

Angel Solutions (UK) Ltd

# Angel Solutions Community Care

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Angel Solutions Community Care is a domiciliary care agency providing personal care to twelve people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The registered manager demonstrated a commitment to improving outcomes for people and responding to the concerns raised at the last inspection. Key to the improvements at the service was the support the registered manager had received from an external consultant. Change had been significant and had made a difference to people's lives. A family member told us, "Especially over the last few months, things have definitely improved."

There was a new, improved complaints process. The registered manager was committed to using feedback from complaints to improve the service. The quality of their complaint responses did not reflect the positive investigations and actions taken when concerns were raised.

We made a recommendation about improving complaint responses.

Despite these improvements, feedback about the service remained mixed. People were largely positive, especially where they had developed positive relationships with named staff. Families gave us more negative feedback and told us the service still needed to get better at communicating with them and ensuring staff provided consistent good quality care.

The registered manager had improved the processes to safeguard people from abuse. They communicated more openly with external organisations and supported investigations when concerns were raised.

Senior staff had updated all risk assessments, which now contained better information about how to support people safely. There were improved systems in place to help staff minimise the risk of infection.

Organisation and recruitment of staff had improved so people received safe support when they needed it. Measures to check visit times had improved, though this was an ongoing process.

The administration of medicine was safer than at our last inspection. Staff had been re-trained and there were more effective checks on their competence. The recording and monitoring where staff prompted with medicines required improvement.

The registered manager had worked with staff to ensure people's needs were assessed in line with good practice. There was a greater awareness of what good care looked like. Staff had received intensive support to ensure they had the skills to meet people's needs. Senior staff dealt with poor practice well.

There was an improved coordination to promote people's wellbeing. People were supported to eat and drink in line with their preferences. Joint working with external professionals had improved.

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 developed close positive relationships with named staff. People and families told us staff who covered for the named staff were not consistently caring. Staff had spoken to people to gather their views for new care plans, which were written in a more dignified manner.

Support was more personalised than at our last inspection, however further time was needed to ensure the quality of care was consistent across the service.

Communication had improved across the service, particularly with people and staff. Office staff contacted people regularly for feedback.

The registered manager had introduced improved checks on safety and on the quality of the service. They were committed to making sure lessons were learnt and information from concerns, feedback and checks was used to make things better. Provider checks were not always effective at picking up concerns at the service.

The service had worked with professionals to improve the quality of the service. Local authority representatives confirmed the registered manager had started to make improvements and this process was ongoing.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 14 May 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 14 May 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

After the inspection we were told the registered manager was leaving the service. We will meet with the provider to discuss how they will continue to drive improvements and improve their rating to at least good. We will communicate with the local authority and other stakeholders to monitor progress.

We will return to visit as per our re-inspection programme. If we receive any concerning information to indicate the improvement programme is not being sustained, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Angel Solutions Community Care

## **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 an 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. The Expert by Experience on this inspection had experience of caring for an older person.

#### Service and service type

This service is a domiciliary care agency, providing personal care to people living in their own homes. At the time of the inspection 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 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 6 November 2019 and ended on 11 November 2019. Two inspectors visited the office on 7 November 2019. On 11 November 2019, the lead inspector re-visited the office and visited two people who used the service in their homes. The inspector selected the people for these visits. The Expert by Experience made phone calls to people who used the service and their representatives on 8 November 2019.

### What we did before the inspection

Prior to the inspection we reviewed information we held about the service. This included information we had received from the provider since our last inspection outlining the actions they were taking to improve the service. We also spoke with the inspector responsible for inspecting the provider's other service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The provider had not refreshed the PIR since our last inspection.

We used all of this information to plan our inspection.

### During the inspection

We spoke on the phone with five people who used the service and four family members about their experience of the care provided. We visited two people in their homes. We met with two members of care staff, one senior care staff, one office staff, the area manager and the registered manager.

We reviewed a range of records, including four people's care records and medication records. We looked at records relating to the management of the service, including staff files and quality audits.

### After the inspection

The registered manager sent us information which we had requested. We spoke with two health and social care professionals who had contact with this service. The registered manager contacted us to let us know they were leaving the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was a risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found the registered manager had failed to notify us safeguarding concerns which had been raised. This meant we did not have an accurate picture of all concerns. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found there was no longer a systemic failure to notify us of safeguarding concerns though there were still improvements required in this area.

- Since our last inspection, the number of safeguarding concerns had reduced greatly. The registered manager had communicated with us through their monthly reports and demonstrated an improved openness and willingness to work with external organisations to investigate concerns into people's safety.
- The registered manager had not notified us of one concern due to a misunderstanding over the process. We discussed this with the registered manager and clarified the requirement around notifying us, including when investigations determined concerns were unfounded.

Assessing risk, safety monitoring and management

At our last inspection we found a failure to provide care and treatment in a safe way to identify and assess risk of harm to people including risks in relation to the safe use of medicines which was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found safety at the service had improved, including in the area of medicine administration and the service was no longer in breach

- Senior staff had completed new risk assessments for each person which offered practical advice to staff, such as what to do if a person refused care.
- The registered manager was still reviewing and quality checking the new documentation which had been put in place since our last inspection. This process was on-going. We found some discrepancies in the written risk assessments and risk management plans, for example a person's plan referred to staff supporting them to leave their home when they were being cared for in bed.
- There was new guidance for staff on what to do in an emergency. This demonstrated a practical attitude to risk, with suggestions on when to ring 999, 111 or the office.

Using medicines safely

- All medicine care plans had been revised and there was clearer advice to staff about their responsibilities when supporting people with their medicines. There were risk assessments where a person was assessed as taking medicines independently.
- A professional had raised concerns with the service about whether staff were prompting a person who was forgetting to take their medicines. We found staff were not consistently recording when they had prompted

people to take their medicines. Maintaining good records about support with prompting helps the senior staff and other interested parties monitor how well a person is taking their medicines and staff skill levels. We discussed this with the registered manager and they immediately changed the processes to ensure all support with medicines was recorded safely.

- Care plans prompted staff to think about other options when people were in pain and not offer medicines automatically. For example, whether a person needed support to get into a more comfortable position in bed.
- There were improved checks to ensure people received their medicines as prescribed, including new observations of staff competence in this area. These improved systems had only been in place for a few months and so further time was needed to ensure improvements were sustained.

### Staffing and recruitment

At our last inspection the provider had failed to operate effective recruitment procedures. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the inspection we found the registered manager had addressed our concerns and the service was no longer in breach.

- Since our inspection the registered manager received guidance from the Local Authority and had made the necessary improvements to their processes to ensure staff were recruited safely.
- New staff told us checks had been carried out before they started supporting people.

At our last inspection we found the registered manager had failed to ensure that sufficient numbers of staff were employed to meet the needs of people using the service. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to meet people's needs. Improved organisation meant we were assured people were supported by the right number of care staff. A staff member told us, "There are always two staff when needed for example, [named person] needs hoisting and there are always two staff."
- The planned electronic monitoring system discussed at our last inspection was not yet in place. There was a new temporary electronic system, using mobile phones which let staff know about their rotas. The system allowed some tracking of staff visits but was not effective. Senior staff could not rely on the existing system to ensure visits took place as planned, however senior care staff had increased monitoring to check on staff punctuality and avoid missed visits.
- The organisation of the rotas had improved since our last inspection. Staff had the time to provide the care and support outlined in people's care plans. A member of staff told us they now had enough time to travel between visits.

### Learning lessons when things go wrong

At our last inspection we found there was an absence of effective systems to monitor the safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered manager had put systems in place to monitor the service and the service was no longer in breach.

- Improved systems included spot checks, competency assessments and phone calls to people to check on the quality of the service. The new processes had been introduced shortly before our inspection and further time was needed to see how well they worked.
- The registered manager used information gathered from these checks to make the service better. They analysed information well and shared lessons with staff to ensure errors were not repeated.

### Preventing and controlling infection

- During a home visit with local authority officers a member of staff failed to use a fresh pair of gloves. The



provider addressed this concern with staff who told us gloves were now always available. However, a person told us gloves had recently run out in their home, indicating this was an area which still needed some improvement.

- The registered manager had introduced new systems to check how well staff minimised the risk of infection. Senior staff now checked on cleanliness and on the use and availability of gloves and aprons during the improved spot checks in people's homes.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection we found the registered manager had not ensured people's needs had been adequately assessed. This failure was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered manager improved the assessment processes and the service was no longer in breach.

- People's care records had all changed significantly since our last inspection. We found some discrepancies, for example a person's form referred to staff supporting them to leave their home when they were being cared for in bed.
- The impact of inconsistencies was minimal where people were cared for by staff that knew them well, however the guidance was confusing where new or replacement staff were providing support.
- There was a greater understanding of what good practice looked like and ensuring staff were aware of required standards. A member staff told us, ""We have monthly meetings where we discuss any concerns, CQC, how we can improve on people's outcomes."

Staff support: induction, training, skills and experience

At our last inspection we found the registered manager had not evidenced that staff received sufficient training to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found training had improved and the service was no longer in breach.

- A new induction process had been introduced since our last inspection and now used the Care Certificate to enable staff who had no previous experience in care to develop fundamental skills. A member of staff told us their induction had been helpful and confirmed they had completed their care certificate.
- Staff told us they felt well supported. "If I am out with a client and need support I ring my care co-ordinator or the manager."
- Supervision of staff was now more structured. Staff met every three months with the registered manager for a supervision meeting where they discussed any issues, such as training needs.
- The registered manager had implemented a comprehensive programme of spot checks, where senior staff went out unannounced to check on the care a member of staff provided. They looked at issues such as time keeping and nutrition, taking action where there was room for improvement in the quality of care.
- Information from the spot checks was used to improve care. The registered manager had discussed concerns at the staff meetings such as rushed care and use of mobile phones during care visits. Named staff

had been re-trained.

- The provider had changed the training providers since our last inspection. Although this had only been in place for a short time, we found an improvement in staff skills. Two members of staff gave us positive feedback of the new face to face training in the administration of medicine and in supporting people to move safely.

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

- There was improved guidance for staff on any specific needs people had around eating and drinking, for instance around the needs of people with diabetes.
- All the files had standard diet and meal planner which was being used to develop staff skills. However, this planner was in the care plan for a person with diabetes and provided advice which was not personalised to their needs. We discussed this with the registered manager who agreed to review this care plan.
- One person told us, "I have a good breakfast. They cook me scrambled egg with toast with a cup of tea and cereal and a banana. For lunch get me a sandwich of my choosing or a salad if it's in the summer and for tea a meal but only if I want to have one."

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

At the last inspection we found the service failed to keep complete accurate records of people's care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the registered manager had improved the recording and oversight of people's health and wellbeing and the service was no longer in breach.

- Guidance to staff around people's health and social care needs had improved. One person's care plan contained a fact sheet about how to manage their specific condition and included records of a meeting held with health professionals to discuss the care the person received.
- There was improved contact with professionals. A person had been referred to a dietician, but this information was not easy to find in the care records. The registered manager was able to describe in detail the communication they had with the dietician. We discussed improvements in how this information was presented, to ensure contact with professionals could be monitored.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

At the last inspection, we found the service did not always follow the principles of the MCA. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection we found there was a better understanding of the MCA. Staff had assessed people's capacity to make decisions, for example about what time to go to bed, and understood when people were able to make choices about their care. A person told us, "They won't start doing anything without asking me first."

- Staff had involved people in this process. A person had signed their agreement to the initial screening carried out with staff which had confirmed they had capacity.
- Currently all the people at the service had been assessed as having capacity. However, the registered manager had made a referral to the local authority as they had assessed the person's capacity to make key decisions had started to fluctuate.

# Is the service caring?

## Our findings

### Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager was committed to ensuring staff provided consistently caring support. They told us, "We tell our staff to treat them as if they are your family." We could see from detailed records of staff meetings that the registered manager had worked well with the staff team to ensure staff provided consistently caring support.
- Despite this, feedback from people and families was still mixed about how caring staff were. Negative comments were mainly about replacement care staff when the usual care staff were away or when a person did not have a named care team. A relative who gave us poor feedback told us, "They are writing half an hour (in the daily record book) but are on their phones during the visit."
- Other people and families were positive about staff attitudes and commitment, with specific named staff consistently highlighted throughout our inspection. One person said, "They treat me really good, I call them my little angels." The members of staff we met demonstrated commitment, warmth and affection when they spoke about the people they supported.
- Two people told us the registered manager had taken action when they found out staff were not providing respectful care. A person said, "I had one carer who was cheeky, but they have left the service now."

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

- At our last inspection we found people had not been supported to express their views and care plans had very little information about people's preferences.
- At this inspection we found staff had consulted people when writing the new care plans and there was improved information about people's likes and dislikes, such as their favourite food.
- Most people told us staff asked consent before providing care though this was not consistent, and a person told us, "Some do ask but some just come and do, know what I mean."
- Staff communicated well with a person who made a choice about their care which could impact their physical health. They together agreed a plan which balanced the person's choice with the risks.

Respecting and promoting people's privacy, dignity and independence

- The negative feedback we received indicated there was still some room for improvement to ensure people and families were treated with dignity. Some staff still rushed tasks and were not always respectful. Feedback was particularly negative from some families who did not feel they were always spoken to respectfully.
- At the last inspection care plans were not always written in a dignified manner. The improved care plans

were more respectful.

- There was improved guidance to staff on tasks which people should be encouraged to carry out independently. For example, personal care tasks were split to let the member of staff know what a person could do for themselves.
- Advice on promoting people's dignity had improved, such as staff ensuring people were covered when they were providing support with personal care. All the people we spoke to described how staff maintained their dignity when providing personal care. A person said, "Very good, they draw the curtains and close the door and also keep me covered with a towel when washing me."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence 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 remained the same. This meant people's needs were not always met.

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

At our last inspection we found the registered manager had failed to ensure that care and treatment provided was appropriate and met people's needs. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As this inspection we found improvements had been made and the service was no longer in breach.

- There was a pocket of people and families who remained unhappy and felt people's needs were still not being met. The registered manager had worked hard to transform care to ensure it was personalised, however this was an ongoing process.
- The people and families who were more positive about the quality of care had agreed with the registered manager that they would be supported by named care staff. A relative told us, "The manager has always said if there someone you don't want, I won't send them." Four people told us they were able to ask for female staff to provide them with personal care.
- During our inspection, we observed people ringing to change their visit times, for example because of health appointments or family visiting them. The registered manager was able to accommodate this in a positive responsive manner.
- All care plans had been revised and improved. Discussions with staff and daily records reflected staff were supporting people in line with the new care plans.
- Office and senior care staff contacted people regularly about their care needs and plans were updated regularly to ensure staff had current information.

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 new care plans now had guidance to staff about how best to communicate to people, such as speaking slowly and using short sentences when speaking with an individual.
- Care plans were written in plain English which supported people to understand information about them.

Improving care quality in response to complaints or concerns

At our last inspection we found there was a failure to operate an effective complaints system is a breach of

Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered manager had improved the management of complaints and the service was no longer in breach.

- The registered manager had introduced a new complaint system. This included providing people and families with clearer information on who they should speak to if they had concerns.
- Office staff rang people regularly to ask them about the service. This provided opportunities for concerns to be dealt promptly before they escalated further.
- We received feedback from some professionals and families that the registered manager did not always provide a good quality response to complaints, especially when in writing. We found complaint responses did not always reflect the commitment and efforts by the registered manager to investigate and address concerns.

We recommend the registered manager seek best practice guidance on responding effectively to complaints and concerns raised by people and their representatives.

#### End of life care and support

- The service was not providing support to anyone with end of life care. This was not an area the service had focused on since the recent improvements in care so could not be measured at this inspection.



# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection, we found there was a failures to maintain accurate records, monitor the quality and safety of the service, to monitor and reduce risks to people and act on feedback. These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found these areas had all improved and the service was no longer in breach.

- Prior to our inspection, we had concerns raised about the provider organisation, known as Angel Solutions (UK) Ltd. When we visited Angel Solutions Community Care, we found risk was mitigated by the commitment of the local registered manager and the support from an external consultant who worked with the service to raise standards. After the inspection we were told the registered manager was leaving the service. We had some concerns about this as the improvements had been largely driven by the registered manager. We will be taking further action to follow this up with the provider to seek their plans for continued improvement and stable management of the service,
- Record-keeping and formal monitoring had improved across the service. The registered manager used new tools and templates, introduced by the external consultant, to support the changes at the service and ensure they were in line with best practice.
- The registered manager had introduced new checks which were thorough and were driving improvements. The new spot checks were an example of good practice and checks on staff files had found gaps, such as out of date passports which had been readily addressed.
- Whilst the checks carried out by the registered manager had improved, those carried out by the area manager were not of the same quality. We discussed this with the registered and area managers who told us the external consultant had not had any input at provider level. They agreed to discuss this with the provider to ensure effective measures were in place to improve scrutiny of the service.

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

- Feedback about the quality of the service remained mixed, in particular from family members who raised issues such as poor communication from the office and inconsistent quality of care. People were much more positive and had developed good relationships with office and care staff. A person told us, "The manager gave me their phone number in case I was ever distressed."
- At the last inspection the registered manager had only recently been promoted from a care coordinator

post. They told us becoming a registered manager had been a huge learning curve and the external consultant's contribution was vital in supporting them to improve outcomes for people at the service. The feedback we received confirmed the changes had started to make a difference. A relative told us, "I did have late call issues in the past with them coming at all different times, but they have resolved that now."

- The registered manager told us they had used the poor rating from the inspection as a challenge to improve, and we were assured by their commitment to the people they supported. A member of staff told us, "The managers will support with visits, for example drive staff at nights to their calls if their car goes wrong."

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

- Communication had improved in every area of the service. Team meetings were well attended, and senior staff used the opportunity to encourage staff to be aware and engaged with the changes.
- The registered manager provided a small amount of care visits. They told us this helped them understand what was happening at the service and, "Pick up on complaints quickly and rectify them." People told us they liked the contact from the registered manager.
- There were now quarterly questionnaires in place and regular calls to people to check on the quality of care. This demonstrated a commitment to improve communication and to keep in touch with people. Some people we spoke to said they were tired of how regularly they were asked to provide feedback about the service. We discussed the need to ensure a balance between the need for formal quality assurance systems and any impact on people's wellbeing.

Continuous learning and improving care; Working in partnership with others

- Following our inspection, the registered manager had completed an action plan with the local authority which addressed many of the issues we had raised. At this inspection we found the registered manager had used the action plan positively and were working methodically through the areas of improvement. For example, ensuring underperforming staff attended refresher medicine training.
- The registered manager used feedback and concerns to improve the service and recent investigations were thorough. We received feedback from professionals that the registered manager had worked with them to investigate concerns, but that the quality of investigation reports was poor.
- We discussed this with the registered manager as an area for improvement and learning. The registered manager demonstrated they were committed to continually develop their skills, including in report writing.
- The registered manager had recently started attending a provider forum. As well as being an opportunity to share good practice, this provided a network for the registered manager who was in a fairly isolated position, being some distance from their head office.