

Sage Care Limited

# Sagecare (Southwark)

## 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 responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Sagecare (Southwark) Limited is a domiciliary care agency registered to provide personal care to people living in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection approximately 340 people who resided in the London Borough of Southwark were receiving personal care.

### People's experience of using the service

The provider had noticeably improved how the service operated. Improved processes were in place to safeguard people from abuse or harm, mitigate risks to their safety and ensure their medicines were properly administered.

People were supported by safely recruited staff who worked in a punctual and reliable way. People's personal care needs were understood by staff with suitable training, supervision and support for their roles.

People were supported to be involved in the planning and reviewing of their care. Comments from people demonstrated they had noticed the positive changes in the service. One person told us, "I am happy with my carers, they cooperate professionally and do what I expect."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's views about the service were regularly sought and there were clear processes in place to respond to complaints.

People commented the service was well managed and responsive to their needs and wishes. One person stated, "[Registered manager] listens and does things, he has improved the service."

### Rating at last inspection

This last rating for this service was requires improvement (published 8 June 2019). There were breaches of regulation in relation to the quality of people's individual risk assessments and person-centred care planning, medicine management, staff training and development, and the systems in place for monitoring the standard of the service. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This inspection was conducted to follow up on the action we told the provider to take at the last inspection. Therefore, we carried out this focused inspection to review the key questions of safe, effective, responsive and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the key question of caring; we therefore did not inspect this. The rating from the previous comprehensive inspection for the key question not looked at on this occasion was used in calculating the overall rating at inspection. The overall rating for the service has changed from requires improvement to good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Follow up

We will continue to monitor information and intelligence we receive about the service. We may re-inspect this service sooner than our scheduled programme if we receive any concerning information.

## 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 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.

# Sagecare (Southwark)

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors and two experts by experience. One inspector visited the service and a second inspector carried out telephone calls to staff following the completion of the two site visits. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Experts by Experience telephoned people and relatives after the site visits.

#### Service and service type

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

At our previous inspection there was no registered manager in post. The service now 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. Prior to entering the provider's office, we spoke with the registered manager about the infection prevention and control arrangements at the premises in line with our COVID-19 safety protocols. Inspection activity commenced on 25 September and concluded on 28 October. We visited the office location on 25 and 29 September and provided feedback via a virtual meeting on 22 October.

#### What we did before the inspection

We reviewed the information we held about the service, which included notifications from the provider,

safeguarding alerts and information of concern from anonymous sources. A notification is information about important events which the provider is required by law to send us. 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 also contacted the local authority commissioning team for their comments.

Our planning also took account of the information provided by the registered manager during an Emergency Support Framework (ESF) call on 28 May 2020. ESF calls helped us to give targeted local advice, guidance and support to providers and care staff using a structured framework to guide conversations and help them to respond to emerging issues, and to deliver safe care which protects people's human rights. We used all of this information to plan our inspection.

#### During the inspection

We reviewed a range of records including 12 people's care plans and accompanying medicine records where applicable. We also reviewed five recruitment folders, the complaints log, staff training matrix and accidents and incidents forms. We spoke with the registered manager, the regional manager and three members of the office management team. A variety of records relating to the management of the service were reviewed, including audits, policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with 18 people who used the service and 12 relatives to find out their views, as well as 11 care workers, the regional director and the provider's head of quality and governance. We additionally spoke with the local authority senior contracts officer.

# Is the service safe?

## Our findings

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

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

### Assessing risk, safety monitoring and management

At the last inspection the provider had failed to ensure there were risk assessments in place for all people who used the service. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Suitable processes were operated to identify risks and promote safer care for people who used the service. People told us staff supported them to feel safe and the management team undertook audits to check risk assessments were up to date and accurately reflected people's needs.
- Comprehensively written risk assessments were in place to guide staff about how to reduce identified risks and protect people from harm.
- Environmental risk assessments were conducted to ensure any risks within people's homes were detected, such as cluttered areas that could be a trip and fire hazard. The provider liaised with people and/or their representatives, the local authority and other public bodies where necessary, so that measures could be taken to remedy any domestic dangers.

### Using medicines safely

At the last inspection the provider had failed to ensure people's medicine needs were safely and punctually met, particularly where people were prescribed medicines that needed to be administered within specific timescales. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Safe and reliable systems had been implemented since the last inspection to ensure people were supported with their medicines in a proper and timely manner. People and their relatives stated they were pleased with how staff assisted them with their medicine needs and had noticed significant improvements in the past year.
- Staff told us they had undertaken medicine training and their competency to support people with taking their medicines was assessed by their line managers. Records confirmed that medicine training took place as part of staff induction and was periodically refreshed.
- The management team audited medicine administration records (MARs) to ensure people received their

medicines in accordance with the prescriber's instructions. We noted that any discrepancies or gaps in recording on MAR charts were noted and followed up by the management team, to ensure people's needs were correctly understood and met by staff. Where necessary, staff were given one to one supervision, repeated training and other support if there were concerns about their knowledge and practice in relation to working in accordance with the provider's medicine procedures.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection we received mixed comments from people and relatives in relation to whether they felt safely supported by staff. At this inspection people and relatives spoke favourably about the approach, reliability, punctuality and kindness of care staff. Comments included, "My carers are absolutely wonderful, my weekend carers not so good as you get more used to the regular ones", "They are kind and respectful" and "They (care workers) never rush me, they take their time."
- Staff received safeguarding training and told us clearly about the importance of protecting people from abuse, harm and neglect. One care worker stated, "You have to have a real passion for working with people and wanting to help people to do this job. I have done this for over 20 years and still love it." Staff confirmed they were provided with written and verbal information about how to whistle blow and expressed their confidence that the registered manager would always act on any concerns brought to his attention. Whistleblowing is the term used when an employee raises a concern about wrongdoing at their workplace.
- The registered manager appropriately notified CQC about safeguarding concerns, as required by law and stipulated by the provider's own safeguarding policy and procedures. The registered manager also contacted CQC to inform us when the local authority had closed a safeguarding investigation and whether there was learning identified by the provider to reduce the risk of the concern recurring.

Staffing and recruitment

- People were supported by regularly allocated staff they were familiar with, who had suitable backgrounds and experience to work in their roles. Recruitment records showed the provider conducted satisfactory checks which included two acceptable references, proof of identity, right to work in the UK and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the appointment of inappropriate applicants
- We noted some minor recruitment discrepancies on our first day at the service and discussed our findings with the registered manager. These issues had been rectified on our second day at the location.
- People and their relatives told us care staff usually turned up on time, although at times problems arose when they needed the support of two staff to meet their needs. One person confirmed that both staff members always attended but one care worker might occasionally arrive up to 10 minutes later due to unforeseen circumstances. People and relatives also commented on how the provider ensured consistency of care by allocating a limited number of different care staff to cover visits. A relative told us, "I am grateful for the good and personal service they give to [family member] and that they try and keep to the two or three carers that he/she knows."
- We reviewed scheduling records and electronic call monitoring (ECM) data, which is a system that requires care staff to electronically log their times of arrival and departure when carrying out visits to people's homes. The provider closely monitored staff compliance with correctly using ECM and we noted this essential procedure was now more firmly embedded since the last inspection.

Preventing and controlling infection

- Staff had appropriate training and support to competently protect people during a particularly challenging time, due to COVID-19. Members of the care staff team told us they were pleased with the quality of training, guidance and information given by the provider. One staff member told us, "We could call [line manager] or [registered manager] if we needed advice, there was always someone from the office to talk to."
- People and relatives spoke very positively about how care staff protected them from the risk of cross



infection and strictly adhered to safe practices in their homes. Comments from people and relatives included, "They wear a mask, apron and gloves and dispose of them in a sealed bag outside" and "Carer still came in during lockdown, they wear masks and gloves."

- We received information of concern from anonymous sources in relation to the quality of the gloves and aprons. We raised this concern with the provider so that the matter could be promptly investigated and resolved. The local authority officer we spoke with confirmed they worked directly with the provider to ensure different sizes and styles of PPE were made available to meet individual needs of employees. Staff told us they were happy with the quality and quantity of personal protective equipment (PPE) supplied to them.

#### Learning lessons when things go wrong

- Incidents, accidents and other events were recorded and investigated in a detailed manner by the registered manager. Where this analysis identified areas of learning it was cascaded to staff to promote safer ways of working.

# Is the service effective?

## Our findings

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

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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

### Staff support; induction, training, skills and experience

At the last inspection the provider had failed to ensure staff had appropriate training to competently and capably meet people's needs and was in breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- Thorough systems were in place to ensure staff were supported to have the right skills and knowledge to properly understand and meet people's needs. People and relatives told us staff presented as being properly trained and their comments included, "They are very, very good", "[Name of care workers] have a nice attitude and love their jobs, they are so good" and "They do their job well, are polite, all going well." The registered manager monitored training records to ensure staff were up to date with their mandatory training.
- Records demonstrated staff received a structured induction and probationary period which included undertaking an extended version of the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. Staff who were appointed just before or during the COVID-19 pandemic told us they were impressed with how the provider organised socially distanced training for them, which they felt was useful, supportive and not rushed through.
- Care staff spoke highly of how the management team strived to support them during the peak of the COVID-19 pandemic when it was no longer feasible for them to attend the office for one to one supervision, training sessions, group meetings and other events. Staff confirmed they could always ring their line manager or the registered manager for advice and support in relation to meeting the needs of the people they visited, or to discuss any work issues that concerned them.

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

- People's needs were assessed by the local authority and the provider to ensure their needs and wishes were properly identified and met. The registered manager explained to us about circumstances when people's needs changed and it was necessary to contact the local authority for people to have a new assessment from a social worker and/or specific assessments by an occupational therapist or other external professional.
- People told us they were asked for their views about how their care should be delivered as part of the provider's initial assessment. For example, one person told us how their care package from the agency

fitted in well with the care provided by their partner.

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

- The provider operated effective systems to support people to meet their nutritional needs where this formed part of their care plan. People and relatives told us they liked the way care staff supported and encouraged them to eat and drink, and staff understood their individual likes and dislikes. One person told us, "They cook my meals in the microwave, make tea, when I say I am not hungry they nag me nicely and are like a mum to me" and a relative said, ""The two key staff are very well versed. They know what [my family member] wants, how they like their breakfast for instance."
- Care plans were sufficiently detailed in relation to people's dietary requirements and the type of support they needed from staff, for example whether people had specific food allergies or required a diet suitable for their medical needs such as low sugar and/or soft textured diets. Staff told us they promptly reported any concerns to their line manager if people were experiencing difficulties with eating and drinking, so that relevant health and social care professionals could be informed.

Supporting people to live healthier lives, access health care services and support;

- People's care files contained appropriate and useful information about their health care needs and how these needs impacted on their daily life. For example, there was information to explain how a person's mobility was affected due to a stroke or following their recovery from major surgery. We found staff had a good practical knowledge of the health care needs of people they looked after regularly and they knew the signs to look out for that could indicate the person was becoming unwell.
- The care plans contained key information about how to support people with specific health care conditions, for example if a person had an indwelling urinary catheter. Staff were aware of signs to observe for that needed to be reported to their line manager without delay so that a health care professional could be alerted. For example, if a catheter bag was not filling up as usual or there was noticeable blood in a person's urine output. A relative told us they were pleased with how staff observed for any changes in their family member's health care needs, "They keep me informed of any changes, recently they told me about [health care need] my family member had developed."

Staff working with other agencies to provide consistent, effective, timely care

- Staff described how they worked effectively with health care professionals, social services and other organisations in order to ensure the safety and wellbeing of people who use the service. People's care plans showed how agency staff liaised with local pharmacists to make sure agreed arrangements for the delivery of people's medicines worked smoothly, particularly when there were alterations to the prescription. There was also regular contact with health and social care professionals to address people's changing needs.
- The provider informed us that other beneficial relationships had developed in recent months, for example with local NHS infection prevention and control advisors, public health officers and voluntary sector organisations that offered practical support to vulnerable people.

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

- Care plans showed people's capacity to consent to their personal care was assessed as part of the overall assessment and care planning process. Information was recorded as to whether people had capacity or whether a Lasting Power of Attorney was appointed to make decisions on their behalf.

- People told us care staff asked for their permission before they supported them with personal care.

Comments included, "They (staff) definitely ask permission first" and "They always say can I help you?" Staff had received mental capacity training and told us they encouraged people to make choices about their daily care and support wherever possible.

# Is the service responsive?

## Our findings

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

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

At our last inspection the provider had failed to ensure each person had a care plan in place and some people with a care plan were unsure of its contents. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

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

- Each person who used the service had an individual care plan which had been developed incorporating their assessed needs and their known wishes and preferences. People and their relatives told us, "[Care worker] encourages me to do exercises and now I am able to [carry out aspect of personal care] on my own, he/she goes above and beyond" and "[Care staff] treat me so well especially when they put my creams on, I have not got one bad word to say about my carers, they are all very kind."
- Suitable systems were in place to ensure care plans were reviewed and updated as required. The daily logs written by staff were checked by the provider to ensure people received care and support in line with their identified needs and to ascertain whether any concerns about people's welfare were reported in a prompt way.
- Care plans were written in a person-centred manner, for example people were asked if they wished to share information about their leisure interests, important relationships, and former or current occupations. Care staff told us they read the care plans of people new to them to understand their personal care needs and also to discover social topics they could use to initiate conversations.
- People told us they liked the way staff supported them to meet the social care needs. One person said, "[My care worker] encourages me to take short walks" and a relative commented, "Care is exceptional, they go the extra mile...and do crosswords with him/her, they spend more time with him/her than I expected chatting and looking out for his/her mental health."

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. This standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were assessed and any necessary guidance for staff was

recorded in their care plans. For example, if a person was able to verbally express their day to day needs but had specific communication difficulties due to having had a stroke. This information enabled staff to sensitively communicate with people in a clear and meaningful way.

- The provider was able to produce information for people in designs that met their needs. For example, where required service user guides and other documents about the agency could be presented in a large print or easy read format.

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

- At the previous inspection we noted that not all complaints received by the provider had been resolved. At this inspection we found there were clear processes in place to effectively respond to complaints. People stated they had noticed this improvement in the past year and told us, "I made one complaint six months ago, I had to phone them twice but they listened" and "If I have any problems, I will call the office."
- People and their representatives were given information about how to make a complaint. This included details about the role of the Care Quality Commission and the role of the Ombudsman. People commented positively that the provider always checked if they had any concerns when carrying out telephone monitoring review calls, spot check visits and care plan review meetings.
- The provider analysed complaints to ascertain whether there were any emerging patterns which needed to be addressed. For example, we noted two complaints where issues had arisen as professional boundaries had not been properly maintained. Staff confirmed the management team had discussed expected standards of professional conduct with them and had reiterated the importance of contacting their line managers for advice if they noted any concerns when carrying out their duties.

#### End of life care needs

- The provider liaised with people who used the service where possible, their chosen representatives and relevant health care professionals to work together to provide appropriate end of life care and support. People and their relatives spoke highly of how the service responded well to support them to meet their complex health care needs.
- Staff were provided with palliative care training in order to understand and meet people's end of life care needs.
- The positive feedback from people and relatives demonstrated they developed good and meaningful relationships with care staff and their line managers. Condolences cards were sent by the provider to acknowledge the importance of these relationships and express their sympathies to people at a difficult time.

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

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

At our last inspection the provider had failed to ensure people were consulted about their needs and wishes as part of individual care planning, and were not consistently provided with reliably delivered person-centred care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the previous inspection we noted there were several areas of service delivery that required improvement, including the quality and reliability of people's care and support. At this inspection people told us they were very pleased with the individual support from their care workers and how the service operated. Comments included, "I would recommend them, they give an excellent service and my carer is brilliant" and "Overall, the service is amazing."
- The service was well organised and office management staff were clear about their roles and responsibilities. Effective planning systems were embedded in the daily running of the service, for example staff confirmed their work schedules were accurately and clearly presented. People who used the service were now offered a copy of their weekly rota so they had the reassurance of knowing which members of staff were allocated to each visit.
- The quality of care and support for people had improved as the provider had strengthened the processes for auditing practices including checks to ensure risk assessments and care plans were satisfactorily written, and whether spot check visits and quality monitoring telephone calls were properly used to drive improvement where needed. Comments from people and relatives demonstrated they had noticed a positive improvement, for example, "It is a very good service, very loyal carers and I would recommend them. I am much happier now they have made progress and improvement" and "Much improved from when they [provider] first took over."
- People and staff informed us the 'out of hours' telephone support service worked in a supportive and efficient way. For example, one person told us they called to request a different visit time as they had an unexpected health care appointment to attend. The provider was able to make the necessary alteration in a prompt and courteous manner.

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

regulatory requirements; 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

At our last inspection the provider had failed to ensure there were clear systems in operation for monitoring the quality of the service

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection the service did not have a registered manager. The registered manager was appointed in July 2019 and had achieved significant improvements that positively impacted on all aspects of the service. Reliable systems for monitoring the quality of the service were in place and had been maintained during the height of the COVID-19 pandemic. A person using the service told us, "During lockdown it was alright, I have got no complaints, I am very happy" and a relative said, "They have been good during the pandemic, the office phoned us and asked if we were happy with the carers."
- The provider informed the Care Quality Commission of notifiable events, for example safeguarding concerns, in accordance with legislation.
- The registered manager understood his responsibility to be honest and open with people, their chosen representatives and external organisations if things went wrong with the delivery of people's care.

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

- At the last inspection people and relatives gave mixed responses about the quality of the service and expressed varied opinions about their contact with the management team. At this inspection we received very positive remarks about how the service engaged with them. Comments included, "I have a meeting every couple of months [with provider], they ask how the carer is doing, is the care plan up to date, have I got complaints" and "I want to say a big thank-you to them, we have got to know [care staff and office management staff], I would recommend to my best friend."
- Creative changes had been introduced to the daily running of the service to enable people to feel better connected to the agency. For example, people told us they were delighted to receive birthday cards and other greetings to mark special occasions. We noted that people and relatives were now accustomed to receiving a helpful response when they called the office with queries, which we did not find at the last inspection.
- At the last inspection staff did not feel well supported by the management team. At this inspection staff told us the service had significantly transformed in relation to how they were supported by the registered manager and their line managers. Comments included, "I couldn't believe the support I was given by [registered manager] when I was anxious about working during the pandemic" and "This is now a great company to work for, it has changed so much for the better with new manager [registered manager] and [name of line manager based at office], I wouldn't want to work anywhere else."

Continuous learning and improving care; Working in partnership with others

- Effective systems were in place to enable the provider to improve the quality of care and support for people through its own continuous learning. We noted that a wide range of audits were carried out to identify and address any shortfalls in the service. For example, staff training and supervision records were kept under review which was particularly important during the peak of the pandemic when members of the staff team needed to take time off work because they were unwell and/or needed to self-isolate. The provider's up to date processes ensured any gaps in staff's individual training records were rectified in a timely manner.
- A member of the care staff team was nominated by local health and social care professionals for an



externally given Carers Award, which they won. The award recognised their exceptional work with a person who was using the service, which enabled the person to demonstrably improve the quality of their life. We noted the staff member was now in a new line manager role at the office. Care staff told us they felt inspired by their colleague's achievements and well supported by all the management team to aim for excellence in their daily work.

- The provider had developed constructive relationships with local partners which included the local authority and health care professionals such as district nurses, occupational therapists and pharmacists. The service benefitted from being located close to the branch of a 'sister service' domiciliary care agency, which had been useful when sourcing personal protective equipment during the peak of COVID-19. We received positive comments from a representative of the local authority, who had found improvements in the quality of the service since the last CQC inspection.