

Slade Healthcare Ltd

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Inspection report







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Ratings

Overall rating for this service	Inadequate 
Is the service safe?	Inadequate 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

Slade Healthcare Limited is a domiciliary care agency providing personal and nursing care to people in their own homes.

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 the registered manager told us three people were using the service; two of whom received personal care.

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

People and their families were complimentary about the care and support provided. However, we found issues we had identified at the last inspection in relation to medicines, the assessment of risk including infection risk, staff recruitment and the oversight and management of the service had not all been addressed. The enforcement notice served following the last inspection had not been met.

There was an absence of effective systems to monitor the quality and safety of the service and it was not evident that some potential risks were safely managed, or that the provider identified any learning and made improvements to the service. There were repeat breaches of regulations. There was an absence of accurate records of people's care or records related to the management of the service.

We found no evidence of harm, but we could not be assured that these areas of the service were being managed safely. This placed people at possible risk of harm or unsafe care. The provider and registered manager did not demonstrate they understood the requirements of their roles and the regulations related to the carrying out of the regulated activity.

There was an absence of a recorded assessment of people's needs or detailed personalised care plan. Staff had received training and support, but records were not fully maintained to evidence the support and training provided to new staff or the more specialised aspects of people's care. Records in relation to contact with health professionals or peoples' communication needs were not well maintained.

People said they were supported with their nutritional needs where this was a part of their plan of 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.

People and their families commented that staff were kind and caring and that staff treated them with respect and dignity. Staff were able to tell us how they respected people's diverse needs and encouraged them to be as independent as possible. The service had a complaints policy and process in place to manage any concerns raised by people.

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

Rating at last inspection (and update)

This service was registered with us on 17 May 2019 and this is the first comprehensive inspection. We carried out a targeted inspection of the service on 27 October 2020 following receipt of information raising concerns about specific aspects of the service provision. We found breaches of regulations 12,17 and 19. We took enforcement action and served a warning notice.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection not enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

We carried out this comprehensive inspection to determine whether the warning notice we previously served in relation to Regulations 12,17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met and to provide the first rating for this service.

You can read the report from our last inspection, by selecting the 'all reports' link for Slade Healthcare Limited on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so

We have identified breaches in relation to the assessment of risk, management of medicines, staff recruitment and the way the service is managed.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating; we will take action in line with our enforcement procedures. This will mean we may begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than

12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate 

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always 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?

Inadequate 

The service was not well-led.

Details are in our well-led findings below.

Slade Healthcare 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 a single inspector.

Service and Service type

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

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 a four days' notice of the inspection. We needed to be sure that the provider or registered manager would be in the office to support the inspection as it is a small service and they are sometimes directly involved in people's care.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included the action plan they had sent us following the last inspection. We spoke with the local authority safeguarding and commissioning teams about the service.

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

We used all of this information to plan our inspection.

During the inspection-

The inspector visited the office on 16 April 2021 and spoke with the registered manager, and the office manager and looked at records held by the service. They requested additional records to be provided for review. Following the office visit they spoke with one person using the service and a relative of another person on 19 April 2021. They also spoke with three nurses and two care workers by phone on the 19, 20 and 21 April 2020.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first comprehensive inspection for this service. This key question has been rated Inadequate.

This meant people were not always safe and were at risk of avoidable harm.

Using medicines safely

At our last targeted inspection in October 2020 the provider had failed to manage 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 some improvement had been made, but we found other areas of concern and we were not assured that medicines were safely managed. Therefore, the provider was still in breach of regulation 12.

- Medicines were not safely managed. At the last inspection there had been no medicine risk assessments to guide staff on the safe management of medicines. At this inspection we found a medicines risk assessment was in place for one person, but this did not assess all possible risks, for example in relation to self-administration, or specialist medicines administration. There was no medicines risk assessment for another person to verify possible risks had been mitigated.
- There was an absence of up-to-date relevant medicines protocols, or guidance or PRN protocols for specialised and 'as required' medicines administration. These protocols would support staff to ensure medicines were administered in line with the prescriber's instructions. There were no records of staff training or a competency assessment related to one method of specialised administration of one person's medicines.
- The absence of detailed guidance meant it was not possible from the medicines administration records (MARs) to be assured that medicines were being administered in line with prescribers' instructions or national guidelines.
- The MARs did not always reflect the prescriber's instructions. Some medicines listed on the prescription were administered via a method not specified by the prescriber on the prescription. Some medicines lacked details about maximum daily dose or the specific instructions that might be needed for safe administration. There was no evidence of liaison arrangements with the GP or pharmacist to confirm arrangements for safe medicines administration.
- Prescribed topical creams administered by staff were not listed on the MAR to record their administration and there were no body maps to guide staff on where to apply them. MARs did not identify if there was any risk in relation to any allergies.

We found no evidence that people had been harmed, however risks were not adequately identified or assessed. This placed people at risk of harm. These issues were a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they received their medicines when they should. They said staff were reliable and knowledgeable about how to administer them. Staff received training and a competency assessment in relation to another kind of specialised administration and a competency assessment for administering medicines routinely.

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

At our last targeted inspection in October 2020 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. At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 12.

- The provider had not fully addressed the issues we identified at the last inspection. Areas of possible risk in relation to people's care were not always identified or assessed; for example, in relation to people's specific treatment needs, or their mobility, or the risk of falls.
- Where risks had been identified, risk assessments did not fully assess the risks or provide actions or guidance to reduce risk in relation to people's health needs, level of self-care, or risks in relation to the environment.
- People told us staff wore appropriate Personal Protective Equipment (PPE) to reduce risk of infection and the provider confirmed regular COVID-19 staff testing was carried out, but there were no recorded COVID-19 risk assessments for people or staff to verify that all possible infection risks had been identified and action taken to reduce risk.
- The provider's business continuity plan did not identify or assess possible risks in relation to staff shortages, COVID-19, severe weather, or other potential risks to the operating of the service and there were no contingency plans for such events. We were not assured there were plans to ensure people received safe care and treatment in such emergencies.

We found no evidence that people had been harmed, however risks were not adequately identified or assessed. This placed people at risk of harm. These issues were a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some risks were identified and assessed. For example, one person had a moving and positioning assessment and guidance in place for staff.
- Staff had infection control training and told us they had access to enough PPE to support people safely. They confirmed they were tested regularly for COVID-19.

Staffing and recruitment

At our last targeted inspection in October 2020, the provider had failed to follow safe recruitment processes. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and the provider was still in breach of this regulation.

- Safe recruitment processes were not in place. At this inspection we found the action plan the provider had told us was completed prior to the inspection had not addressed all the recruitment issues previously identified. There remained gaps in records and checks required to be assured people were protected from the risk of unsafe staff.
- One staff file had no record of a criminal records check having been carried out until a month after the staff member's employment started. The provider told us this staff member had not worked alone, but the check had not been carried out in a timely way and no risk assessment had been carried out to mitigate the

possible risks.

- Most staff told us they were interviewed as part of their application. However, there were no interview records to verify how the provider had assessed staff as being of good character and suitable for their roles. Professional reference requests had not been made for two staff members and references were not available for another staff member. No checks had been carried out on staff conduct in previous employment in health and social care, as required under the current regulations.
- Staff were not employed on full-time or permanent contracts by the service and some staff were employed in more than one setting. There was no evidence of any recruitment checks by the provider to ensure they followed recent government guidance in relation to restricting staff movement between care settings to reduce the risk of transmission of COVID-19.
- There were no records of checks having been conducted on staff ID or proof of right to work in the UK, to evidence that appropriate checks were carried out before staff started to work for the service. These were sent to us following the inspection.

We found no evidence that people had been harmed, however recruitment records were not robust enough to demonstrate safe recruitment processes. This placed people at risk of harm. These issues were a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives said that there were enough staff to meet their needs. Staff were reliable and usually attended at the planned times. Where people received care from two staff members together, they confirmed that there were always two staff members in attendance. People told us they enjoyed support and care from a small consistent staff team.
- Staff said that there were enough of them to meet people's needs. They confirmed they had a rota and were only occasionally asked to cover additional visits in an emergency if someone was sick. During planned absences and in emergencies the registered manager or office manager were always able to cover the planned care calls.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- Systems to oversee learning from any accidents, incidents or safeguarding needed improvement to evidence how these would be considered for any learning to help improve the service. For example, where an error had been recorded on a MAR there was no evidence this had been followed up with the staff member involved to clarify if the error was a recording issue, or a medicine administration issue. No action had been taken to identify whether there was any learning to help reduce the risk of similar future incidents.
- People told us they were protected from harm and abuse. People and their relatives spoke positively about the care provided and told us they felt very safe and well looked after. One person commented, "I definitely feel safe; they're very good, skilled, the best I have had and respectful."
- Staff had received safeguarding training. They were aware of the different types of abuse and the signs to look for that may indicate abuse could have occurred. Staff confirmed they would report any concerns they had to the registered manager.
- The registered manager knew how to raise a safeguarding alert with the local authority if needed and to notify CQC of any abuse allegations, in line with regulatory requirements.

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.

This is the first comprehensive inspection for this newly registered service. This key question has been rated 'Requires improvement'.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People and their relatives told us that their needs were assessed before they started to use the service. The registered manager also confirmed this but was unable to provide a record of this assessment. This meant we could not be assured of the thoroughness or robustness of the assessment process.

Accurate and complete records of people's care were not always maintained, and this was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff told us they had enough skills, experience and training to meet people's needs. However, training records were not always maintained and this required improvement. For example, there were no records of any induction training or evidence of support for new staff to verify they had sufficient skills and knowledge for their roles.
- People and their relatives told us they thought staff were knowledgeable about their roles and knew how to support them well. Staff told us they received the training and support they needed to carry out their roles effectively.
- Most staff told us they received supervision from the registered manager or office manager. However, two staff stated they had not had any formal supervision, and this required improvement.
- Staff had completed online training and had current records of training completed with other providers in areas relevant to their current roles

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

- There was an absence of information to demonstrate the service consistently worked effectively with relevant health professionals. For example, there were no protocols in place for 'as required' medicines and no current guidelines from relevant health authorities where these were appropriate. This issue required improvement.
- People and their relatives told us staff contacted other organisations and health professionals with their consent when it was appropriate to do so. We saw evidence of staff contact with relevant health professionals to seek advice in some areas, or to update them about people's health needs. However, due to

the lack of detailed care records we could not be assured that any updates they received were effectively included in the planning of people's care.

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

- People told us their nutritional needs were supported where this was part of their care plan.
- Staff told us they had enough guidance to support people with their nutritional needs. They recorded the support they provided in people's daily notes, which demonstrated people were supported in line with their preferences and care plan.

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.

- People told us their consent was always sought before care or support was provided and we saw a consent form for this.
- There was nobody using the service who lacked capacity to make any decisions at the time of our inspection. The registered manager was able to explain their responsibilities under the MCA. They described how they would carry out an assessment under the MCA if needed and arrange a best interests' meeting where this was appropriate.

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.

This is the first comprehensive inspection for this newly registered service. This key question has been rated 'Good'.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives said their individual diverse needs were assessed and respected. Information to support people's independence and disability needs was included in their plan of care.
- The registered manager told us they would support people's individual cultural, religious and sexual preferences where these were identified as part of their support. Staff told us they respected everyone equally and considered people's diverse needs and preferences.
- People and their relatives all told us they were well treated and supported by staff who were kind and compassionate. One person remarked, "I am delighted with them. They are amazing and very caring." A relative told us, "I am very happy with the care they give [my family member]."
- People were supported by the same staff group which they told us gave them reassurance that they knew their needs well and enabled them to build trusting relationships.

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

- People and their relatives commented that they were fully involved on a regular basis in making decisions about the care and support they received. They said the service was very responsive to their needs. For example, for one person staff could return to support them on a flexible basis outside of the planned call times to support their health needs.
- Staff told us they involved people as much as possible in day to day decisions about their care and support. People's daily notes confirmed this.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives said they were consistently treated with dignity and respect. One person commented, "They always respect my privacy and treat me with dignity."
- One person told us that staff worked very flexibly to support them to be as independent as possible, in line with their varying health needs. This included supporting them at hospital appointments when needed, which was reflected in their care plan.
- Staff confirmed they supported people to be as independent as they could. They recognised that their need for support could vary from day to day. They also described how they supported people's privacy while they received personal care.

Is the service responsive?

Our findings

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

This is the first comprehensive inspection for this newly registered service. This key question has been rated requires improvement.

This meant people's needs were not always assessed and accurate up to date records of the care provided were not maintained.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences: End of life care and support

- People told us they had a plan for their care which was personalised to their needs. They also said staff worked flexibly to meet their needs, in line with their preferences. However, care plans required improvement to ensure they provided a full and accurate record of people's assessed needs and the care to be provided. For example, care plans did not include information in relation to people's emotional needs, mobility needs or pain management.
- People and their families confirmed they were consulted and involved in their care. One person described how the service had organised an extension to a package of care with the funding authority after hospital discharge.

Accurate and complete records of people's care and treatment were not always maintained. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

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

- The registered manager told us people's communication needs were assessed when they started to use the service. However, we could not verify this from records, and this required improvement. Nobody using the service currently had additional communication needs, but the registered manager confirmed they would provide information in formats appropriate to people's communication needs where needed.
- At the time of our inspection no one using the service required end of life care and support. The registered manager told us that, if appropriate, they would document people's end of life care wishes where they had chosen to share this for staff guidance and reference. They also confirmed they would ensure an end of life care plan would be drawn up in consultation with people, their families and in liaison with health care professionals, should they assess people as having end of life support needs.

Improving care quality in response to complaints or concerns

- The provider had a process and policy to manage complaints. The registered manager told us the service

had not received any formal complaints. People and their relatives told us they had not needed to raise a formal complaint, but they knew how to do so if needed. They expressed confidence that any issues they raised would be addressed. One person commented, "I have not needed to complain, but I did contact them about the timing of my calls and it was swiftly sorted out. They are very responsive to any comments."

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.

This is the first comprehensive inspection for this newly registered service. This key question has been rated Inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality 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 targeted inspection in October 2020 the provider had failed to operate effective systems to manage the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection some improvements had been made, but there continued to be an absence of systems or records for ensuring a robust level of oversight of the quality and safety of the service. The provider remained in breach of regulation 17.

- There was an absence of evidence of oversight over the safety of the service. Risk assessments did not demonstrate the provider understood how to assess and manage risks. The provider had not identified any of the issues with risk assessments, medicines or infection control despite the issues we found during this inspection. The provider's business continuity plan had not identified or considered areas of potential risk to the running of the service.
- The provider could not evidence that they checked MARs or daily records to help maintain oversight of people's safety and welfare. They had not identified the issues we found with the management of medicines. For example, where 'error' had been recorded on one person's MAR, there was no evidence to demonstrate this issue had been identified or investigated by the provider to ensure the person's medicines were managed safely.
- The provider did not have oversight of staff training needs or records. The provider's training policy referred to a "development and training needs assessment for each individual staff member, a set induction programme and ongoing professional development." However, there were no records provided to evidence these programmes or assessments, or to show how the provider assured themselves staff had all the necessary skills and competence to deliver care.
- The provider did not have any guidance on essential training requirements for staff, or evidence of staff meeting the requirements of the Care Certificate, the benchmark for staff new to health and social care.
- Records failed to demonstrate the provider had carried out robust recruitment checks. There were no interview records or employment contracts for staff. Professional references or checks in line with the

regulations had not always been requested. There were no recorded spot checks on staff to ensure they were providing care as planned. Adequate records in respect of the management of the service were therefore not always maintained.

There was an absence of systems and records to demonstrate that the service had oversight of the quality and safety of the service. Records required for the management of the regulated activity were not always maintained. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

At our last targeted inspection in October 2020 we had found breaches of regulations 12,17 and 19. We took enforcement action and the provider was asked for an action plan to address the concerns found. At this inspection we found not enough improvement had been made and the provider was still in breach of regulations 12, 17 and 19.

- The provider and registered manager had not met all the actions identified in the warning notice which we served following our last inspection. They had failed to consider the feedback from the last inspection or address the issues we had identified in order to improve the service.
- The provider had sent an action plan following the last inspection and had advised CQC of its completion. However, we found examples of actions they had identified as having been completed which had not been carried out. For example, staff had not received a competency assessment relating to the administration of a specific kind of medicine, which we had previously identified as an area of concern. In another example, recruitment checks had still not all been completed in line with the current regulations.

The provider and registered manager could not demonstrate how they evaluated and reviewed the service in order to make improvements. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- People told us the management team sought their views regularly about the service on the phone or in person. However, the provider was unable to demonstrate this from their records or how they took this feedback into account, as they had not recorded this feedback or any subsequent actions.
- There was an absence of records demonstrating effective liaison with relevant health professionals. For example, people did not have protocols for 'as required' medicines or current guidelines from relevant health authorities where these were needed, to ensure staff knew how to support people.

Records required for the management of the regulated activity were not always maintained. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the last inspection and the breaches of regulations we had found, we had informed the registered manager about a local authority provider forum which could help to provide them with support and advice, and where they could share ideas with other domiciliary care providers. However, they had not followed up on this suggestion at the time of this inspection.

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

- People, their relatives spoke positively about the registered manager and office manager, and the individual and person-centred care they received. One person commented, "I have never had such a lovely agency. It's so personalised. It's a real partnership I feel they actively listen and consult me."
- Staff told us the management team were very approachable and caring to staff and people using the service. One staff member commented, "They give a lot of support and are always available for advice." Another staff member told us, "They are so knowledgeable about people's health and care needs and really want to provide a good service."