

Elite Support Providers Ltd

Quintessential Support Brokers

Inspection report

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13 December 2019

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Quintessential Support Brokers is a domiciliary care service registered to provide personal care to people in their own homes. At the time of this inspection they were supporting two people with personal care. Not everyone using Quintessential Support Brokers receives a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care', which is help with tasks related to personal hygiene and eating.

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

At the last inspection in April 2019 we found there were breaches of seven regulations. At this inspection we found the registered person had taken positive steps and implemented systems to improve the quality and safety of the service provided. The registered person told us they had concentrated on building solid foundations for the business before offering care to new people and increasing the care provision. Our findings demonstrated that the steps taken, and systems put in place were being successful. This meant that the ratings for all five key questions and the overall rating for the service has improved at this inspection. However, some of the systems were very new and we could not improve the ratings to higher than requires improvement in some key questions. This was because not all systems had been in place long enough to evidence consistent good practice over time. The registered person and new manager were clear on improvements that were still needed and had well thought out plans in place to address them. We will check that improvements made have been sustained at our next planned comprehensive inspection.

Staff recruitment had improved, and the registered person introduced a new checking system as a result of some discrepancies identified at this inspection. Improvements to the safety of people meant they were protected from the risks of abuse and relatives felt their family members were safe with the staff providing their support and care. Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Staffing levels supported people to stay safe while living as independent a life as possible.

The registered person and new manager had introduced new systems for overseeing the quality and safety of the service. The new systems were helping the registered person monitor their compliance with the regulations and registration requirements and identify where they needed to make improvements. We saw at the inspection that the monitoring systems were being adapted and improved as a result of any issues that were not identified by the systems in place. For example, the new manager amended the audit tool for checking staff recruitment was compliant the day after we identified issues with some staff checks at this inspection.

Staff training had been improved and people received effective care and support from staff who knew them well. People received effective health care and support where needed. The handling of medicines had been improved. Staff training, and staff competency checks, had been introduced for all staff handling medicines so that medicines were handled correctly and safely. People's rights to make their own decisions were

protected. They 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 benefitted from staff who were happy in their work and felt well managed and supported. People were treated with care and kindness. They were consulted about their care and support and could change how things were done if they wanted to. People were treated with respect and their dignity was upheld. This was confirmed by relatives who provided feedback. Methods to protect personal data had been improved meaning people's right to confidentiality was protected.

A new electronic care planning system had been introduced. The registered person and new manager had re-assessed both people who use the service and recorded in depth information regarding their care needs, preferences and wishes. People received care and support that was personalised to meet their personal care needs and their diverse needs were identified and met. Staff worked well together for the benefit of people and were focused on the needs of the people using the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (report published 25 June 2019) and there were multiple breaches of regulations. At this inspection we found the registered person had made improvements and the provider was no longer in breach of regulations in relation to the service provided to the two people who currently use the service.

This service has been in Special Measures since 24 June 2019. During this inspection the registered person demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

At the last inspection we identified that the provider had failed to notify us of incidents which were reported to, or investigated by, the police. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service had improved in this key question.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service had improved in this key question.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service had improved in this key question.

Details are in our well-led findings below.

Requires Improvement ●

Quintessential Support Brokers

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team was made up of one inspector and one inspection manager.

Service and service type

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered person would be in the office to support the inspection.

Inspection activity started on 11 December 2019 and ended on 13 December 2019. We visited the office

location on 11 December 2019.

What we did before the inspection

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

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

During the inspection

We spoke with the registered person and the new manager. We looked at the care plans for both people who use the service, plus associated monitoring records and medicine sheets. We also looked at three staff recruitment files, staff training records and the staff supervision log. We reviewed a number of other documents relating to the management of the service. For example, improvement plans, staff meeting minutes and audit records.

After the inspection

We reviewed the additional information the registered person sent to us after the visit at our request. We sought feedback from all seven care staff and received responses from five. We were not able to speak directly with the people using the service but, with permission, we contacted relatives who gave their feedback on the quality of the care. We sought feedback from three community professionals but had received no response at the time of writing this report.

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. We could not improve the rating higher than requires improvement because to do so requires consistent good practice over time. We will check that improvements made have been sustained at our next planned comprehensive inspection.

Staffing and recruitment

At our last inspection the registered person had failed to ensure staff employed were of good character and that information specified in Schedule 3 was available for each person employed. 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 this inspection we found there was still some missing information in two of the three files we looked at. The registered person acted promptly and obtained the missing information and amended their recruitment practices to ensure future compliance. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- People were mostly protected by the recruitment practices at the service. We checked the recruitment of the three staff employed since the last inspection in April 2019. Following that inspection, the registered person had ensured that no new staff started work prior to receipt of their criminal record check. The registered person had also checked applicants were not barred from working with vulnerable adults. Information about health issues that may affect their ability to fulfil their role and evidence of conduct in previous employment working with vulnerable people had been obtained.
- However, verifying why one applicant had left previous employments in health and social care had not been done and there was a gap in another applicant's employment history of five years. These issues had not been identified by the registered person before our inspection. However, on the day following our inspection the registered person obtained a written explanation of the employment gap and also obtained the reasons for leaving from the second applicant. Although they had not verified the reasons for leaving with the applicant's previous employers.
- The registered person confirmed they would introduce and carry out a final check that all required recruitment information had been obtained prior to new staff being allowed to work with people who use the service.
- The proposed changes to the recruitment practice and procedure were positive steps towards ensuring people were protected, as far as possible, from staff working with them who were not suitable. As the changes were introduced at the time of our inspection we were not able to establish if the improvements would be sustained, this will be assessed at our next inspection.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the registered person had failed to ensure people were protected from abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Following the last inspection, the client group of those receiving personal care from the service changed and there were a number of changes to the staff team. The registered person also reviewed staff training to ensure staff had the skills they needed to provide personal care to the two remaining people who use the service and meet their needs. These actions led to our finding at this inspection that the current people who use the service were protected from abuse and improper treatment.
- Staff knew how to recognise and protect people from the risk of abuse and had received training in safeguarding adults. They knew what actions to take if they felt people were at risk of harm.
- Relatives said they felt their family members were safe with the staff. We saw a thank you letter from one relative saying, "The service you provide helps my peace of mind knowing that your care staff are always there for them [parents]."

Using medicines safely

At our last inspection the registered person had failed to ensure the proper and safe management of medicines. 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.

- People's medicines, including prescribed creams and lotions, were handled safely. The training records confirmed staff had received training in handling medicines. Only staff trained in administering medicines and then assessed as competent were allowed to do so.
- Medicines administration record (MAR) sheets were correctly completed on the new electronic care planning system by the staff administering the medicines. The system also incorporated an alarm that emailed the registered person if staff left a call without administering the medicines without recording a valid reason. The registered person was able to demonstrate that medicines had been administered when required and as prescribed.

Learning lessons when things go wrong

At our last inspection the registered person had not analysed incidents to identify the cause and do all reasonably possible to mitigate risks to people who use the service or staff. 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.

- The registered person had introduced systems to ensure that lessons were learnt when things go wrong. There had been no accidents or incidents since the last inspection. However, the new system ensured any incidents or accidents were recorded, together with details of actions taken and the outcome of any

investigation. The registered person explained steps would then be taken to ensure lessons could be learnt when things went wrong.

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

- People were protected from risks associated with their health and care provision. Staff assessed risks such as moving and handling, and care plans incorporated measures to reduce or prevent potential risks to individuals.
- Environmental risks to the safety of staff when providing the care packages had been assessed to make sure any potential risks to staff were identified and dealt with.
- People were protected from the risk of infection. Staff had been trained in infection control and were provided with protective equipment such as gloves and aprons, to use when appropriate.

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. We could not improve the rating higher than requires improvement because to do so requires consistent good practice over time. We will check that improvements made have been sustained at our next planned comprehensive inspection.

Staff support: induction, training, skills and experience

At our last inspection the registered person had not ensured that staff working with people who use the service had received appropriate support, training or supervision. This was a breach of regulation 18 (Staffing) 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 18.

- People received care from staff that had the necessary knowledge, skills and experience to perform their roles. The registered person had reviewed their training provision and introduced new training that covered all required areas to ensure staff had the knowledge they needed. They had ensured staff had completed the care certificate or had updated their ongoing training in line with guidance from the Skills for Care organisation. The registered person wrote in their action plan that all new staff would complete the care certificate within their first four weeks of employment. The training matrix showed this was being achieved.
- Ongoing training was recorded in the new electronic system and the registered person explained the system would 'flag' when staff were due their next refresher. We will check that this improvement is maintained at our next inspection.
- Regular staff supervision had been implemented and staff received formal supervision every month to discuss their work and how they felt about it. Staff felt this enhanced their skills and learning. Spot checks to monitor how staff worked with people and to assess that they were following their training had also been introduced. Once a year staff had a formal appraisal of their performance over the previous 12 months.
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences. Relatives thought staff had the training and skills they needed when supporting their family members.

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

At our last inspection the registered person had not ensured the staff providing the care had the qualifications, competence, skills or experience to do so safely. This had led to people receiving inappropriate care. 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.

- People received effective care and support from staff who knew how they liked things done. The registered person had purchased and implemented a new, electronic care planning system and was in the process of training all staff and developing their skills when using the system.
- Each care plan was based on a full assessment, included individual preferences and choices, and demonstrated the person and their family had been involved in drawing up their plan.
- The care plans and actions were based on current best practice and showed the staff had a good understanding of the person's individual needs. The care plans were kept under review and amended when changes occurred or if new information came to light.
- Staff received additional training in specialist areas relevant to the needs of individual people, such as training in caring for people with dementia and learning disabilities.

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

- Staff worked with families and other agencies to understand and meet people's individual and changing needs. Relatives felt the service helped their family member maintain and improve their health and wellbeing. One relative wrote a thank you letter to the service in June 2019. They described how staff had helped their family member settle back into their home after a recent hospital stay, "This has taken considerable care, both physically and emotionally from them [the care staff]."
- Where providing meals was part of the care package staff also recorded what people ate and drank. If there was a concern that someone was losing weight or was putting on too much weight, this would be passed to the family so that referrals could be made to the GP.

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 with appropriate legal authority. 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 found the service was working within the principles of the MCA. Staff received training in the MCA and were clear on how it should be reflected in their day-to-day work.
- People's rights to make their own decisions were protected. The records seen demonstrated that people were involved in making decisions regarding their care and support as well as their everyday life.
- A relative confirmed staff asked permission of their family member before any care was carried out.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with care and kindness. Relatives gave positive feedback about the staff and the way their family members were treated. One relative said of the staff, "They are very caring. Nothing is ever too much trouble for them."
- Another relative described how they had been finding it increasingly difficult to care for their family member at home. They went on to say, "Since we have been fortunate enough to have Quintessential Care to help us, [Name] has been much calmer, sleeping mostly at night, has his cheeky personality back and he is more affectionate... This team spend time with him, waiting till he is ready to accept bedtime. They hold his hand when he gets afraid and generally care for him with respect. The pressure they have taken from us is huge... We feel lucky to have them and would absolutely recommend Quintessential Care."

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

- People's and relative's views on the support provided was sought during management spot check and via email or telephone. One relative told us the management listened and acted on what they or their family member said. They added that the management were, "Very helpful."
- The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff teams' knowledge from working with them in the service.

Respecting and promoting people's privacy, dignity and independence

- Rights to privacy and dignity were supported. This was confirmed by the relative who provided feedback.
- People's care plans focused on what they could do and how staff could help them to maintain their independence and protect their safety wherever possible.
- People's right to confidentiality was protected. All personal records were kept stored securely and in a place of their choice within people's own homes.

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 inadequate. At this inspection this key question has now improved to requires improvement. We could not improve the rating higher than requires improvement because to do so requires consistent good practice over time. We will check that improvements made have been sustained at our next planned comprehensive inspection.

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

At our last inspection we found the care and treatment of people was not always appropriate and did not always meet their needs. Care plans did not evidence that people were being involved to the maximum extent possible or that their preferences were always being taken into account. 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.

- People received support that was individualised to their personal needs. This was clearly demonstrated in the new electronic care plans. People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. The assessments and care plans captured details of people's abilities and wishes regarding their personal and future care. The daily notes demonstrated staff provided personal care based on the way individuals liked things done.
- Relatives confirmed they were involved in decisions about their family member's care and support needs and that people were involved as much as they could be.
- At the time of this inspection the new manager and registered person had decided that they would be the only staff with administrative permissions to change the computerised care plans. This meant they were able to ensure the care plans stayed up to date and were not altered incorrectly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At our last inspection the registered person was not enabling and supporting people to understand the care or treatment choices available to them. The registered person had not implemented the AIS. This was also 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.

- At this inspection we saw the new care planning system included facilities for documenting people's communication needs in line with the AIS. The care plans contained detailed descriptions of how people communicated and what staff needed to know and do in order to communicate effectively with the people they supported.

Improving care quality in response to complaints or concerns

- Following our last inspection, the registered person took positive action and employed a new manager who started working at the service in May 2019. Although no incidents or accidents had occurred since our last inspection a system was being developed and implemented to ensure lessons would be learnt in future.
- As part of this inspection the registered person sent us a 'root cause analysis' of the issues at the service following the inspection in April 2019. The analysis document set out the action already taken and being taken at the service. The document set stated, "The Director [registered person] has employed a new manager to review the service processes and controls and instil a system that will enable the organisation [to respond] effectively and be able to react quickly to ensure a preventative approach is taken rather than a reactive approach. The system has been designed to ensure that policies identify processes clearly and concisely so that any person [staff member] who takes on the role can be assured that the system can be followed to maintain the high level of quality that is currently in implementation phase."
- There had been no complaints made to the service since the last inspection. Relatives knew how to raise a complaint and one relative told us they were confident the service would take appropriate action if they did complain. Staff were aware of the procedure to follow should anyone raise a concern with them.

End of life care and support

- The service had explored people's preferences and choices in relation to end of life care. This information was recorded in the care plans. The new care planning and assessment system included recording any preferences relating to protected characteristics, culture and spiritual needs. This included preferences in their day to day care as well as their end of life care.

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. We could not improve the rating higher than requires improvement because to do so requires consistent good practice over time. We will check that improvements made have been sustained at our next planned comprehensive inspection. The registered person and new manager were clear on improvements that were still needed and had well thought out plans in place to address them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

At our last inspection the registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. The lack of robust quality assurance meant people were at risk of receiving poor quality care and, should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. 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. When the new quality management system is fully implemented the service will have a strong system for ongoing monitoring and improvement.

- Systems had been introduced and put into practice by the new manager to enable the registered person to monitor the service provided and ensure compliance with their legal obligations. The new manager was supporting the registered person with training in how the new electronic care planning and quality monitoring system worked and how to use it. The new manager was also training staff in the use of the various systems and changes introduced.

- As part of this inspection the registered person sent us a 'root cause analysis' they had carried out of the issues at the service identified at the inspection in April 2019. The document stated, "A complete review of the organisation's Quality Management System (QMS) has outlined the need for review which resulted in a new, clear and concise set of documents that would allow for staff to follow instruction for any process simply and effectively. This system is currently in the final stages of generation and is projected to be ready for release by 2020. The new manager is currently working on this." We saw this work had started and some of the documents mentioned were already developed, such as the annual training plan that had been written and approved on 1 December 2019, with an effective date of 31 December 2019.

- "The QMS will be a controlled document system which will ensure that all staff in the organisation work from an up to date and controlled set of policies and procedures to allow them to provide the highest

quality service moving forward without any ambiguity. With the QMS reflecting the need for training and support, the documentation the staff will be using for their daily tasks will ensure that each staff member has a full understanding of why they need to complete a form or a report at a specified time, for example. The QMS will also be electronic as much as practically possible and paper copies will remain secure with regular review to ensure that all documentation is current and is true and concise."

- The root cause analysis document also set out the plans for the future, "An Audit Plan will be developed, and the manager will be responsible for the implementation of this for 2020. The director [registered person] will oversee this function. Audit performance will be discussed at monthly review meetings and data sets will be analysed and reported for the quarterly monitoring meetings. This will work alongside a new Corrective Action and Preventative Action Plan (CAPA) system which also entails a change management system. This will enable the organisation to test new processes (validation), monitor their effectiveness during implementation and ensure that all process affected by change are assessed and changed also to reflect updated processes."

- We saw these processes were being implemented. Staff training had been brought up to date. The service no longer provided care to people that staff were not trained or experienced to support. Staff recruitment had improved, and a further improvement was made to the procedure as a result of findings at this inspection. We were shown an action plan that had been drawn up in June 2019 and described the actions already taken to meet the regulation breaches, as well as plans for ongoing improvements.

Statutory notifications

A statutory notification is information about important events which the service is required to tell us about by law.

At our last inspection the registered person had failed to notify the Care Quality Commission without delay of incidents reported to, or investigated by, the police. This was a breach of Regulation 18 (Notification of other incidents) of The Care Quality Commission (Registration) Regulations 2009.

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

- No incidents had happened that required notification to the Care Quality Commission (CQC) since the last inspection in April 2019. Following that inspection, the registered person had implemented a system that ensured all incidents were recorded using the electronic system and flagged to the registered person to assess if they were required to be notified in line with regulations.

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

- The registered person was clear in their understanding of the duty of candour and knew the action to take should something go wrong. This was supported by the provider's Duty of Candour policy.

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

- People received a service from staff who felt their managers were accessible and approachable and dealt effectively with any concerns they raised. They said managers asked their opinion about the service and felt their views were listened to and taken into account.

- Staff said they would feel confident about reporting any concerns or poor practice to the registered person.

- Relatives were happy with the service provided, one relative wrote to the service, "I would like to thank you

and all the care staff for the wonderful care you have been providing... [Name] is very happy with the service you provide. It helps my peace of mind to know that your care staff are always there for them."