

Daily Care 4 U (Telford) Ltd

Dailycare4U Telford Ltd

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 15 and 17 January 2019. We gave the provider 48 hours notice of the inspection as we needed to be sure someone would be available at the service's office. We also needed to seek permission from the people who used the service to speak to them on the telephone.

Daily Care 4 U is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people, younger adults, people with mental health needs and people who have a physical disability and/or sensory impairment. Not everyone using the service received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. At the time of this inspection 25 people were receiving assistance with their personal care needs.

At our inspection in June 2018 the service was in breach of eight of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was rated inadequate and was placed into special measures. We also used our urgent enforcement powers to impose conditions on the provider's registration. These included not taking on any new packages of care and ensuring safe staff recruitment procedures. Following that inspection, the provider was required to write to us detailing the action they would take to address the shortfalls and breaches of our regulations. We carried out a further inspection in July 2018 where we focused on the key questions of safe and well-led. We again found breaches of the regulations and following that inspection, the provider wrote to us detailing the improvements they had made. We made the decision to carry out a further comprehensive inspection in January 2019 as the provider had provided reassurances that improvements had been made.

Daily Care 4 U had a registered manager in post who was present throughout this inspection. The registered manager was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Whilst the provider had taken some action to address the immediate concerns we raised at our previous inspections, further time is needed to ensure improvements are embedded and can be sustained. The service is no longer in special measures.

The provider had taken steps to mitigate risks to the people who used the service. Staff had received training about how to recognise and report abuse. Staff felt confident about the action to take and all felt confident action would be taken to investigate any concerns. People were now protected by the provider's staff recruitment procedures because checks were carried out before staff commenced employment to make sure they were suitable to work with people. Risks to people were assessed and plans were developed to manage known risks. These included environmental risks, fire safety, reducing the risk of falls and pressure damage to the skin. Staff had received additional training about the management and administration of

people's medicines. The provider was in the process of introducing competency assessments to monitor staffs' skills and knowledge. People told us they received their medicines when they needed them. Systems had been introduced to ensure staff were allocated to visit people at the agreed times. People told us they were provided with information which told them which staff member would be visiting them. People were protected from the risks associated with the control and spread of infection. Individual assessments had been completed and people told us staff wore appropriate personal protective equipment when they assisted them with their personal care needs. The provider told us there had not been any accidents involving the people who used the service. However, they told us they would use any learning from any incidents to reduce the risk of reoccurrence.

The provider had liaised with other agencies to ensure staff were provided with the training they needed to meet the needs of the people who used the service. People were confident staff had the skills to meet their needs. Newly appointed staff completed an induction programme and were provided with opportunities to shadow more experienced staff before they supported people. Staff were provided with opportunities to discuss their role with senior staff. 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. People were supported to eat and drink in accordance with their needs and preferences. People's health care needs were monitored and understood by staff. Staff liaised with other professionals to ensure people's environment helped to maximise their independence.

People were supported by kind and caring staff who took time to get to know people and what was important to them. Staff treated people with respect and respected their right to privacy. Staff understood the need to respect people's confidentiality.

Systems to ensure people were involved in planning and reviewing the care and support they received had been introduced. Care records had been updated to include information about the number and duration of visits people required. People received a service which responded to changes in their needs. Records could be produced in a format to meet people's needs. Systems were in place to ensure people's needs were fully assessed before a service was provided. People knew how to make a complaint and the provider's procedures ensured complaints were investigated and responded to. Training was in the process of being provided to ensure staff had the skills to care for people during their final days.

The provider had taken steps to improve their knowledge and meet their legal responsibilities as a registered person however, further improvements were required. Systems had been introduced to monitor the quality of the service provided and to identify areas for improvement. These had not yet been embedded, so progress will be followed up at the next inspection. People found the provider approachable and supportive and there was an on-call system which people found effective.

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 rating has changed from inadequate to requires improvement.

Staff knew how to recognise and report abuse.

Staff recruitment procedures helped to reduce risks to people who used the service.

Risks to people were assessed and plans were in place to mitigate risks.

People received their medicines when they needed them by staff who were competent to carry out the task.

People were protected from the risks associated with the control and spread of infection.

People were supported by sufficient numbers of staff.

Procedures to monitor accidents were being developed.

Requires Improvement ●

Is the service effective?

The rating has changed from inadequate to requires improvement.

People were supported by staff who had been trained to meet their needs.

People were supported by staff whose performance was in the process of being monitored.

People's rights were protected in accordance with the Mental Capacity Act 2005.

People's health needs were monitored and understood by staff.

People were supported to eat and drink in accordance with their needs and preferences.

Requires Improvement ●

Is the service caring?

Good ●

The rating has changed from requires improvement to good.

People were treated with kindness and respect.

Staff respected people's privacy.

Staff took time to get to know people and what was important to them.

Staff understood the importance of confidentiality.

Is the service responsive?

The rating has changed from inadequate to requires improvement

People were beginning to be involved in planning and reviewing the care they received.

People received support at the times they needed.

Staff responded to people's changing needs.

Information could be provided in a format which met people's needs.

People were assessed before they used the service.

People felt confident that complaints would be taken seriously.

Requires Improvement 

Is the service well-led?

The rating has changed from inadequate to requires improvement

The provider had updated their knowledge about their legal responsibilities.

Systems to monitor the quality of the service people received was being developed.

People could contact the service when they needed.

People were protected as there was an ethos of honesty, learning from mistakes or admitting when things went wrong.

Further improvements were needed to ensure the provider's website reflected the services offered.

Requires Improvement 

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 15 and 17 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure someone would be available and we needed to obtain people's permission to contact them. On the first day of our inspection, two adult social care inspectors visited the agency's offices and an Expert by Experience made telephone calls to people who used the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day of the inspection, one inspector made telephone calls to staff employed by the service.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We contacted Healthwatch and local commissioners to seek their views on the service provided. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services. No concerns were raised. We used this information to help plan the inspection.

We spoke with six people who used the service and two relatives. We met with the provider and spoke with five members of staff. We looked at a sample of records relating to the running of the service and the care of individuals. These included the care records of five people who used the service. We also looked at records related to the management and administration of people's medicines, health and safety, quality assurance and staff recruitment.

Is the service safe?

Our findings

At our last inspection the rating for this key question was inadequate. At this inspection the rating has improved to requires improvement.

At our last inspection we found the provider was in breach of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 12 Safe care and treatment, Regulation 13 Safeguarding service users from abuse and improper treatment and Regulation 19 Fit and proper persons employed. Following the inspection, the provider was required to send us a plan detailing the action they would take to mitigate risks to the people who used the agency.

At this inspection we found improvements had been made to ensure people were safe and were protected from the risk of harm or abuse. There were no breaches of regulations. Where improvements had been made, further time was needed to ensure these were embedded and could be sustained.

The people and relatives we spoke with told us they felt safe with the staff who supported them. One person said, "They [staff] are all alright and I feel safe with them." A relative told us, "My [relative] was very prone to falls and since using the agency they have not had any more falls. I think they are very safe with them."

Since our last inspection, action had been taken to ensure all staff received training about safeguarding adults from abuse. This was confirmed by training records and talking to staff. The staff we spoke with had a good understanding of what constituted abuse and how to report any concerns. One member of staff said, "I feel very confident about reporting concerns. I would report straight away and I know [name of registered provider/manager] would take any issues seriously." Records showed that concerns brought to the attention of the provider, had been shared with the local authority safeguarding team without delay. Where there had been concerns about the conduct of staff, the provider had followed their disciplinary procedures and had also informed the local authority.

At our last inspection we found the provider failed to follow safe procedures for the recruitment of staff. This meant people were at risk of being cared for by staff who may not be suitable to support them. Improvements were found at this inspection. Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with the people who used the service.

At our previous inspection risks to people were not always considered and there were no plans in place to minimise risks. At this inspection the care plans we read contained a range of assessments which identified known risks and how risks should be managed to help keep the person safe. These included assessments of the person's environment, fire safety, reducing the risk of falls and pressure damage to the skin. These provided guidance to staff on how they should support people in a safe way and ensure people's environment remained safe. The provider told us they were not supporting anybody who required a hoist to

transfer. However, staff had received training in safe moving and handling techniques which meant they could respond to changes in people's needs.

People told us they received their medicines when they needed them. One person said, "Staff give me my tablets and there have been no problems." Since our last inspection the provider had taken some action to ensure the safe management and administration of people's medicines. Staff had received additional training and the provider had introduced medication competency assessments to monitor staffs' knowledge and skills and to ensure staff remained competent to carry out the task. However, these assessments were yet to be introduced so we could not check how effective they were. We will follow this up at our next inspection. The medication administration records (MAR) we read provided information about the prescribed medicines, dose and time the medicines should be administered.

At our previous inspection, people were not protected from the risks associated with the control and spread of infection. We found generic, rather than individual risk assessments did not provide staff with sufficient information to minimise risks to people. At this inspection, the care plans we read contained detailed assessments relating to good food hygiene, cleaning, washing soiled laundry and assisting people with their personal care needs. The people we spoke with told us staff always wore protective clothing when they assisted them. One person said, "Staff put gloves and aprons on and put them in the bin when they have finished." A relative told us, "Staff always wear gloves and aprons which they bring with them." During our visit to the agency's offices, a member of staff arrived to collect a supply of personal protective equipment. They told us, "There are always good supplies of gloves and aprons." This meant people were protected from the risk of infection.

At our last inspection there were no effective procedures in place to ensure staff were allocated to visit people at their specified times. There were no systems in place to alert the agency if a member of staff had failed to turn up or were running late. At this inspection the people who used the agency told us things had improved. One person said, "They are pretty good on the time." A relative told us, "They are always on time. My relative is quite fussy about things like that. Over the 6 months they have been with them we have got to know all the carers and they are all good." The provider had implemented a computerised system which planned and monitored staffs' visits to people. They were also able to provide people with a list of which staff member would be visiting them.

The people who used the service told us they knew who would be visiting them and that staff always wore a uniform and had a photographic identification badge.

The provider told us there had not been any accidents involving people who used the service. They informed us that they would use any learning from any incidents to reduce the risk of reoccurrence.

Is the service effective?

Our findings

At our inspection in June 2018 the rating for this key question was inadequate. At this inspection the rating has improved to requires improvement.

At our previous inspection the provider failed to ensure that staff had the skills, knowledge and experience to meet the needs of the people using the service. This was a breach of Regulation 18 (staffing) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since that inspection the provider had sought the advice of other agencies and had taken action to ensure staff received the required training to meet people's needs. A staff training matrix had been developed which detailed training undertaken and flagged up when refresher training was due. A person who used the service said, "I do think that staff have the skills and training. I asked one of them about training and they said that they had done it." A relative told us, "The agency provide the carers with training and [name of carer] has done all their training. They are brilliant. We have had no end of panics with [relative's] health and they have managed it all." A member of staff told us, "I have had a lot of training and I feel confident that I can care for the people I visit. If I needed more training I would just ask."

Newly appointed staff completed a period of induction to ensure they had the skills and training to meet the needs of the people they supported. A member of staff told us during their induction they were able to shadow more experienced staff which enabled them to get to know the people they would be supporting. A person who used the service said, "New staff do seem to shadow more experienced ones when they start." Since our previous inspection, staff had been enrolled onto the Care Certificate programme. The Care Certificate standards are recognised nationally to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

At our previous inspection we found staff had not been provided with opportunities to discuss their role in regular one to one supervision sessions with senior staff. Progress had been made at this inspection and a supervision matrix showed that supervisions had either taken place or were planned to take place. The skills and competency of staff were monitored and we saw additional training had taken place where shortfalls had been identified.

At our last inspection the provider failed to follow the principles of the Mental Capacity Act 2005 (MCA). Staff had not received training in the principles of the MCA. This meant people's human rights were not always considered. 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. At our previous inspection we found people were not supported to have choice and control over their lives as they had not been involved in planning or reviewing the care they received. Assessments of people's capacity to consent to the care and treatment they received had not been completed. At the time of the inspection, the agency was providing a service to people who were living with

dementia.

At this inspection, the provider had taken some action to address these shortfalls. Staff had received training about the MCA and those we spoke with understood people's right to make decisions about their care and treatment. The provider told us they were not providing a service to people who did not have the capacity to consent to their care or treatment. The provider was in the process of reviewing people's care plans with them and, where appropriate, their relative to ensure they met people's needs and preferences. Progress will be followed up at the next inspection.

At our previous inspection staff did not have the information needed to ensure that people received food and drink which met their needs, including cultural needs, and preferences. At this inspection we found some action had been taken. Care plans were in the process of being reviewed and those we read which had been updated, now contained information about people's preferences. A care plan for one person who had specific cultural preferences detailed clear information for staff. The person told us they received a diet which met their needs and preferences.

At our previous inspection people's contact with health care professionals was not effectively recorded or monitored. This meant staff could not be clear how to support people or whether additional treatment or support was required. The updated care plans we read at this inspection showed people's contact with health care professionals had been recorded and contained information for staff about medical conditions, prescribed treatment, how to support the person and action to take if there was a deterioration in their condition. In one of the care plans we read, records completed by staff during their visit showed they were monitoring a health condition and had sought advice where they had a concern. This resulted in the person receiving further input from their GP. This meant people's health care needs were monitored and understood by staff.

At the last inspection we found care plans contained little information on how people's physical environment could be maximised or adapted to meet their needs. At this inspection, one of the revised care plans we read showed that this was now being considered. For example, following a number of falls, a visit from a professional had been requested to assess the person's home to establish whether additional equipment would help to reduce the risk of falls and promote independence.

Is the service caring?

Our findings

At our inspection in June 2018 the rating for this key question was requires improvement. At this inspection the rating has improved to good.

At our previous inspection people had mixed views about the staff who supported them. Some described feeling rushed and described staff as being stressed and talking about their personal problems. Staff failed to recognise or act when a person became anxious. People's protected characteristics such as ethnicity, religion, sexuality and disability were not considered or discussed when they started to use the agency.

At this inspection, improvements were found. People spoke fondly about the staff who supported them. One person said, "I get on very well with all the carers that come. They are very kind and helpful." Another person told us, "Some of the carers used to make me feel a bit rushed but that doesn't happen now that I have more regular carers." A relative said, "The staff are always chatting and laughing with my relative. They take their time and don't rush them and they are all very patient." A member of staff told us, "I believe the clients get good care and are happy. If I ever needed care, I would definitely use this agency."

The agency had received numerous written compliments about the service provided. One person commented, "I have a lovely time with my carer. Thank you for looking after me." Another person commented, "Thank you for your care. You bring to my life happy memories of [home country]."

The revised care plans we read contained information about people's preferences relating to ethnicity, religion, sexuality and disability. There was information for staff on how to support people to meet their preferences. For example, one care plan detailed a person's cultural needs which informed staff that the person wanted to be supported by female carers only and wanted their hair to be styled in a certain way. Daily records made by staff during their visits confirmed the person's wishes were respected.

People's care plans were in the process of being reviewed and updated to include information about people's hobbies, interests, preferred daily routines and likes and dislikes. This information would help to ensure staff provided a service in accordance with people's preferences. A person who used the agency told us, "I have a care plan and it is very clear about my wishes and I do feel that they listen."

People told us they were treated with respect by the staff who supported them. One person said, "The carers are aware of my privacy when I am getting undressed and ask if I want them to go out. Also, if I need to use the commode they go out and close the door until I call them in." Another person told us, "The carers always cover me and respect my privacy after the shower. I never feel rushed. I like those carers who come; they are doing it right." A relative said, "Its real quality of care. They know what my [relative] likes and know how to support them. They have given a lot of quality to my [relative's] life."

The provider had policies and procedures relating to confidentiality and these were understood by staff. A person who used the service said, "The carers never talk about other people they visit. It wouldn't be right; they are very good like that." Copies of people's care records were securely stored at the agency's office.

Is the service responsive?

Our findings

At our inspection in June 2018 the rating for this key question was inadequate. At this inspection the rating has improved to requires improvement.

At our previous inspection we found that care and support was not tailored to meet people's individual needs and preferences. At that inspection people told us they had not been involved in discussions about their care and preferences. Many people were unaware they had a plan of care.

At this inspection we found some improvements had been made. A person who used the service told us, "The other week a senior person came to visit. They were very nice and went through my care folder. The care plan was very clear about my wishes." Another person said, "[Name of provider] has been out to visit me and has been through my care plan. They listen to me and there have not been any problems."

We also found at our previous inspection that people's care plans did not contain sufficient information about how many visits people required, the duration of the visit and the level of support people required. The care plans which had been reviewed now contained this information. The care plans we read provided staff with information about the days, the number of visits and the length of each visit. There was information about what support was to be provided during each visit which included information about what the person was able to do for themselves and how staff could support people to maintain a level of independence. A person who used the service said, "Staff help me put my dressing gown on after a shower and then I get myself dressed later. They always ask me whether I want help getting dressed but I prefer to do it myself later."

The provider was making steady progress in reviewing people's care plans with them to ensure they contained information which would assist staff to meet people's needs and support people in the way they wanted. Progress will be followed up at the next inspection.

At our previous inspection the provider was unaware of the requirements of the Accessible Information Standards. These standards aim to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services. By law all organisations that provide NHS care or adult social care must follow the Standard in full, from 1 August 2016 onwards. At this inspection the revised care plans we read contained information about people's hearing, sight and communication needs. Information in care plans prompted staff to ensure people had the aids they required such as spectacles and hearing aids. A person who used the service told us they experienced difficulties with reading and writing. They explained that staff assisted them to read their letters. The provider's policies and procedures stated that information such as the complaints policy and care records, would be made available in accessible formats as required. The provider told us they were not providing a service to anybody with complex needs.

Staff made care notes about people when they had visited them. Records contained information about the person's well-being, how they had responded to interactions and their progress against their goals and care needs. This information helped to review the effectiveness of the plan of care and helped to ensure people

received care and support which was responsive to their needs and preferences.

There had not been any new people using the agency since our last inspection. The provider told us people would be fully assessed before a service was offered to ensure the service could meet the person's needs and aspirations. We were shown revised paperwork which would be completed during an assessment. This covered a range of topics including the person's ability, care needs and preferences. This will be reviewed at the next inspection.

At our previous inspection there were no systems in place to record or monitor complaints. People told us they would make a complaint but they could not be confident their concerns would be taken seriously. Improvements were found at this inspection. Everybody we spoke with told us they would raise any concerns and felt confident their concerns would be responded to. One person said, "When a member of staff visited me they asked me if I ever wanted to make a complaint I could and they told me about how to do it. I know how to do it and I have two numbers for the office and one is an out of hours number. I have phoned it and got an answer before. I like to think that they would deal with any problem and wouldn't just dismiss it." Where concerns had been raised, records showed that the provider had carried out an investigation and provided a response to the satisfaction of the complainant.

The provider told us they were not supporting anyone who was nearing the end of their life. However, they informed us that since the last inspection, a member of staff had completed training on end of life care and there were plans for more staff to complete this training. A relative told us that the agency was responsive to their relative's health needs. They said, "Everything has been under review over the summer. My [relative] has been in hospital a couple of times and we were told by the doctor when they came out that we were near the end of their life. But the support of the agency has been so fantastic my [relative] is still here and the frequency of the visits can reduce. [Name of provider] has been very supportive throughout this whole process."

Is the service well-led?

Our findings

At our two previous inspections, the rating for this key question was Inadequate. At this inspection the rating has improved to requires improvement.

At our previous inspections the provider, who is also the registered manager, did not fully understand the requirements of their registration and they had not submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen in the service within a required timescale. Since our last inspection we have received notifications from the provider about significant event which had occurred in the service. The provider told us they were now more confident about their legal responsibilities.

The provider had taken some steps to ensure they kept themselves up to date with changes in legislation and current best practice. Following the last inspection, the provider had received support and input from the local authority, skills for care and Shropshire Partners in Care (SPIC). These agencies have supported the provider to implement systems and training to ensure people received a safe and effective service. The provider had also completed a range of training which included safeguarding adults for providers and managers, a five-day course in dementia care leadership, moving and handling and medicines management. The provider told us it was their intention to attend a regular provider event led by the local authority.

We found numerous failings at our previous inspections. These had not been identified by the provider as there were no systems in place to monitor and improve the quality of the service provided. At this inspection we saw the provider had started to implement systems to address this however, more time was needed to ensure these were fully embedded. There were systems to monitor the skills and competency of the staff team. These included staff training, spot checks to monitor staff performance and one to one supervision sessions. Records showed that where concerns about a staff member's behaviour or performance were identified, the provider took action to address them. Regular staff meetings had been introduced and records showed a range of topics were discussed. These included changes to paperwork and procedures and discussions about procedures such as safeguarding adults, reporting concerns and infection control. The provider had employed additional staff to carry out audits of the agency's procedures. People's care plans were in the process of being reviewed and systems to allocate staff to visits and to monitor the timeliness of calls to people had recently been implemented.

The people who used the agency told us that they had recently been asked about the quality of service they received. Several people reported receiving a questionnaire for feedback or a telephone call from the provider. One person told us, "There was a questionnaire the other week. I answered the questions and a carer took it in. I stated on it that I was satisfied with their work." Another person said, "[Name of provider] phones me to check how I am. They are really nice." Progress will be followed up at the next inspection.

People told us they could contact the agency when they needed to. One person said, "I can always get through to the office on the phone. If I'm for example taken into hospital and need to let them know I can

also always get a message through on the out of hours number as somebody always answers." A relative told us, "We can always talk with [name of provider] and if there are any problems we can call them at any time. They are very flexible. For example, recently on a Sunday we were going out for the day and they were able to change the time of my [relative's] visit at the last moment. They do phone to ask us how things are going and show an interest."

Since our last inspection the provider has taken some action to ensure they complied with the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. An example included actions taken following an incident regarding the actions of a member of staff who, following a disciplinary investigation, was dismissed from the service. Another example included a letter of apology to a person who used the service following a missed visit.

We discussed with the provider the need to ensure their website was updated to reflect the services offered. The provider's website stated they were specialists in dementia care. The provider confirmed this was incorrect and they would take immediate action to ensure this was addressed. The agency's previous inspection ratings were not displayed in the office. The provider had recently relocated to new offices and they assured us they would ensure this was addressed.