

Ohio Home Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Ohio Home Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to younger disabled adults, older people, including people living with dementia. 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.

At the time of the inspection 80 people were receiving personal care.

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

We received mixed feedback from people and their relatives about the care and support they received, which showed levels of care and communication was not always consistent across the service.

The majority of feedback was positive about the kind and caring attitude of staff and people and their relatives felt their regular staff knew them well and had developed positive working relationships.

However, issues were raised related to timekeeping and how the management dealt with concerns and complaints. There were inconsistencies with the effectiveness of communication with the management team.

Whilst risks to people's safety were assessed, control measures and guidance for staff to follow to manage these risks were not always recorded to highlight how people could be supported safely. After discussions with the provider, the relevant information was sent to us after the inspection.

There were some inconsistencies with the information recorded in people's daily logs which meant important details and information related to care and support had not always been recorded.

People were supported by staff who enjoyed working for the company and spoke positively about their working environment and the support they received.

There were monitoring and auditing systems in place to identify any issues with the quality of the service.

The provider told us that the COVID-19 pandemic had brought about a range of challenges within the health and social sector, including the recruitment and retention of staff, especially within the current cost of living crisis. They acknowledged where improvements needed to be made.

Despite attempting contact with a large number of the care staff, we only heard back from a small sample, which was not fully representative of a service of this size with 50 active care staff. The provider told us this had been a challenge and had encouraged staff to engage with us as part of the inspection process.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there was one person using the service who has a learning disability and/or who are autistic.

We have made two recommendations about care planning and risk management records and the management of complaints.

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

Rating at last inspection

The last rating for this service was good (published 24 August 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 ●

Ohio Home Care Limited

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Ohio Home Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the provider two days notice because we needed to ensure they would be available to assist us with the inspection.

Inspection activity started on 11 October and ended on 8 November 2022. We requested a range of documents that were sent to us by the provider between 13 October and 9 November 2022. We visited the office location on 13 October 2022 to see the registered manager and deputy manager and to review further records related to the service. We made calls to people and their relatives between 18 October and 2

November 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We contacted two local authority commissioning teams and also reviewed the previous inspection report. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records related to 8 people's care and support. This included people's care plans, risk assessments, medicines records for 3 people and 5 staff files in relation to recruitment and training. We reviewed records related to the management of the service, which included training records, safeguarding incidents, complaints, quality assurance records and a range policies and procedures.

We also reviewed electronic call monitoring (ECM) data for 52 people for the month of September 2022. An ECM system is where care workers log in and out of their calls, and the information is recorded.

We spoke with 2 staff members. This included the registered manager and the deputy manager.

We contacted a number of care workers, via email and telephone. We also asked the registered manager to share a questionnaire with all active care workers to give them an opportunity to give us feedback about their experience of working for the service. We only received feedback from 4 care workers.

We contacted 20 people and managed to speak with 5 people and 11 relatives.

We continued to seek clarification from the provider to validate evidence found after the inspection. We looked at further quality assurance records, training records, medicines competency assessments and samples of daily log records. We also had a follow up telephone call with the registered manager on 27 October 2022 to discuss feedback we had received from people and relatives.

We provided formal feedback to the registered manager and deputy manager via email on 8 November 2022.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Although we saw risks to people were assessed during their initial assessments and covered a range of health conditions and areas of risk, there were some minor inconsistencies within the records we reviewed related to people's risks and the support they needed.
- For 3 people who were unable to mobilise independently, there was limited information about how staff supported them safely and it was unclear how moving and handling tasks were carried out.
- We discussed this with the registered manager during and after the inspection and they were able to share the relevant moving and handling assessments. The provider acknowledged this should have been available at the time of the inspection but due to challenges within the sector the information was not provided in a timely manner.
- Another person's risk assessment stated they could be at risk to themselves or others and staff must look out for signs when they are getting angry or frustrated. There was no information about these signs or triggers within the care plan. The registered manager sent us information after the inspection to show how staff responded if the person became distressed. However, the record lacked sufficient detail and had not been implemented in line with current guidance and best practice.

We recommend the provider consider current guidance and best practice to ensure their care plans include the relevant information and guidance for staff related to the management of risk. We signposted the provider to best practice guidance to further support their understanding of their responsibilities.

- Despite this, the majority of feedback from people and their relatives was positive about the support and felt staff helped to keep them safe. Only one relative told us they had raised issues about how their family member was supported with moving and handling needs.

Staffing and recruitment

- Safer recruitment procedures were followed to ensure staff were suitable to work with people who used the service. Disclosure and Barring Service (DBS) checks for staff were in place along with appropriate references and where necessary, employment histories and gaps in employment were recorded as part of the interview process. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Where some recruitment information was not available, the provider was able to explain and provide the relevant documents after the inspection. We shared guidelines from government legislation regarding safe recruitment practices after the inspection to ensure they were aware of best practice. We also reminded the provider this information should have been available at the time of the inspection.

- The provider used an Electronic Call Monitoring (ECM) system and we reviewed and analysed 4151 calls for 52 people over the period of September 2022. Our analysis highlighted some staffing and timekeeping issues, including examples where staff were logged into two locations at the same time.
- Where we highlighted possible issues, we followed this up with people and their relatives and we received mixed feedback. One person told us they had no concerns with timekeeping and one relative told us staff would usually arrive when they needed to.
- However, comments highlighting timekeeping issues included, "There are times I'm not happy with timekeeping" and "There are times where they turn up late or only one of them turns up." Two relatives also told us there are times when care staff do not always stay for the full visit.
- We discussed all of these issues with the registered manager on 27 October 2022 and they acknowledged they were aware of these issues and highlighted the challenges currently within the care sector. We also saw from quality assurance records there were regular technical issues with the ECM system where care staff could not log in. The provider was working to address the IT issues and also told us they would enforce disciplinary procedures if lateness was consistent.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding procedures in place with information and guidance for staff to follow if they identified any safeguarding concerns. Investigations had been carried out and shared with the relevant authorities when any allegations had been raised.
- Staff completed safeguarding training and understood their responsibilities and the different types of abuse people could be at risk of. One care worker said, "As a carer for vulnerable adults, it is important to ensure that their safety is our priority. It is also important that we are attentive to any changes that may be harmful or put them at risk."
- Staff were also confident any concerns raised would be followed up and the appropriate action would be taken.
- Although there was a central safeguarding log in place, it was not being updated and did not include all the safeguarding investigations that had taken place. We requested further information after the inspection to follow up the investigations that had taken place.

Using medicines safely

- There were procedures in place to ensure people received their medicines safely. At the time of the inspection the provider confirmed they were only supporting 6 people with their medicines. Medicines risk assessments recorded information about people's medicines, including a list of medicines, when they needed to be taken and the level of support required.
- Staff completed medicines training and had their competency assessed before they started supporting people with their medicines. Staff who supported people with their medicines were positive about the training and support they received to help them understand their responsibilities.
- Where we identified a couple of minor recording discrepancies related to people's medicines information in their care plans, we saw the correct information was included within people's electronic medicines administration records (EMAR).
- Where staff recorded people's medicines on their EMAR, we saw there were consistent technical issues with the app which impacted staff being able to complete the record. We saw the provider completed regular checks to follow up and confirm manually that people had received their medicines.

Preventing and controlling infection

- There were systems in place to ensure people were protected by the prevention of infection. There was an infection and prevention control (IPC) policy in place and staff had completed IPC training and had been kept regularly updated with advice and guidance to help reduce any risk of COVID-19.

- Staff told us they had enough personal protective equipment (PPE) and had been well supported throughout the pandemic. One care worker said, "We have had all the COVID training and we get regular updates in the group chat."
- People and their relatives were positive about how staff followed correct IPC guidelines when they visited their home. One person said, "Oh yes, they put everything on before they come upstairs, sometimes they even put on a double mask. They also change their gloves when they do the cooking. They are professional with this."

Learning lessons when things go wrong

- There were systems in place for the reporting of any accidents and incidents and the provider discussed this with staff to ensure they were aware of the procedures to follow.
- Staff told us they were given opportunities to learn from accidents and incidents across the service. Comments included, "We receive plenty of training and regular reminders about this" and "It is discussed during meetings, I am given time to learn and then I can apply it to all my calls."

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who completed an induction and training programme when they started working at the service, which also included shadowing opportunities with more experienced staff. The induction programme was focused on the Care Certificate.
- The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff also received regular supervision to support them in their roles. Staff were positive about the training and supervision they received along with the support from the management team. One care worker said, "I feel confident with the training I have received as it has allowed to better my understanding and how to apply it when I am working."
- A staff member who supported a person with a learning disability/autism had completed training in this module, in line with recent changes in legislation. Although we followed up with the staff member to get further feedback about the training they received, we did not receive a response from them.

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

- People were supported to eat and drink if this was part of their agreed care and support needs. People's care plans had information about what support was required, which included nutritional risk assessments and if people's relatives were involved in shopping or meal preparation.
- Staff recorded the food they provided to people in daily logs. Whilst some samples of daily logs were more detailed than others, staff told us they were aware of people's nutritional needs. One care worker said, "For my clients, I am well aware of their food choices and make sure they are involved by asking them what they would like to have before I give anything to them."
- Where people received support, feedback was positive. Comments included, "They ask me what I'd like for breakfast and what I'd prefer for lunch. They asked me if I wanted toast, or an egg with it" and "They really goes over and above with this as [family member] can't cook. They make food for them and cook all sorts of things."
- Where we received negative feedback from one relative about the support their family member received at mealtimes, we shared this with the registered manager after the inspection. They explained staff are trained in food handling and nutritional needs, but if concerns are raised about staff understanding they discuss this with them to make sure errors are not repeated.

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

- Initial assessments were completed before people started to receive a service to get an overview of their

health conditions and wellbeing to give staff an understanding of their needs.

- Where necessary, the provider liaised with the relevant commissioning authorities when they received referrals prior to starting care. This included following up with a range of health and social care professionals, including occupational therapists and social workers.

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

- Staff were responsible for monitoring people's health and wellbeing and reported any concerns or changes in health to the relevant health and social care professionals.
- Staff told us they were regularly reminded about their responsibilities and procedures to follow in the event of an emergency. Staff told us it was discussed in meetings and supervisions and any concerns they raised were dealt with immediately.
- The provider also carried out oral health risk assessments in line with best practice guidance when people had their initial assessment before receiving care.

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.

- The provider was aware of their responsibilities around the MCA and ensured people had consented to their care. Capacity assessments were completed as part of the initial assessment, which recorded where people were able to make decisions about their care and support.
- There was guidance for staff to follow when carrying out their assessments to ensure they followed best practice. The provider also completed a memory/cognition assessment which highlighted any cognitive issues, including information for staff to be aware of.
- Staff completed MCA training as part of their training when they started working at the service. Staff gave us examples of situations and scenarios where they understood the importance of making sure people were fully involved in the care they received.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- Staff had a good understanding of the importance of developing positive relationships with people and treating people with respect. Comments included, "It is so important as developing trust will make them feel comfortable" and "I might be the only person to see my client in weeks. It is good to have a friendly relationship and hope that they look forward to seeing me."
- The majority of feedback from people and their relatives was positive about the kind and caring attitudes of the staff team and how they supported them. Comments included, "They are kind and deal with my [family member] like their own family and show a love of caring" and "They are so lovely and always seem so positive and upbeat, just what we need. My [family member's] face lights up when they arrive."
- We also received comments where people felt staff went above and beyond their roles which had a positive impact on them. One person said, "They are very supportive and even bring me a slice of their home baked cake. They really encourage me and want the best for me."
- We received negative feedback from one relative about the caring nature of one care worker, where they had asked the provider to change the care worker and stop them from returning. This was still being managed as a complaint at the time of the inspection and the provider was no longer providing care.

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

- People and their relatives, where appropriate, were involved in making decisions about their care. Records showed people's needs were discussed with them during initial assessments, including regular reviews of their needs.
- People and their relatives confirmed this and told us they were always involved. Comments included, "I know the care plan and always get to discuss this" and "If there are changes, I have contact with them and we work closely together, including talking with the carer."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Feedback from people and their relatives confirmed staff respected their privacy and dignity and helped them to be as independent as they could be. People's care records had reminders for care staff to ensure their privacy and dignity was respected during visits.
- Privacy and dignity was covered during induction training and spot checks also observed how staff engaged with people and if they were courteous and respected their dignity during the care visit.
- Staff had a good understanding and told us how they ensured people were respected in their own home and supported to be as independent as possible. One care worker said, "As a carer it is important that you communicate effectively with the service user when carrying out personal care. I always tell them what I will

be doing before I do it and I always ask for permission. I also knock before entering the room they are in to ensure they know I will be entering. This is to allow them to feel comfortable and in control in their home."

- One relative told us the positive impact the care and support had on their family member, and how it helped increase their independence. They said they had helped them to do many tasks themselves and made them feel very proud.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were not always responded to in a timely manner. There was a complaints policy in place, but we found the provider was not always keeping a record of all the complaints they had received. The registered manager told us that any complaint that was received was recorded, but this was not always being completed. This meant we could not be assured the provider was following their complaints procedure or learning from any themes or trends.
- One relative had complained verbally on 28 September and put it in writing on 4 October 2022, also requesting records related to their family member's care. This had not been recorded in the complaints tracker and the family contacted us on 16 November 2022 as it had still not been resolved. We followed this up with the registered manager who told us they knew nothing about the request for records. It was clear there had been communication issues within the management team.
- We discussed this further with the registered manager after the inspection and saw they had responded to the social worker, but not directly to the complainant.
- We received mixed feedback from people and their relatives about how complaints were managed. Comments of a positive nature included, "We had some teething problems, but these were sorted out and we are happy" and "They call back if I ask to speak to the manager and handle any problems well."
- However, some feedback highlighted people and their relatives did not always feel comfortable raising concerns and highlighted poor communication. One relative said, "When I phone, they promise to ring back but they don't."
- Another relative told us their care worker had challenged them directly when they were in their home and told them to stop calling the office to raise issues. This was still being managed under the complaints process at the time of the inspection.

We recommend the provider review current guidance and legislation to ensure they maintain a record of all complaints, outcomes and actions taken in response to complaints.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider carried out regular reviews to make sure they understood how to meet people's needs. People told us their regular care workers knew them well and how they liked to be supported. One relative also told us staff could speak with their family member in their first language, which had a positive impact on their experience.
- The staff we spoke with had a good understanding of the needs of the people they supported and told us they had enough information to know how to support them. One care worker said, "The support plan is my

guide as I can get an understanding of them and allows me to know their likes or dislikes."

- People received support to access the local community or take part in activities of interest if this was part of their agreed care. Where one person's care plan stated they were supported in the community and to access activities, there was limited information in their care plan and daily logs were not being completed.
- We discussed this with the registered manager who acknowledged this and said this had been a challenge as staff would forget, or not complete them at all. They highlighted this issue had been picked up in their audits and staff would be going through a disciplinary process.

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.

- People's communication needs and preferences were recorded during their initial assessment, with information for staff to know about the most effective way to communicate with them to support their understanding.
- The provider had an understanding of the AIS and care plans assessed whether people needed important information in other formats.

End of life care and support

- The provider told us they were able to support people at this stage of their life but were not supporting people with end of life care needs at the time of the inspection. People's care plans had a section in place where this could be discussed and any advance decisions or wishes could be recorded.
- Staff confirmed they completed end of life training but were not supporting people at the time. Staff told us they felt well supported in this area. One care worker said, "The management are always available for any questions I have regarding this."

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 our last inspection we rated this key question good. At this inspection the rating has changed 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

- The provider had failed to notify CQC of safeguarding incidents and other notifiable incidents since the last inspection, of which they have a legal requirement to do so.
- This included safeguarding investigations that had been raised by the local authority, with some dating back to 2021.
- We discussed these incidents with the registered manager and deputy manager during the inspection where they acknowledged not all of them had been notified at the time. Notifications were submitted immediately after the inspection. We reminded the provider of their responsibilities to notify the CQC in a timely manner.
- Staff told us they had regular contact with the management team and were positive about the support they received to remind them about their key roles and responsibilities. There were memos sent out and staff could also attend virtual meetings.
- One care worker said, "I am satisfied with the company as they have provided me with all the essential training to meet people's needs. They have explained everything to me and made sure I understand my responsibilities."

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

- The overall feedback from people and their relatives was mixed about the management of the service. One person said, "I'd recommend the service. They are good and check on us for what we need." One relative said, "My [family member] is safe and I'd recommend this service to other families."
- However, the main theme related to feedback of a negative nature highlighted issues with communication across the service, which impacted the service people received. One person said, "I wouldn't recommend the agency as the communication is poor." Other comments highlighted there were times it was difficult to speak with the management team. We also saw a care worker had turned up at person's house after being told not to return after a complaint was made and care was no longer being provided. This was due to further communication issues in the service.
- Despite this, staff were very positive about the support they received and the working environment across the service. Comments included, "Ohio is fair and open and I feel it's values are important to the care industry. I have had many positive experiences" and "The management and staff are lovely and friendly. They assist me with my queries and I've recommended them on several occasions."

Continuous learning and improving care

- There were systems in place to monitor the service to see if people were receiving the care they needed and any areas of improvement could be identified. Spot checks and telephone monitoring calls were also in place to get feedback from people and their relatives about their care and to observe staff competencies and abilities.
- People's electronic daily records and EMARs were audited on a monthly basis to check for any issues and to ensure care workers were completing them in line with best practice. We saw these checks picked up issues with lack of detail within care logs. There were also regular technical issues which prevented staff from completing records and logging in for care visits.
- We shared these issues with the registered manager after the inspection as it was not clear if the issues we found with our ECM analysis had been identified. The registered manager told us any ECM issues were picked up and addressed instantly when they received the alert.
- The provider had also recruited an external consultant who was responsible for monthly audits across the service to identify where improvements were needed. However, items that had been identified as areas of improvement had not been fully implemented. For example, issues had been identified with the safeguarding log in May/June 2022 but our findings showed this had not been rectified.

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

- People and their relatives had opportunities to be involved in the service and give feedback about their care. Along with regular reviews, the provider also asked people to complete surveys to understand their experiences. One person said, "They follow up from time to time to check on the care. Sometimes they do this over the phone as well."
- One relative told us staff had an awareness of their family's culture and respected their equality and diversity. They added, "I'm a Muslim, and I work with some of the Muslim care staff and the Christian and Hindu care staff. They respect us and we respect them as well."
- Staff spoke positively about how they were involved in the service and felt they were listened to. Comments included, "They are warm and welcoming. They consider our staff needs and are always there to assist us" and "I'm supported fully and this is the best company I have worked for."

Working in partnership with others

- The management team had to liaise with a range of health and social professionals in relations to people's care and support, especially when they started providing care. The registered manager told us it could be a challenge receiving the necessary support.
- The registered manager also told us despite some of the challenges they faced, they were involved in regular provider meetings with the local authorities they worked with. They were also involved with local provider forums and registered manager networks for further advice, support and networking within the sector.

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

- Although we identified some shortfalls with incidents being notified to the CQC, the provider was aware of their responsibility to be open and honest with people if something went wrong. This was also referenced within their incident audit reports.