nine people's care records and medication records. We looked at ten staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Good

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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were processes in place to ensure people were protected from the risk of abuse. People said they felt safe when staff visited them. One relative told us their loved one was, "Absolutely safe." Another relative confirmed they were, "Happy to leave [person] with the [staff]."
- Staff had received safeguarding training and knew how to identify abuse and report any concerns to protect people from harm. Records confirmed safeguarding alerts had been raised in a timely manner and all relevant professionals had been notified.
- We were advised about a new system that was being implemented; staff would be able to use their mobile phones to query a potential safeguarding alert and receive live updates about next steps to take. The registered manager said this would encourage more conversation about safeguarding to ensure all people received safe care and support.

Assessing risk, safety monitoring and management

- There were processes in place to keep people safe and manage potential risks. One office co-ordinator had a list of high-risk service users who were called every day to check on their welfare. We also saw that staff had access to a first-aid app, that gave live guidance if needed.
- Relatives confirmed they felt staff managed risk in safe manner; "[Staff are] good at handling the hoist, they know what they are doing." Another relative said, "All [staff] know how to change catheter."
- Each person had an up to date risk assessment which detailed 'identified risks' and the strategies to manage them. Areas of risks varied for each person, depending on their needs. For example, where people could be at risk of a pressure sore, a risk assessment was in place so that staff could assist the person to turn at certain times. Staff told us the risk assessments were good, "Actually pretty good. Really helpful, you can understand them. If there is a change straight away, we tell the office and it gets updated."
- Although these risk assessments were detailed, they were not always easy to access. This was because the risk assessments signposted staff back to the care plans, rather than being their own individual document. We spoke to the registered manager about adopting a simplified risk assessment format, so staff could access information about people's risks more quickly.
- We also found that information about people's risk were not always consistent throughout their care plan. For example, one person had diabetes, but it differed from Type 1 to Type 2 throughout. A second person's care plan said they had a grade 1 pressure sore when they started receiving care, but there was no further information about this, or a risk assessment in place. Further into this person's care plan it said they had no skin problems. The registered manager confirmed the pressure sore was historical and they did not currently have any skin problems. There was a risk that staff would not be able to provide the right care for

people if their risks were not clear. We spoke to the registered manager about this who told us this had recently been identified and they were working to amend all care plans.

Staffing and recruitment

● Staff told us, and records confirmed there were enough staff to provide support, and that staff had enough travel time between visits.

● The service recently implemented a system to alert office co-ordinators if a staff member was more than 15 minutes late; records confirmed this has reduced the number of late or missed visits as staff were more mindful of timekeeping and if the original staff were not available the office could arrange a cover.

● However, feedback about staffing, timings and communication was varied. One relative told us, "Timekeeping is very good. If running late someone from office will let us know. Also, if a different [staff] is sent they let [person] know." But, one relative said, "Timekeeping is variable. Some on time, some not. No phone calls to say running late." One person told us, "The office don't let [me] know if the regular [staff] is off [or] can't make the call. Sometimes the stand-in [staff] don't turn up or are very late."

● Safer recruitment practices were followed. Pre-employment checks such as Disclosure and Barring Service (DBS) checks, references, employment history and proof of identity had been carried out as part of the recruitment process. This ensured people were protected from the risks of unsuitable staff being employed by the service.

Using medicines safely

● There was a medicine's policy in place for the safe management of medicines. Each person had a medicine needs assessment. Staff received annual training on medicines.

● The service had a system in place for recording and monitoring the administration of medicines. This was digitalised which meant immediate alerts were sent to office co-ordinators to indicate if medicines were not administered on time and they would then take appropriate action. These medicine records were audited monthly to ensure any other appropriate steps could be taken to support people.

● Staff were also able to use their mobile phones to type up medicine queries that appeared on a live dashboard in the office and the co-ordinators would monitor this and respond to staff immediately. The registered manager said this encouraged more conversation about medicines to ensure all people received safe care and support.

● People and their relatives confirmed their medicines were managed in a safe way. One relative said, "[Staff] help with medication and also take readings for diabetes. Due to diabetes the medication and food needs to be taken at certain times so [staff] will ring if they are going to be late."

Preventing and controlling infection

● Systems were in place to help prevent the spread of infection. Care plans and risk assessments included guidance for staff on infection control. Staff told us they wore personal protective equipment (PPE) when providing support. One staff member said, "In people's homes they have cabinets for PPE."

● One relative confirmed, "[Staff] use gloves/aprons and shoe covers." However, another relative commented, "Some [staff] either lack common sense or are lazy. Example, when take catheter out spill urine on floor, don't wipe up. Surely it should be standard to clear up something like that?" The registered manager confirmed all staff were trained in infection control and this was looked at during spot checks, where staff were observed providing care to ensure they were following the correct principles.

Learning lessons when things go wrong

● The service had an accident and incident policy in place and records confirmed learning from incidents and investigations took place. All accidents and incidents were audited monthly to ensure they had been appropriately dealt with. This included updating people's risk assessments where relevant and liaising with

other health and social care professionals.

● The registered manager told us, "We learnt from an incident where the [person] was transferred [to hospital without] their glasses, which was important for them. We now we put in practice [during staff training]. Staff are more careful and considerate." We saw there was a mannequin available for staff training and this mannequin had a pair of glasses. This showed appropriate action was taken to reduce the risk of reoccurrence and keep people safe and well.

Good

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 good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

● People's needs were assessed to ensure the service could provide person centred care. One relative told us, "[When planning the care package] the manager was very helpful. Arranged for [staff] from Chosen Care to meet [person] to discuss care required." Another relative confirmed, "Chosen Care did what they could to help [person] settle into new care regime." Records confirmed this information was then put together to create a detailed care plan and guide staff on people's health and support needs and their personal preferences about the care and support they would like to receive.

Staff support: induction, training, skills and experience

● People were supported by staff that had the necessary skills and knowledge to effectively meet their assessed needs. The service assessed staffs learning styles to ensure their learning development was delivered in the most appropriate way for them.

● Records showed the induction was thorough and detailed. One staff member confirmed, "I learned about things like dosette boxes. I learnt new things, it was interesting. I was shadowed, it was helpful."

● Records showed, and staff confirmed they received training to enable them to provide effective care. One staff member said, "Yes they do give us a lot of training. I trust them to teach me what I need to know." Another staff member told us, "[Office] are always calling me and telling me what is available. The face to face is more important and you learn a lot about what is happening." We saw that staff had completed or were in the process of completing the Care Certificate; the Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific jobs in the health and social care sectors.

● The provider had a training room with equipment available to support staff in their learning. There was a percutaneous endoscopic gastrostomy (PEG) feed, a catheter, nebuliser and oxygen machine. A PEG is used in people who are unable to swallow or eat enough and need long term artificial feeding. They also had a mannequin and models of the body parts, so staff could learn how to manage complex needs. The registered manager told us access to this equipment ensured staff, "Learn how to take extra precautionary measures, and the [staff] will have a good understanding of what the body looks like and how to help."

● Records confirm staff received quarterly supervisions and spot checks to ensure they were providing effective care to people and felt supported in their role.

● Staff also had access to all the key policies on their mobile phone. The registered manager received a notification when staff read individual policies, and this was then discussed during supervisions and spot checks to ensure it had been understood and was being implemented.

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

● People's nutritional needs were being met and staff supported them to stay hydrated and have a healthy diet. Care plans advised staff if people required support with meals and discussed allergies and preferences about how they liked their meals and drinks to be served.

● Staff were aware of people's dietary needs; "I support one person with diabetes, I talk to them about what they have, I will explain to [person] what will be the benefits and risks [of certain foods]."

● At the office there was a kitchen where staff role played how to support people with meals. They ensured they were following the right instructions of food safety. They had another staff member observe and then swap so they learned from each other. This helped them provide safe care.

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

● Individual care plans contained contact details for professionals and guided staff to liaise with relevant agencies if concerns arose. The registered manager gave examples of referrals that had been made to other health and social care professionals that had had a positive impact on people's wellbeing.

● Feedback from people and their relatives was positive about multi-agency working. One person said, "Any changes in my health [staff] reports to family and other professionals. One day I wasn't well and [staff] time was finished [but staff] stayed back to help." A relative confirmed, "[Staff] takes [person] to hospital appointment."

● Staff worked with other agencies to the benefit of people using the service. We saw one staff member had shadowed someone at Queens Hospital to learn how to support a person who had recently had a tracheostomy and needed specialist care to manage it.

● The service provided people with a 'Get to know me' document and a 'hospital passport'. These documents support people who cannot communicate effectively, as they can be accessed by other health and social care professionals to understand their specific support needs and know how to provide effective care and support.

● The service have introduced a medically trained 'First Responder' team to respond to emergencies affecting people. It is hoped this will reduce the burden on other health and social care services where necessary and keep people well and safe.

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.

● People told us that before they received any care or support staff asked them for their consent and they acted in accordance with their wishes. One staff member told us, "You ask someone for permission. If I want to provide certain care, I will ask them. If they are non-verbal I would use body language." Records

confirmed staff had completed training around the MCA.

● Consent forms were in place for people to receive personal care. Where appropriate, these had been signed by the person receiving care. Although the registered manager understood the principles of the MCA and had completed Mental Capacity Assessments and Best Interest Meetings for people who did not have the capacity to consent to care, we found that some consent forms had been signed by people's relatives. We advised the registered manager that they would require signatures from a relevant person with legal authority to consent to care on the person's behalf. The registered manager said they would rectify this.

Good

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 good. At this inspection this key question has remained the same.

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's views about receiving a kind and caring service was mixed. One person told us, "[Staff] are very kind, like my family members, friends." A relative confirmed, "[Staff] have a relationship with [person] and are concerned for [person]." However, one relative told us, "[Staff] don't always show empathy." Another person said, "[I] don't like their attitude, treat me like a child and I'm not a child." We fed this back to the registered manager to investigate during the inspection.
- Staff told us they understood equality and diversity; one staff member said, "I would respect the person's wishes, I would not discriminate, I would treat them the same no matter who they are."
- We found that care plans asked about people's religion. However, we found that there was no further elaboration. We also found that no other protected characteristics were discussed (these are characteristics that are protected under equality legislation – age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity). This meant staff were working in an environment that did not necessarily protect people from potential discrimination.
- We spoke to the registered manager about the importance of asking these questions to ensure people are protected from discrimination. Following the inspection, we were advised people's profiles had been updated to consider all protected characteristics.

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

- Records confirmed that people and their relatives or representatives were involved in formulating and reviewing care plans. Care plans were reviewed six monthly or as required. One relative said they were involved in their loved one's care and had a, "Relationship with [staff]." A staff member confirmed, "We communicate all changes with [relatives] and then update the [care plan]."
- Where possible, people had signed their care plans. This confirmed people had the opportunity to contribute and have their say about the support they would receive.

Respecting and promoting people's privacy, dignity and independence

At our last inspection we recommended the service considers best practice guidance to re-enforce the use of telephones at work, to ensure all staff do not make personal calls whilst supporting people.

- This inspection found that the service had not made improvements. One person told us, "'Some [staff] are making phone calls in the house, [I] don't like it."

We recommend the service considers current guidance on managing the use of personal mobile phones within the workplace and act to update their practice accordingly.

● Mostly, people and their relatives told us staff promoted privacy and dignity. One person said staff were, "Very good at managing privacy [and] dignity." A relative said, "[Staff] are polite, treat [person] with respect."
● The service adopted a 'Mum Test' where staff invited their relatives into their training sessions, particularly in moving and handling and elements of personal care, to gain feedback on how well they were doing. The registered manager said, "This helps the [staff] have a good understanding and how to treat people with respect and dignity."
● The service supported people to be as independent as possible. One person's care plan stated, "I can do [a named task] but I want staff to support me with [another named task]." Staff were able to give examples of how they supported people to remain independent. One staff member told us, "What I do sometimes is that when [person] has a shower I will teach [person] how to dry so now [person] knows how to do it. The areas [person] can't do I will obviously help but I show [person they] can do it and that [person] is independent in certain ways."

Good

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 good. At this inspection this key question has remained the same.

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

- People's care plans were personalised and recorded their needs and preferences to enable staff to provide person-centred care to people. They were written from people's perspective. For example, one person's care plan said, "I am [the person's health condition]" and, "I want staff to communicate with me using [list of methods of communication]."
- Staff told us the care plans were helpful in getting to know people, and they understood the importance of providing person-centred care. One staff member said, "The first thing I will look at is their care plan and then I understand everything. I understand their needs, their risks." Another staff member told us, "I stay for an extra 5-10 mins after the tasks just to talk to [person] you know so [person] can just talk about things. [Person] is home alone during the day so [person] likes to talk."
- Mostly, people were positive about the care they received. One relative said, "[Person] is very happy with the [staff], they speak [person's] language." However, one person told us, "Some of the stand-in [staff] … want to do things their way, not my way." Another relative told us, "[Person] needs specialist care and it has taken a while for Chosen Care to get the care right." We spoke to the registered manager about the importance of ensuring all people felt their care was responsive and person-centred.

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.

- The service was able to provide information to people about their care in an accessible format, for example in large print, picture format and in different languages. We saw support care plans had information about people's communication needs. For example, one person's care plan said, "Staff to use a white board to communicate."
- Feedback from relatives confirmed the service was responsive to people's communication needs, for example they provided staff who spoke the same language as the person.

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 service used a tool to enable and encourage people to meet their goals and milestones. People were supported to follow their interests and take part in activities that were socially and culturally relevant to

them. One person with high level support needs had been supported to write and publish their own book.
● Staff, people and their relatives had opportunities to engage in various activities within the community. We saw photographs of people doing fundraising events to raise money for relevant charities.
● The service held an annual awards ceremony where people, their relatives and staff attended a party and were able to celebrate good practice. They were able to meet other people and build and maintain relationships with people in the wider community, to avoid social isolation and improve their wellbeing.

Improving care quality in response to complaints or concerns
● The service had a policy and procedure for dealing with any concerns or complaints. Records confirmed that all complaints had been responded to in a timely and detailed manner. We also saw evidence of the service liaising with the local authority or other relevant organisations to seek a solution.
● Records confirmed that all the management team had received training in handling complaints from the local government ombudsman.
● People and their relatives had mixed responses about complaints. One relative said they had, "Never needed to" make a complaint. Another relative told us, "[I] raised issues in the past, nothing major. Happy with the way they were dealt with." One relative wrote, "Since you have spoken with [staff], [person] has been a lot more engaging and sociable which has been very reassuring. More importantly, [person] has seemed a lot happier. As far as we are concerned the matter is now closed. Thank you for taking this matter seriously and dealing with it." However, one relative said, "Have had to complain about [staff] in the past. One [staff] could not speak English, another carer wanted to pray at [person's] home. [Person] felt the office didn't deal with these very well."

End of life care and support
● Systems were not always in place to ensure people received appropriate end of life care. Firstly, in individual care plans there were no records to confirm end of life care and wishes had been discussed. We also saw that staff had received end of life training during their induction, but not all staff had received refresher training. Staff we spoke to confirmed they were not up to date with end of life care training. This means their knowledge and understanding of how to provide end of life care may not have been in line with current and best practice guidelines.
● We found that in the service user agreement, a leaflet people received when they started receiving care, end of life care was discussed. However, their explanation of end of life care did not cover all people's potential support needs and did not discuss how the service would provide care in a dignified manner.
● Following the inspection, the registered manager advised they had updated their leaflet to provide more appropriate information and told us that moving forward, end of life wishes would be discussed with people during their initial assessment and ongoing care.
● We noted various healthcare professionals were involved in people's care, when they were at end of life, and the plan had information for staff who to contact when they needed emergency support for the person.

Good

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 good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team created a positive working culture to ensure people received high quality care and support. Mostly, people and relatives spoke positively about the service. One relative told us, "The office is very responsive and understanding." Another relative confirmed, "[I] have found the [registered] manager usually available and very sympathetic."
- Staff told us they felt supported and spoke highly of the registered manager. One staff member said, "I can always pick up the phone, come in, there is always someone to help." Another staff member confirmed, "It is absolutely amazing. They are responsive. They act quickly. They are great. [Registered manager] is a very good manager."
- The registered manager told us they provided wellbeing related activities for staff including meditation and exercise programmes. They told us they wanted their staff to be healthy and happy and, "We want our [staff] to feel proud of the work they do." They understood this would have a direct impact on the quality of care and support provided to people.
- The service had introduced a system known as 'compatible rounds.' Here, staff are grouped together for ongoing conversations, support and the practical management of workload. Staff have a greater sense of autonomy and feel more respected, which in turn encourages them to work to a higher standard. Compatible rounds also improve people's outcomes as late visits are also reduced.
- The registered manager worked to ensure staff understood the values of the service. Within the reception area the key values were hanging from the ceiling, so they were reminded every time they came to the office. The service had also implemented champions in different areas including dignity, safeguarding, equality and diversity, learning disabilities and dementia. This ensured staff could always speak to a colleague about best practice, and in turn ensure people received high quality care.
- The service have received many awards including the, 'Best business contribution in the community' award for 2018 and 2019. This shows the service are constantly striving to improve and deliver a high quality service for people.
- However, some people raised concerns about the way the service was run and the lack of open communication. One relative told us, "In the past I have been happy, but they seem to have gone off the rails and don't know what they are doing to bring it back on track." One person said, "Poor communication from the office, they tend to fob you off." Another person told us, "[There is] quite a lot of mis-communication from office. Don't follow up on things, don't tell [me] if regular [staff] on holiday or leave it last minute to

inform [me]." The registered manager told us communication between the office and people was always being reviewed to improve.

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

● The registered manager was aware of their legal responsibilities and knew what they had to notify CQC about. Records confirmed they had done so as appropriate.

● We also saw that the management team was open and honest with people, relatives and staff and learnt from accidents and incidents to ensure the service ran well. The service recently updated their complaints policy to take into consideration members of the public and the impact incidents might have on them. Furthermore, they had produced 'challenging incident' cards that could be handed to members of the public if they witnessed a person in a difficult moment; this card signposted the public to contact the office for further advice and guidance and ensured people could continue to engage in activities in the community in a safe and dignified way.

● There were clear quality assurance systems in place including spot checks, medicine administration record audits and staff received regular supervisions and appraisals to ensure they were adhering to the values and standards of the service. These enabled the registered manager to have oversight of the running of the service and ensure it was of high quality. One relative confirmed, "Sometimes someone comes to observe, makes sure that the [staff] are doing things correctly." Another relative confirmed, "There is a quarterly visit to check on the quality of service."

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

● Records confirmed the service sought the views of people and their relatives to assess and improve the running of the service. One relative confirmed, "Do receive surveys to check that happy with the service." Another person confirmed, "The [registered] manager visited once to check that everything was ok." We found that feedback gathered from people and their relatives was mostly positive.

● We also saw that the service involved people receiving care in the recruitment process. People sat in on the interview and provided feedback at the end about whether they would feel safe and comfortable receiving care from potential candidates.

Continuous learning and improving care

● When we asked people and their relatives if they felt any improvements to the service could be made, one relative, "None, they are very good." A person confirmed, "No, it's good the way it is." However, one person said they would like staff to, "Talk to me nicely." Another person told us they would like to be informed "Of changes in plenty of time."

● The management team told us they were always working hard to ensure they were providing excellent care and support to people. They said they were striving to make sure all the systems in place support this.

Working in partnership with others

● The registered manager attended regular networking meetings and learning opportunities to keep themselves up to date with the latest regulations and practices. Records also confirmed they attended workshops to share examples of best practice to other organisations.

● The management team worked closely with other health and social care professionals to ensure people received the care and support they needed and to discuss ongoing needs. The registered manager told us, "[I] lead by example. If you have the right skills, knowledge and experience you can lead your team well. Then people get better care."