

Sipi Care Agency Limited

# Sipi Care Agency Ltd

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

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

Sipi Care Agency Ltd is a domiciliary care agency. It provides personal care and support to adults living in their own homes in the community, in the London Boroughs of Brent and Harrow. Not everyone using Sipi Care Agency Ltd receives regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection the service was providing care to 61 people.

### People's experience of using this service

The provider had made some improvements to how the service was managed and the care people experienced. These included risk management plans to help minimise the risk of harm to people, staff training, medicines support, personalised care plans, and working in line with the principles of the Mental Capacity Act 2005.

However, systems in place to monitor the quality of the service and make improvements when required had not always been effective. Some people's care plans had not been updated to reflect the care they received or did not always clearly identify people's communication or sensory impairment needs. Staff had not clearly recorded the social support provided to some people.

People and relatives told us people were safe and staff were caring. People received care consistently from the same staff who they felt knew their care needs and how to support them. People and relatives said staff treated people with respect and dignity.

People received care and support to meet their needs. People had care and risk management plans in place which set out their likes and preferences for their care. 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 were supported to be healthy and to access healthcare services. Staff supported people with their food and drinks appropriately, if they required this. Staff received training, support and supervision to provide care and meet people's needs.

There were systems and processes in place to protect people from the risk of harm. The provider recruited staff using safe recruitment processes.

People, relatives and staff were able to give feedback and felt they were listened to when they did. The provider had a suitable process in place for handling complaints and people's concerns. The service worked with other agencies to make sure people received joined up care.

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 requires improvement (published 12 March 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.  
Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.  
Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.  
Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.  
Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.  
Details are in our well-Led findings below.

# Sipi Care Agency Ltd

## 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 was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 4 March 2020 and ended on 31 March 2020. We visited the office location on 10 March 2020.

#### What we did before the inspection

We looked at the information we held about the provider, which included information about important events the provider had notified us about what had happened at the service. We used the information the provider sent us in the provider information return. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered managers and a care coordinator. We looked at the care records of the four

people who used the service and the staff records for three care workers. We also looked at a variety of records to do with the running of the service.

#### After the inspection

We requested more information from the provider and continued to seek clarification to validate evidence found. This included the care records for a further three people. We spoke with one person who used the service and five people's relatives. We also spoke with three staff and two adult social care professionals who have worked with 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 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 our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. 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 provider completed risk assessments to assess and reduce risks to people's health, safety and well-being. Assessments considered issues such as people's personal care and mobility needs and if a person had any allergies staff needed to be aware of.
- Some people's care records showed they lived with health conditions that could affect their safety or well-being. Their risk management plans provided staff with basic information on how to recognise if a person was becoming unwell due to their conditions and what they should do in that event. For example, how to support a person when they experienced an epileptic seizure.
- The provider had recorded how another person's diabetes could affect them and how staff needed to monitor them for signs of becoming unwell as a result of this. We saw care staff had also completed diabetes awareness training to help them recognise this.
- The provider assessed people's homes for risks to the person and staff. These included checks on electrical sockets, fire safety, hazards on the floor, access, and people's pets. For example, one person's risk management plan identified they liked to store lots of possessions in their house. The provider had reported this to the local commissioning authority to arrange support for the person to de-clutter their home. The provider also regularly checked people's mobility equipment, such as hoists or wheelchairs, to see when this needed a service so it was safe to use.
- The provider had business continuity procedures in place for managing the service in the event of emergency situations.

### Using medicines safely

At our last inspection the provider had not always managed medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 12 in relation to the safe management of medicines.

- The provider had appropriate processes in place to support people to take their prescribed medicines.
- The registered manager informed us care staff did not administer prescribed medicines to people and only verbally reminded them to take these, when this was part of their agreed care. We saw people's care plans clearly stated this. People's plans also recorded when a person's relatives were responsible for arranging their medicines and helped them to take these.
- Staff completed medicines administrations records (MARs) to indicate when they had prompted or observed a person take their medicines. The registered manager had periodically audited MARs to make

sure they were being completed.

- Staff had received training in providing medicines support. The provider had assessed and recorded care workers' competency to do this safely.

#### Staffing and recruitment

- The provider had recruitment processes in place so they only offered roles to appropriate applicants. These included checking employees' identities, work history and obtaining references and criminal records checks. We found the provider had completed these necessary checks as required but had not always organised their recording of them so they could easily demonstrate this. We discussed this with the registered manager so they could improve the recording of these.
- The provider deployed sufficient numbers of staff to meet people's needs safely.
- People and relatives said care workers usually arrived on time and only occasionally late. They told us the provider or care worker called to let them know if staff were running late. They also said staff had enough time and did not need rush their care visits. Relatives' comments included, "It is all slow and gentle" and "They don't rush, they've got the time." Some relatives also told us care staff would re-visit their family member if they requested this. One relative stated, "Staff come out at the drop of a hat when needed."
- People and relatives told us the same care workers visited people regularly, which staffing rotas also indicated. This meant people were supported by staff they had got to know and felt comfortable with. One person said the same staff visited them, adding, "I don't get strangers." Relatives remarked, "The continuity of care is very, very good" and "That is good, that way my [family member] is settled." Staff confirmed they visited the same people. One care worker commented, "I think that's why we have a good relationship. It works for me and my service users."

#### Learning lessons when things go wrong

- There were procedures in place for responding to and learning from incident and accidents.
- The provider learnt from incidents and feedback from people and other agencies and used this to amend the service. For example, the provider had simplified the format for daily care records to make this easier for care workers to complete to appropriately record the care they had given.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding policies and processes in place to protect people from the risk of abuse. A relative told us they thought their family member was safe.
- Staff had completed safeguarding adults training and knew how to recognise and respond to safeguarding concerns. Care workers told us senior staff and the registered manager listened to them when they raised concerns. We saw the provider confirmed staff awareness of safeguarding processes when conducting checks of staff performance.

#### Preventing and controlling infection

- There were appropriate arrangements for preventing and controlling infection.
  - Records indicated staff received training on infection control and prevention.
- The provider supplied staff with personal protective equipment such as gloves, aprons, sleeve protectors, and hand wash and wipes. Staff told us they could access these when they needed it at the provider's office or the registered manager would deliver equipment to them. The provider looked to see if staff were using the equipment when observing staff practice in people's homes.
- Senior staff were aware of Department of Health and Social Care guidance on infection prevention and control at the time of our inspection visit. The registered manager had recently written to all staff about this and to remind them of the importance of maintaining safe infection control.



# 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 had improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our inspection in July 2019 the provider had failed to consistently ensure that staff had the skills and knowledge to deliver care safely and effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made and the provider was no longer in breach of regulation 18.

- The provider gave staff training and support so they were competent to support people safely. The registered manager, care coordinators and care workers we spoke with were knowledgeable about people's support needs. People and relatives told us they were happy with the staff who visited them.
- Staff had completed a mix of room-based and online training to be able to support people. Staff told us they found training helpful. The staff records we saw indicated staff had completed a range of training, such as promoting people's privacy and dignity, emergency first aid support, diabetes awareness, mental capacity awareness, and moving and positioning people safely.
- New staff completed an induction process before managers confirmed them in post. This included completing training sessions that covered the 'Care Certificate' areas of practice. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. New staff shadowed more experienced care workers before the registered manager assessed them as competent to work on their own.
- We saw staff had periodic supervisions with the registered manager or a care coordinator and annual performance reviews. Staff told us they felt supported by the provider in their roles. One care worker said, "They look after us. I'm quite happy at the moment."

### 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.

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.

At our last inspection we found the provider was not always working in line with the principles of the MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We checked whether the service was working within the principles of the MCA. At this inspection we found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- People were being supported in line with the principles of the MCA.
- People had signed their care plans to indicate they agreed to their planned care arrangements. We saw when there was a concern a person lacked the mental capacity to give this consent, the provider had assessed their capacity and made a decision that the person's planned care arrangements were in their best interests. For example, when a person was living with dementia and they lacked the mental capacity to consent to their care arrangements.
- We saw another person's care plan recorded they had made arrangements for a relative to have a Lasting Power of Attorney (LPA) to make decisions for them in the future. An LPA is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.
- Staff had completed awareness training on working in line with the MCA and described promoting people's choices about their day-to-day care.

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

- The provider met with people to assess their care needs to determine if the service could support them safely and effectively. Relatives also told us this took place. People's assessments included considering people's personal care, health, medicines, and mobility needs. The provider used these assessments to inform people's care plans. The assessments included personalised information about people, such as their preferences for their care, likes and dislikes, and information about their age and ethnicity.
- People and relatives told us their care needs were met. A relative told us it was important for their family member's care service to stay the same and not change and the provider made sure this happened.

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

- Staff supported people with their meals and drinks, when this was part of their planned care arrangements. Records of people's daily care indicated this took place. People and most relatives told us they chose the food staff prepared or heated up for them. One person said, "I tell her what I want and [the care worker] does it." People's care plans set out what foods they liked.
- The care coordinator had worked with a person's family to develop a meal plan for them. This helped to ensure the person was offered a variety of meals each week.
- Staff records we saw indicated care staff had completed training on food nutrition to help them safely support people with their meals.

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

- People were supported to maintain their health and access healthcare services.
- Records of people's care indicated the provider supported them with changes in their health and care needs and contacted healthcare professionals for people. For example, the registered manager had written to one person's GP to report concerns about the person's health. We also saw a care coordinator had requested chiropodist support for another person. One person told us they were able to re-arrange their care visits when they needed to so their care worker could help them to get ready in time for their regular hospital appointments. A relative described how a care worker helped their family member arrange community transport so they could attend health appointments.
- We saw people's care plans indicated if people could brush their teeth independently or needed help to maintain good oral hygiene.
- The provider worked with other agencies to provide joined up care to people. For example, the registered manager had written to one person's GP to report concerns about the person's health.

# 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

At our last inspection we found the provider had not always been caring enough to ensure they protected people from the risks of harm, worked in line with the MCA, or that people care plans were sufficiently personalised to meet their preferences. We found this was not the case at this inspection as enough improvement had been made.

- The provider worked to make sure staff treated people with kindness and respect. People and relatives spoke positively about the care workers and office staff. One person said, "[The care worker] is very good. They treat me fine." Relatives' comments included, "I couldn't ask for nicer people," "I say to [the registered manager], don't ever get rid of [the care staff] - they're very caring, it's not like a job with them," and "I am very satisfied. They're very nice to us, always helpful to us." Also, we saw an adult social care professional had recently written to the provider to pass on two people's positive comments about their care.
- People's care plans set out some personalised information about a person's background or life history and how they preferred staff to address them.
- Staff had received training in promoting equality and diversity in their work. People's care plans recorded information about their characteristics, such as their disability, marital status, sexual orientation and religious beliefs. For example, one person's care plan stated, "I am Muslim and enjoy going to my local mosque" and another person's plan recognised how important their religious beliefs were to them. The registered manager told us the service did not currently support anyone who identified as LGBT+. 'LGBT' describes the lesbian, gay, bisexual, and transgender community. The '+' stands for other marginalised and minority sexuality or gender identities.

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

- People's care and risk management plans showed they were involved in planning their care. This was also indicated by new records of care plans reviews the provider had introduced. These opportunities enabled people to make decisions about their care and support arrangements. Relatives also told us, where appropriate, the provider involved them in assessing and planning their family members' care.
- The provider periodically asked people for feedback about their care, through telephone calls and visits to them. Records of this monitoring showed people and their relatives confirmed they were involved in day-to-day decisions about their care. One person had stated, "I am given a choice [about how their care is carried out]," for example. Staff told us about adapting their approach to how people would like their care. One care worker said, "You let the person let you know how they like it."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated people with dignity and respect. When asked people's comments

included, "Oh yes, they are very nice, very respectful" and "Yes, absolutely polite." Staff we spoke with described how they treated people with dignity and respect in their daily practice. The provider's assessments of care workers' performance also noted they treated people appropriately. One assessment recorded, "[The care worker] shows kindness and [is] very patient with the service user which has been acknowledged by the service user."

- The provider supported people to access other services to help them maintain their independence and dignity. For example, the registered manager liaised with local services to obtain a new wheelchair for a person. This enabled the person to go to their place of worship without having to borrow equipment from others.
- People's care plans described how staff should enable them to do things independently where possible. For example, providing assurance and encouragement to a person so they could mobilise safely with minimal support, or making sure a person who needed help to dress was able to choose their clothes.

# 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 remained the same. This meant some people's care plans and records of care did not always reflect the care they received.

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

At our last inspection the provider we found the provider did not ensure people always received care and treatment which was appropriate, met their needs or reflected their preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements were still required, but the provider was no longer in breach of regulation 9.

- People received care and support in a planned way that recognised and reflected their individual needs and personal preferences. However, some care plans had not been reviewed to ensure they were up to date and reflected people's care. For example, an adult social care professional had recently found one person's care plans had not been updated for over a year while the person refused to meet with the provider to do this. This meant it was not clear that the person's care plan reflected the care the person currently received.
- Records of daily care were completed appropriately by staff and indicated people received their care as planned. However, we saw staff did not clearly record their weekly support for person to access their local community. While we found other evidence that this support was provided, we discussed this with the registered manager who acknowledged this recording needed to take place.
- For other people, we saw the provider had introduced a new process since our last inspection for reviewing their care plans and recording this appropriately. The review records indicated the provider met with people regularly, and their relatives were relevant, to check their care still met their needs. The reviews also reflected when a person's circumstances had changed, such as improvements to a person's home environment.
- People's care and risk management plans contained personalised information about them, such as some background information about a person's history and previous employment, hobbies, and their likes and dislikes. This included people's preferences for how they liked to be addressed and the gender of staff who visited them. Plans provided clear details for staff on the tasks they needed to support a person with, and the order in which the person wanted this to happen. Staff told us there was enough information in care plans to help them know how to support people.
- People and relatives spoke positively about the care and support they received and said it met their needs. One relative said of the provider, "They have been extremely responsive" to their family member's needs.

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 we found people's care plans did not always provide information about people's communication needs. At this inspection we found not enough improvement had been made and this was still the case.

- While some care plans set out if people had any communication issues staff needed to be aware of, some did not always identify people's communication or sensory impairment needs. For example, the registered manager told us one person used a hearing aid, but this was not recorded in their care plan. Another person's plan stated they had a visual impairment without recording how this affected the person and if staff needed to support them with this. We discussed this with the registered manager so they could correct this.
- People and relatives told us both care workers and staff from the provider's office communicated well with people. Relatives said they had observed staff interacting positively with people. One relative described how a care worker helped their family member with their correspondence so they understood when their health appointments were due.

#### End of life care and support

- No one was receiving end of life care at the time of our inspection.
- Some people's care plans recorded the provider had discussed end of life care preferences with a person and they had declined to comment further, but some plans did not. The registered manager told us this was not included in the new care plan format when people had refused to discuss such matters. We raised this with the registered manager so in future they could record attempts to discuss this with people and their end of life care preferences or who to contact about those should their condition deteriorate quickly.

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

- The provider had appropriate policies and procedures in place for handling complaints.
- There were no recorded complaints since our last inspection. Some people and relatives were not sure if they had been given information about how to make a complaint. However, we saw complaints information in people's care planning records and people and relatives told us the provider responded when they raised issues with them. Another relative told us, "I give many compliments to them, never a complaint." Adult social care professionals informed us they had not received any complaints about the service.

# 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 remained the same. This meant the service management and leadership was inconsistent and 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; 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 we found the provider's audit systems for monitoring the quality and safety of the service were not operated effectively to identify and address improvements to the quality of care provision. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made but the provider was still in breach of Regulation 17.

- The provider carried out a range of checks and audits to monitor safety and quality and make improvements when needed. However, this system of checks had not been consistently effective as it had not identified the issues we found during the inspection.
- The quality assurance systems had not identified and addressed that some people's care plans had not been updated to reflect the care they received or did not always identify people's communication or sensory impairment needs. Staff did not clearly record the provision of some people's planned support.

We found no evidence that people had been harmed however, these issues indicated systems were not robust enough to demonstrate quality was effectively and consistently managed. This placed people at risk of harm. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider's monitoring systems included unannounced checks of care workers' performance in people's homes. People and staff told us these took place periodically and records confirmed this. A care worker said they appreciated these taking place, "It is helpful to see things as they should be." We saw these checks observed if staff were engaging and caring with people, followed the care plans, adhered to the provider's dress policy, and used equipment such as gloves and aprons as required.
- The registered manager had introduced new quality check since our last inspection. These included audits of both people's care plans to check these were up to date and of daily care records to help make sure people were receiving their planned care. They also audited staff files to help ensure these were current and periodic staff performance checks were completed when required.
- At our last inspection we found the registered manager had not appropriately informed the CQC of a change to the provider's registration details when they changed the address from which they managed the regulated activity. We found the registered manager updated the registration details correctly shortly after our inspection.
- The provider displayed the previous inspection ratings at the branch office and on their website.

- The provider had processes in place to respond in an open manner to concerns about people's care when things may have gone wrong.

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

- People and relatives spoke positively about the service and how it met their needs. One relative said, "We know they are doing their job." Another relative told us, "The care plan outcomes are always achieved." People and relatives told us care staff always asked them if there was anything else or extra they could help with during their care visits.
- Managers and staff described being committed to and motivated by providing a good service to people. The registered manager described being proud people had only made compliments and no complaints about their care. Adult social care professionals also told us they had received no complaints about the service.
- Care workers said the care coordinators and registered manager supported them. Staff said the senior staff were available to them if they called and felt they were listened to. Staff said the senior staff checked with them regularly to see if they needed any support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, relatives and staff had opportunities to influence the running of the service.
- People and relatives told us the provider called them periodically to ask if they were happy with their care and if there was anything they wanted to change. Records of these calls confirmed this and indicated people were satisfied with their care. Comments included, "[The] carers are always on time and most days spend extra time."
- The provider also periodically sent people satisfaction questionnaires to understand what people thought of the service. The selection of questionnaires we saw were completed in 2019 and indicated people were happy with their care.
- The registered manager asked for and recorded people's and their relatives' opinions about their care when they visited to check on care workers' performance.
- Care staff told us the provider kept them informed of changes in the service. We also saw records of two team meetings the registered manager had held since our last inspection to discuss with staff the service, developments and improvements required.
- The provider looked to continuously improve the service and had introduced a number of new monitoring systems to do this. An adult social care professional told us they had found the service had made some improvements recently but this had not always been the case since our last inspection.

Working in partnership with others

- The service worked in partnership with other agencies, such as social workers, managers, GPs and other healthcare professionals, to help to provide coordinated care to people. An adult social care professional told us the provider was prompt to clarify or provide them with information about people's needs. They said, "The response rate is really, really good. [The care coordinators] are really good."