

Wight Home Care Limited

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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

Wight Home Care Limited 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 adults, people living with dementia, mental health impairments, physical disabilities, sensory impairment and younger adults.

Not everyone using Wight Home Care Limited received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. This inspection was undertaken on 12 and 15 March 2018 and was announced. We gave the provider 48 hours' notice of our inspection as we needed to be sure key staff members would be available.

At the time of the inspection approximately 140 people were receiving a regulated activity from Wight Home Care Limited.

At the last inspection we rated the service good. At this inspection the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received positive feedback from people about the service. People who used the service expressed satisfaction about care staff, office staff and the management team. All the people and family members who were asked if they would recommend the service to others said they would.

People and their families told us they felt safe. Staff understood their safeguarding responsibilities and knew how to prevent, identify and report abuse. Risks relating to the health and support needs of the people and the environment in which they lived were assessed and managed effectively. There were safe medication administration systems in place and people received their medicines when required.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. There were sufficient numbers of care staff to maintain the schedule of visits.

The provider and staff understood their responsibilities to protect people from the risk of infection. There was an infection control policy in place which was followed by staff and staff undertook training in this area.

Staff completed an induction programme and were appropriately supported in their work by the management team. People and their families described the staff as being well trained and they were

confident in the staff's abilities. The provider has a robust training system in place and all staff had received training as required.

Staff and the management team, knew how legislation designed to protect people's rights affected their work. They always asked for consent from people before providing care.

Where people required support with eating, drinking or meal preparation this was provided. Care plans contained information about any special diets people required, food preferences and support needs and staff were aware of people's dietary needs.

People who used the service felt they were treated with kindness and said their privacy and dignity was respected. Staff knew the people they provided care to well and understood their physical and social needs. Staff were able to describe how to meet people's needs effectively. Staff understood people's healthcare needs and people were supported to access healthcare professionals when needed.

People were supported to use technology and specialist equipment to meet their care needs and to support their independence where appropriate.

People and, when appropriate, their families were involved in discussions about their care planning and given the opportunity to provide feedback on the service. They were also supported to raise complaints should they wish to.

At the time of the inspection no one using the service was receiving end of life care. However the registered manager assured us that people would be supported to receive a comfortable, dignified and pain-free death.

The managing director was fully engaged in the running of the service. People, their relative and staff members told us they felt the service was well-led. The culture of the service was open and transparent. Staff felt supported and valued for the work they did. The provider had a range of quality monitoring systems in place and the management team aimed to continuously improve the quality of the service they provided.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Wight Home Care Limited

Detailed findings

Background to this inspection

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

This inspection was announced; we gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available.

This inspection was conducted over two days. Day one was carried out on 12 March 2018 by one inspector who visited the service's office and an expert by experience who conducted telephone interviews with people and their family members. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. Day two of the inspection was carried out on the 15 March 2018 and was completed by one inspector who visited people who used the service in their own homes.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR, previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 21 people who used the service, or their relatives, by telephone and visited five people in their own homes. We spoke with the managing director and deputy director of the service, the registered manager, one member of the office staff and nine care staff members. Following the inspection we received written feedback from one health care professional and three social care professionals.

We looked at care plans and associated records of care for twelve people. We also reviewed records about how the service was managed, including staff training and recruitment records, complaints procedure, compliments, and audits completed by the management team.

The service was last inspected in September and October 2015 when it was rated as Good. At this inspection we found the service remains Good.

Is the service safe?

Our findings

People told us and indicated they felt safe. People's comments included, "I feel safe because I know someone is coming every day", "I feel very safe with the carers" and "Yes, I feel safe because they always reassure me." Family members also told us they did not have any concerns regarding their relatives' safety.

Staff protected people from the risk of abuse and were clear about their safeguarding responsibilities. Staff we spoke to knew how to identify, prevent and report abuse. The staff were confident that the management team would act on any safeguarding concerns they had. One staff member said, "If I had any concerns I would phone into the office and document them. I know the manager will do something about it." Another staff member told us, "I am 100% sure that the management would act if I raised a concern, but if they didn't I would report this myself; to safeguarding or CQC. I would whistleblow if I needed to."

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and the level of care they required. The registered manager told us new care packages were only accepted if sufficient staff were available to support the person. This allowed people to receive consistent care at their chosen time. Wight Home Care Limited had an 'on call system' which covered 24 hours per day to respond to any concerns that occurred out of office hours. An 'emergency support team' was in place to cover short notice staff absences. This team were also able to provide support when there was a change in a person's needs which resulted in them requiring additional care and support.

People told us there were enough staff because they received support when they needed it. People's comments included, "The carers are all good at being on time," "I never feel like my carers are in a rush to go," "I don't feel like they are clock-watching" and "They are never in a rush to leave and [name of carer] always checks I have everything I need like a drink, before they leave."

Appropriate arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records showed that a thorough recruitment procedure in line with the service's policies and procedures had been followed to keep people safe. Relevant checks were carried out before a new member of staff started working at the service. These included the completion of Disclosure and Barring Service (DBS) checks, which will identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff files included application forms, records of interview and references. On viewing these records we saw that any gaps in a staff member's employment history had been investigated and outcomes recorded. This meant that the registered manager was aware of what the staff members had been doing during these times and whether that impacted on their suitability for employment.

Risks to people had been individually assessed and risk assessments were in place to minimise these risks. These gave staff guidance about how to reduce risks to people. People had risk assessments in place in relation to; medicines, moving and handling, mobility, use of equipment and skin conditions. Staff were knowledgeable about people's individual risks and the steps required to keep people safe.

Wight Home Care Limited had a lone worker policy in place to promote staff safety. This meant that the

management team could be assured that their staff had completed their visits as required and that staff members were safe. Staff were also provided with personal alarms and torches to help maintain their personal safety.

People were supported to take their medicines safely. Most of the people we spoke with said they or a family member managed their medicines. Those for whom staff provided support with their medicine were happy with the way this was done. A person told us, "[Name of carer] reminds me to take them [tablets] and she checks the packet to make sure I took them last night." Another person said, "When they [staff] give me my tablets, they always remind me what they are for." Medicines administration training was completed by all staff and their competency to do this safely was assessed. People's care plans included specific information as to the level of support people required with their medicines and who was responsible for collecting prescriptions.

Where people were supported to take their medicine, medicines administration records (MAR) were kept in their homes. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicine were required to initial the MAR chart to confirm the person had received their medicine. The MAR charts we looked at had been completed correctly. MAR charts were checked when they were returned to the office. This helped to identify any missing entries, errors or trends and enabled the registered manager to take the appropriate action to support staff to help ensure errors did not reoccur.

The provider operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents. There were processes in place to enable the provider to monitor accidents, adverse incidents or near misses. These helped to identify any themes or trends, allowing timely investigations, potential learning and continual improvements in safety. For example, when a medicine error had occurred, additional training and staff supervision was provided to individual staff members. This also resulted in the service reviewing their processes and documentation in relation to the administering of medicines and gaining further support and guidance from a local pharmaceutical company. This helped to ensure that the likelihood of future medicine errors were reduced and mitigated.

The provider had an infection control policy in place and staff undertook training in this area. Protective equipment such as gloves and aprons were provided to staff to minimise the spread of infection. People told us that staff always wore gloves and aprons when completing care tasks and washed their hands. One staff member told us, "We always have access to gloves and aprons when we need them; we just go to the office and help ourselves." Another staff member said, "I wouldn't provide any care without wearing gloves; I always make sure I have a spare box [of gloves] in my car in case I run out." During home visits we observed staff wore protective clothing as required.

The registered manager showed us their business continuity plan, which identified how risks to people would be reduced in circumstances where care may be affected, such as adverse weather conditions. An alert system had been introduced which highlighted the most vulnerable people who used the service. This ensured people who were most at risk were prioritised over those who had family members to support them, or whose needs were not as complex. This system was recently used successfully when weather conditions affected the running of the service. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency.

Is the service effective?

Our findings

People and their families told us they felt the service was effective and that staff understood people's needs and had the skills to meet them. People reported that staff did all of the things they should do on visits and staff were often reported as doing additional tasks. For example, comments included, "They [staff] are amazing and do absolutely anything I ask", "Nothing is too much trouble, I never feel like I am a burden" and "[Name of carer] always does extra things that she doesn't need to do like make sure I have got my magazines and books by my chair before she goes."

People confirmed that staff stayed for the full amount of time allocated so as to ensure care tasks had been completed and to meet the person's needs. None of the people or family members we spoke with reported that any of their care calls had been missed in the last 12 months and people were positive about the punctuality of the staff. People's comments included, "There's no messing about, and all the carers are good at being on time," "They [staff] are around when I need them" and "The staff are wonderful, they know me well. They [staff] do it all, but I am in charge."

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. We checked whether the service was working within the principles of the MCA. The registered manager confirmed that each person who currently used the service either had full or variable capacity to make day-to-day decisions. From discussions with the registered manager and staff they demonstrated an awareness of the MCA and had an understanding of how this affected the care they provided.

People and their families told us that staff asked for their consent and explained what they were doing when they were supporting them. One person said, "The staff always say before they are going to do something, like 'I am just going to wash your back now, is that OK?' which is nice." Another person told us, "They [staff] don't just do something; they will always ask me first." A staff member said, "If people refuse care, I respect it. I can't make people do things they don't want to do."

People and their families described the staff as being well trained and said they were confident in the staff's abilities. One person said, "I don't know if they go away for training but when there is a new carer, an old carer always shows them the ropes so they definitely know what they are doing." Another person told us, "They are well trained in my opinion; definitely."

The provider had a robust system in place to record the training that staff had completed and to identify when training needed to be repeated. This was overseen by the service's training manager. On reviewing this system we found training was thorough and all staff had received training as required. Staff were able to demonstrate an understanding of the training they had received and how to apply it. They also told us that they felt they had received appropriate training to help them provide effective care to the people they supported. Training staff had received included; Infection control, safeguarding, medication, food hygiene,

moving and handling, epilepsy and dementia care. Staff were also supported to complete a vocational qualification in social care and staff new to care were supported to complete training that met the standards of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life.

People were supported by staff who had received an effective induction into their role, which enabled them to meet the needs of the people they were supporting. Each member of staff had undertaken an induction programme, including a period of shadowing (working alongside) a more experienced member of staff. The induction also included time for staff to read the provider's policies and procedures, review care plans, risk assessments and complete training. The registered manager told us that the length of the induction period would depend on the staff member's competence and abilities. Staff confirmed that they received an induction before working independently.

Staff were appropriately supported in their role. Staff confirmed that they received regular one-to-one sessions of supervision and a yearly appraisal with a member of the management team. This was a formal process which provided opportunities for staff to discuss their performance, development and training needs. Staff said they felt able to approach the registered manager and provider if they had any concerns or suggestions for the improvement of the service. A staff member said, "I have supervision, I feel very well supported." Another staff member told us, "I have supervision about every three months, but the managers will always check my wellbeing and I can talk to them anytime."

Most of the people we spoke with said they or a relative prepared their meals, but all the people told us that they were always offered drinks by the staff. Those for whom staff prepared meals were happy with the way this was done and told us they were always given a choice about what they wished to eat and drink. One person said, "My carer does a lovely job cooking for me, I look forward to it every day." Another person told us, "I will always tell the staff what I want to eat. As long as I have it they will get it for me." Care plans contained information about any special diets people required, food preferences and support needs and staff were aware of people's dietary needs.

People were supported to maintain good health and to access appropriate healthcare services when required. Staff were aware of the health needs people had and understood these. Where concerns were noted, we saw that health care professionals including GPs and nurses were consulted appropriately and in a timely manner. One person told us, "When I am poorly, they [care staff] will phone my GP for me to arrange a home visit and they don't leave until it's sorted." Another person who was cared for in bed said, "They [care staff] check me for red marks and they explain why they are doing it and why it's important." This demonstrated that staff understood the risk to people's skin when they had limited mobility.

People were supported to use technology and specialist equipment to meet their care needs and to support their independence where appropriate. For example, we saw correspondence between the staff and an occupational therapist, to request specific equipment to help support a person safety. Where people experienced difficulty with verbal communication staff supported them through the use of electronic communication devices or word and picture boards.

Is the service caring?

Our findings

Staff developed caring relationships with people using the service and people told us they were treated with kindness, compassion and respect. Many people we spoke with referred to the staff as friends. People's comments included, "The carers are always kind, like they care about you and their job", "They are always polite and cheerful. I know that's their job but they seem to really want to be here, not like it's a chore", "They are all good, and make me feel like I am special" and "The carers are lovely, every one of them." When people and their family members were asked if they would recommend the service to others, each confirmed they would.

People told us staff were respectful and polite. We saw staff and people interact in a friendly way and heard good natured humour between people and staff. People were pleased to see the staff and we saw that staff used people's preferred name. Staff were calm, patient and attentive to people's needs. People told us they looked forward to the visits from the staff. One person said, "[Name of staff member] is lovely, I look forward to seeing her every day." A second person told us, "They [staff] are respectful in my home, always polite." Another person said, "They always knock and ask before they do anything which is nice because it's still my home."

Staff spoke positively about their work and talked about wanting to making a positive difference to people's lives. Staff members comments included, "I want whatever is best for the client", "We aim to give the best care and will follow best practice guidance to help ensure people are well cared for", "I love my job, I love helping people; I will always treat people how I would want my mum and dad to be treated if they needed care" and "I don't come to work to be friends with the people I work with; it is more important that we all do a good job and treat the people we care for well."

Staff understood the importance of maintaining people's privacy and dignity when providing them with personal care. They described how they would close curtains or doors and ensure people were covered when having a wash. People confirmed that staff considered their privacy when providing personal care. One person said, "They make sure I am all covered up so I don't feel embarrassed." Another person told us, "They [staff] will always pull my curtains if they are doing personal care, they do it automatically."

Information regarding confidentiality, dignity and respect formed a key part of the induction training for all care staff. Confidential information, such as care records, was kept securely within the registered manager's office and only accessed by staff authorised to view it. Any information which was kept on the computer was also secure and password protected.

People were encouraged to be as independent as possible. One person said, "The staff will always encourage me to do what I can." A staff member told us, "I don't want to take people's independence away." People's care plans contained information about what people could and couldn't do for themselves. The registered manager highlighted that the people they were currently supporting were able to tell staff what assistance was needed. Additionally, due to the consistency of the staff, they knew the people they were supporting well and the level of support each person needed.

Staff found ways to communicate with people in a way they understood. For example, care plans contained detailed information on how people communicated their wishes. During home visits, we observed staff knew people and how to communicate with them. We saw staff supporting people to make choices throughout their visit.

People were supported to express their views and to be involved in making decisions about the care and support to be provided. This was achieved through regular reviews of the person's care which were completed by a member of the management team, the person and, where appropriate, the person's family member. People told us that where they had requested a specific gender of staff member to support with personal care this was always respected.

The management team made people feel they mattered by celebrating events. Birthday cards and Christmas cards were sent to people and staff. The service had received a number of written compliments over the last 12 months from family members who praised the care that had been received. One written compliment read, 'I think you [staff] are amazing, and it was hugely reassuring to me that [the person] had such a caring and considerate group of carers.'

Is the service responsive?

Our findings

People told us that the staff were responsive to their needs and were adaptable if their needs changed. One person said, "When I need them to be flexible and change the time of the call they can usually do it." A social care professional told us, "In my experience Wight Home Care has been very responsive, making contact where necessary to discuss the concerns of clients, in arranging assessments quickly and starting packages of home care in a timely manner."

The service was able to respond quickly to people's changing needs through the use of the service's 'emergency support team.' The staff that made up this team did not have scheduled visits which meant they could be called on by the office staff or out of hours cover in an emergency. People also told us that if their needs had changed or they were unwell, staff would stay with them to ensure their safety and wellbeing. All the staff confirmed that they were able to do this without pressure to leave the person. One staff member said, "I will just phone the office and they will either cover my next call or contact the person to tell them I will be late."

People were provided with personalised care. Care was individualised and centred on each person and staff had a good awareness of people's needs. People told us that the staff knew them well and had a good understanding of their needs, abilities, likes, dislikes and interests. People's comments included, "The carers understand me and know how I want things done", "They know what we want", "The carers are a bit like friends now, they really know me well" and "If I was unwell they [staff] would stay and get a doctor. They can tell if I'm not well, I don't even have to tell them." During home visits we saw that staff knew people well and provided them with personalised care. Staff we spoke with were knowledgeable about the importance of providing person centred care. One staff member told us, "Everyone is different; just because one person likes something done one way doesn't mean everyone does. It is up to the person, it how they want it."

People were assessed before their care started to ensure that their needs could be met appropriately and effectively. This allowed the person the opportunity to discuss any care preferences they had, such as times of calls, gender preferences of staff and religious or cultural needs they had. The information gathered from the initial assessment was used to inform the person's care plan. Each person had a care plan which contained individual information about their specific needs and how they wished them to be met.

Staff would report any changes in people's needs to the office staff and management team; they would also document this within the person's care records held in their home. This meant that all staff who provided care to the person could be kept up to date with any changes or concerns and this could be managed and monitored effectively to allow timely interventions. The service was also working towards having access to documentation electronically which staff could access from their telephone. This would provide instant access to people's records to ensure that staff had the most up to date and relevant information.

People, and when appropriate their families told us they were involved in care planning and reviews of care. People's comments included, "I know what's in it [the care plan], and it gets reviewed every year", "I told them what I needed and I will tell them if it needs changing", "I was fully involved and we review it when they

come out" and "We did it [the care plan] together and we review it every year I think."

The manager sought feedback from people and their families on an informal basis such as, during telephone contact and email correspondence and during review meetings. All of the people we spoke with confirmed that they had been asked for their opinion in some form; through review meetings, telephone contact or quality assurance survey questionnaires.

All of the people and family members we spoke with confirmed that they knew who to go to in order to raise a complaint and felt happy that if they did so, they would be listened to. The service had a policy in place to deal with complaints, which provided detailed information on the action people could take if they were not satisfied with the service being provided. A person said, "I don't have any complaints; if there was something I would ring the office, they wouldn't dismiss it." The registered manager was able to explain the action that would be taken to investigate a complaint if one was received.

Although no one using the service was receiving end of life care, the management team provided an assurance that people would be supported to receive good end of life care and supported to help ensure a comfortable, dignified and pain-free death. Furthermore, they told us that they would work closely with relevant healthcare professionals, provide relevant support to people's families and ensure staff were appropriately trained. Staff confirmed that they had received training in end of life care which was confirmed also by a healthcare professional. A staff member also told us that they were well supported by the management team when a person they were caring for passed away.

Is the service well-led?

Our findings

People and their families told us they were satisfied with the organisation and the running of the service. When people were asked if they felt the service was well led they said, "I think so, they come and visit to check staff are doing what they should", "Yes, they check on the staff regularly" and "Yes definitely." A family member told us, "We have had lots of different agencies and Wight Home Care is the best by far. The office is really efficient and they are professional to deal with." People and their families all said they would recommend the service to another person who needed support.

There was a clear management structure in place, which consisted of the managing director, the deputy director, a registered manager, training, office, and finance managers, care organisers and care staff. Staff were able to describe the role each person played within this structure.

The managing director told us their vision was to provide the best quality care to people and to be innovative in the way care was delivered. They told us that they aimed to achieve this by listening to the people who use the service, learning from past experiences, working in collaboration with other professionals and recruiting the right staff and providing them with the appropriate skills and training they need. The managing director also said they aimed to make the job of care work valued; they wanted care staff to be proud of their job choice and invested in the staff. The managing director's vision and values were cascaded to staff, and monitored, through training, staff supervision meetings and the company newsletter. The managing director, the deputy director and the registered manager were aware of, and kept under review, the day to day culture in the service. This was done through working alongside staff, one to one meetings and unannounced spot checks.

Staff told us they felt that the service was well run and managed and were complimentary about the management team. One staff member said, "It is well run, definitely." Another staff member told us, "I can talk to the [managing director] or [registered manager] at any time; we all aim to follow best practice; we are listened to and taken seriously. I feel very valued." A third member of staff said, "All the managers are approachable, I can go to them about anything. The provider's door is always open and they do listen and act. They respect the job we do and appreciate us."

The managing director was actively involved in the running of the service and was passionate about providing people with effective, responsive and safe care. They not only strived to improve the lives of the people using the service but aimed to provide support to people and their families in the wider community. They had opened an advice centre in the local town which people could visit if they required signposting or advice about any care needs they may have. They had also opened a recruitment centre to help address the shortage of care staff within the local area. The company had been part of a consortium which had been awarded a lottery grant to tackle social isolation amongst older people and funding for this had been extended to allow increased resources. Additionally the managing director led the initiative to set up a provider's forum which brought together other care providers to discuss changes in the sector and share ideas.

The management team sought feedback from people and their families on a formal basis annually through the completion of quality assurance questionnaires which were sent to people and their families where appropriate. We saw that the last quality assurance questionnaires were completed in November 2017. The results of these told us that nearly all of the people using the service and their family members were happy and satisfied with the overall quality of the service provided. Of the 92 responses to the survey; 87 people rated the service as 'excellent or 'good'; four people rated the service as 'average'; and one person rated the service as 'below average'. Where areas for improvement were recorded we saw that action had been taken to address these issues. For example, one person had requested a text number to contact the office rather than having to telephone and this had been provided. Additionally, where people had raised issues or concerns we saw that letters were sent to them addressing their concerns.

There was an appropriate quality assurance process in place to monitor and continually improve the service provided. The daily care records and MAR sheets kept in people's homes were returned to the office regularly. The managing director told us the office staff and management team reviewed a 'cross section' of these in order to pick up any recording errors, missing entries and the quality of record keeping. There were processes in place to enable the management team to monitor accidents, adverse incidents or near misses. These helped to identify any themes or trends, allowing timely investigations, potential learning and continual improvements in safety. The managing director told us, "We are not a static organisation; all things have been learnt through experience and from feedback, we are continually learning."

Wight Home Care Limited had up to date and appropriate policies in place to aid the running of the service. For example, there was a whistle-blowing policy in place which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. A duty of candour policy was in place; this required staff to act in an open and transparent way when accidents occurred. The registered manager was aware of their responsibilities and notified CQC of significant events and safeguarding concerns. This meant that they were aware of and had complied with the legal obligations attached to their registration.

The service's previous inspection rating was displayed within the main office and on the service's website.