

Oasis Care and Training Agency (OCTA)

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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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Oasis Care and Training Agency (OCTA) is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to younger disabled adults and older people, some 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 the provider was supporting 115 people in the London Boroughs of Greenwich, Lambeth and Croydon with personal care.

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

People and their relatives were positive about the kind and friendly support they received from their care workers, who had a caring attitude, even when there were varying levels of communication. One person said, "They are always respectful. They ask if they can do anything else for me before they go and they will always help me with things I find difficult."

Assessments recorded detailed information about people's preferences to ensure they received personalised care. Care plans included visit summaries for care workers to follow and staff had a good understanding about how people liked to be supported. We saw the provider tried to be flexible when needed to accommodate people's changing needs.

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 by a committed staff team that praised the support they received from the management team and were positive about the caring and inclusive working environment. Many staff had worked for the provider for a long time and spoke of a 'welcoming family environment.'

Although there were monitoring processes in place, these were not always effective and did not pick up the issues we found during this inspection.

The provider was aware of this and staff were regularly reminded about their key responsibilities to ensure people's needs were met and any necessary improvements could be made. One care worker said, "We are all here to support people and our common goal is to improve the service across the whole team."

A health and social care professional praised the service on how they worked hard to meet people's needs, especially those with more challenging social and complex issues.

Improvements were needed to ensure people received their medicines safely.

We have made a recommendation that the provider ensures safer recruitment processes are always followed.

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 10 August 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified one breach in relation to medicines management. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service 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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Oasis Care and Training Agency (OCTA)

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

This inspection was carried out by three inspectors and three 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

Oasis Care and Training Agency (OCTA) is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. A registered manager is a person who is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the provider four days' notice because we needed to ensure somebody would be available to assist us with the inspection.

Inspection activity started on 17 February and ended on 11 March 2020. We reviewed recent Electronic Call Monitoring (ECM) data for 23 people over a period of two weeks who received double handed care visits on 17 February. We visited the office location on 18, 19 and 20 February to see the management team and to review care records and policies and procedures. We made calls to people and their relatives between 19

and 21 February 2020.

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

During the inspection

We reviewed a range of records. This included 14 people's care and medicines records and 12 staff files in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, which included safeguarding investigations, complaints, quality assurance checks, policies and procedures and minutes of team meetings. We also observed a team meeting on the first day of the inspection.

We spoke with 18 staff members. This included the registered manager, the care manager, a quality assurance officer, three care coordinators, the finance manager, a human resources officer and ten care workers.

We made calls to 77 people and spoke with 19 people and 21 relatives.

After the inspection

We continued to seek clarification from the provider to validate evidence found related to feedback we received from people and their relatives about timekeeping. We spoke with two health and social care professionals who had experience of working with the service.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated 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.

Using medicines safely

- A medicines policy was in place but procedures were not always followed to ensure people received their medicines safely. Despite examples of clear and accurate records being completed, there were inconsistencies in the records we reviewed as best practice guidance was not always followed.
- Where two people were supported with their medicines, there was no information in their care plans about the medicines they were supported with. One person's care plan stated their medicines needed to be crushed, but there was no further information or guidance included. This person's medicines administration record (MAR) was not completed accurately and there was no reference to medicines being crushed.
- Another person's records needed to be clearer as it did not include the support that was being provided by a relative. We saw information for a fourth person where care workers recorded they left two Tramadol tablets on a table, but there was no information about this in the person's care plan or MAR.
- The registered manager followed this up and confirmed a home visit had been completed on 21 February 2020 and would monitor this going forward.

We found no evidence that people had been harmed however, systems were not always robust enough to demonstrate safe medicines management and best practice was always followed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received positive feedback about the support people received with their medicines. Comments included, "They prompt me to take my medication and all is done properly, there are no concerns" and "They help me with this and I've never had any problems."
- The provider was in the process of scheduling further support and training for care workers in medicines management. During the team meeting we observed, when asked what support was needed in the field, care coordinators confirmed more medicines training was needed for staff.

Staffing and recruitment

- The provider did not always follow safer recruitment procedures to ensure staff were suitable to work with people who used the service. We saw samples of staff files did not always have two references in place, including appropriate references from previous employers in health and social care. Records did not always include full employment histories.

We recommend the provider follows safer recruitment processes and ensures they request suitable references to evidence satisfactory conduct in previous employment within the health and social care

industry.

- Disclosure and Barring Service (DBS) checks for staff had been completed at the time of recruitment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- The provider used an Electronic Call Monitoring system (ECM) for one local authority contract where care workers logged in and out of their visits through the person's landline. ECM was currently being implemented for the other two local authority contracts.
- We reviewed samples of ECM data for 23 people who received double handed calls over a two-week period, which totalled 2425 visits. ECM data for people supported in Lambeth did not highlight any high-risk issues and staff monitored and followed up any alerts of calls not being attended.
- We received mixed feedback about timekeeping and punctuality of visits. Positive comments included, "They are reliable and never missed a call" and "They're on time, always turn up and let me know if they are running late, which is very rare."
- Comments of a negative nature included, "They're not always on time and sometimes they don't turn up so I have to call the office" and "Occasionally only one carer comes when there should be two."
- The provider followed up the concerns we raised with them. The care manager reported back to us on 9 March 2020 they had carried out home visits and had put extra monitoring in place. The provider also explained they had arrangements in place with local authorities where they could arrive within a 30 minute period of the visit time.

Assessing risk, safety monitoring and management

- Risks to people were assessed before the service started and had related assessments including risks to people's mobility, nutrition, continence, skin integrity and any general risks.
- Where people had limited mobility there were good examples seen regarding moving and handling risks and guidance for staff to follow to ensure they kept people safe when using mobility equipment.
- However, there were some minor inconsistencies as records for two people who were supported with the use of a hoist were less detailed and did not include the same information or guidelines to follow. The registered manager said they would follow this up and update the records accordingly.
- Due to a safeguarding incident involving the use of hoist in July 2019, where the provider and staff were not at fault, daily log records had been updated to include a safety check and care workers told us this had been discussed with them in detail. A comment from a relative in this person's feedback form stated, 'Hoisting has been frightening since the accident but the carers perform it correctly and confidently.'
- A health and social care professional confirmed an occupational therapist was regularly involved and confirmed they had not raised any concerns. One care worker added, "We need to check the inspection date, check it isn't damaged, check the battery and that we have enough space. We have had a lot of reminders about this."

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding procedures in place and the provider had completed safeguarding investigations and shared them with the relevant local authority when any concerns or allegations had been raised.
- Staff had a good understanding of their safeguarding responsibilities and completed annual safeguarding training. One care worker said, "Our main role is to safeguard and protect service users, ensure they aren't abused or neglected and report any issues. I'm confident any issues would be resolved right away."
- Where outcomes of recent safeguarding incidents highlighted staff had not always recorded or reported their concerns to the office as soon as possible, we saw this had been discussed with staff during supervisions and team meetings.
- People and their relatives felt they received a safe service. Comments included, "[Family member] is very

safe, we have our trust in them" and "I do feel safe yes, very much so. It is such a reassurance knowing they are coming in daily."

Learning lessons when things go wrong

- There were procedures in place for reporting incidents and accidents, including a flow chart to show what actions needed to be followed. We saw this was discussed in team meetings and group supervisions.
- Where there had been a serious incident involving a hoist in July 2019, the provider used it as a learning experience to ensure repeat incidents were minimised. The quality assurance officer said, "This was discussed across the whole organisation and we have looked to learn from it."
- Staff confirmed incidents were discussed to see how improvements could be made. Comments included, "We have open discussions and give examples about the incident" and "We get advice during supervision to share learning and best practice."

Preventing and controlling infection

- There was an infection control policy in place and staff had access to personal protective equipment (PPE), such as gloves and aprons. There was information in people's care records and guidance for care workers about the use of PPE and how to dispose of any clinical waste.
- Infection control and the use of PPE was covered in group supervision to discuss safe hygiene practice and how to avoid spreading infections. One relative said, "Hygiene seems to be good. They wear gloves and wash their hands and soiled waste is disposed of in the bin outside."
- The provider had shared updated guidance about COVID-19 across the organisation to ensure staff followed best practice to reduce the risk of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- There were some minor inconsistencies in the records we reviewed in how the provider recorded people's consent to their care and best practice was not always followed. People with capacity had signed their care plans to consent to their care, which included their consent to share their information with relevant health and social care professionals.
- However, the provider's personalised best interests plan did not always record what decisions people could be involved with. Where one person was recorded to have capacity, their relative had signed their care plan but with no explanation why. Where another person's relative signed their care plan due to them lacking capacity, there was no evidence they had the legal authority to do so.
- The provider acknowledged this and said they would update people's records to ensure they were working in line with the principles of the MCA.
- Staff completed MCA training and were able to explain how they gave people choices and supported them to be involved in their care. One care worker said, "We are reminded about ways we can support people if they cannot fully respond to us. We have to help them make decisions, talk with them, explain to them, even if they aren't sure what is happening."

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

- People were assessed before they used the service and there was information related to people's needs and health conditions. One relative said, "The social worker and manager came and everything was assessed and discussed before the care started."
- The provider had people's local authority assessments to help with their initial assessment process. The provider had a detailed moving and handling plan from a local authority for one person with complex mobility needs to ensure staff had accurate guidelines about the support needed. A health and social care

professional confirmed training had been arranged for staff to help them manage more complex and challenging care packages.

Staff support: induction, training, skills and experience

- New staff completed a four-day induction and shadowed regular care workers before they started working independently. The induction programme was focused around the Care Certificate, which staff confirmed included both practical and theory-based training. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment.
- We saw training was discussed in detail during the team meeting we observed on the first day of the inspection. The trainer asked the care coordinators to liaise with the field care supervisors to find out what was being picked up in spot checks and the areas care workers needed further support with.
- Staff were positive about the induction and training they received. One care worker said, "We have very good training and they make sure we understand the topics and give us the right support." All staff confirmed they had regular refresher training throughout the year.
- Staff were further supported with one to one and group supervision to support them in their roles. One care worker said, "We have quarterly supervision and it gives us the opportunity to discuss our clients, any changes in their needs and also how we are doing."

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. Care records had detailed information about the levels of support people needed, highlighting any nutritional risks, cultural and medical requirements and support provided by relatives.
- Nutrition plans were completed during people's initial assessments which also covered preferred foods, special diets and any guidance that care workers needed to follow or if food intake needed to be monitored.
- Positive comments from people and their relatives included, "They serve them their lunch and know what food they like to eat" and [Family member] is on a soft diet so they liquidise the food and support with this. They are very helpful."

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

- Staff supported people to access healthcare services and monitored any changes in people's needs, health and wellbeing. Care records had guidance for care workers to follow if they noticed any changes in people's needs.
- Care workers understood how to report any changes and were aware of the procedures to follow in the event of an emergency. Samples of daily communication records showed staff had called 999 or reported concerns to the office.
- Care workers were positive about the support they received in the community and praised the response from field care supervisors when they reported any changes or concerns. One care worker added, "They reply quickly and give us good advice. They also come and carry out checks if we have concerns."
- Where two safeguarding investigations in January and March 2019 highlighted staff had not reported changes in people's skin condition in a timely manner, information had been sent out to staff to remind them about their responsibilities. Training was provided and guidance about pressure sore awareness was sent out in a staff newsletter.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were positive about the warm, kind and friendly attitude of the staff team and felt they had developed trusting relationships. Comments included, "The carers we have are absolutely excellent and we get on very well with them", "They respect our religion even though it is different to their own. They put on Christian music to cheer my [family member] up" and "They are all good people, my [family member] has a good rapport with them and trusts them."
- The provider, where possible, tried to ensure people had their regular care workers to ensure people had continuity of care, especially where staff communicated in people's own language. Comments included, "We have a small team of regular carers and sometimes they stay over their time" and "We do have the same carers and if there is a new one, they are always really nice."
- A number of care workers told us they had worked with people for a long time, knew them well and were positive about the relationships they had developed. One care worker said, "It is important for us to remember we are dealing with people and their emotions. I have good relationships with my clients, but also their family members who are involved in the care."
- Only one person and one relative told us there had been occasions where they felt they had not been spoken to appropriately by their care workers. We shared this with the registered manager who agreed to follow this up and discuss this with people in further detail.

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

- Care records showed people and their relatives had been involved in assessments and reviews and staff listened to them when making decisions about their care and support. Comments included, "My choices and opinions are respected" and "They do ask me and everything is my choice. They are good like that."
- Care workers were reminded about giving people choice and making sure they were involved in their care and support. One person said, "They involve me in all of the decisions which means I get my care done my way."
- We saw examples where the management team had supported people on their behalf to manage other issues or concerns. This included arranging hospital transport for those who were unable to manage this themselves and providing essential food supplies when people were unable to access their finances.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to explain how they respected people's privacy and dignity and had a good understanding of their responsibilities. People's care plans had detailed guidelines in place for staff to follow, especially during personal care.

- Care workers discussed this during supervision and care coordinators observed how care staff interacted with people during spot checks. One care worker said, "We get good advice about making sure we maintain people's dignity and respect their privacy." A care coordinator said home visits were good opportunities to check that staff helped people to remain as independent as they possibly could.
- People and their relatives were positive about how staff treated and respected them. Comments included, "They are patient and understanding and never in a rush", "They always respect my privacy and ask before they come in" and "They are positive about my way of doing things and support me to stay independent."
- One person told us when they first started using the service, care workers found promoting their independence difficult. However, felt their understanding had improved over time and now gave them the time they needed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care records were detailed and person-centred and included information in clear visit summaries so care workers knew how people wanted to be supported. One person said, "It is my care plan and I was totally involved in making it and they follow it carefully."
- Care workers were knowledgeable about people's needs and confirmed they were supported if they had to cover people's care visits at short notice. One care worker added, "There is good information in the care plan that explains everything we need to know. But we also get good details over the phone before the visit and can speak with the client and their families."
- We saw, where possible, the provider listened to people and their relatives and tried to be flexible to accommodate any changing needs, including preferences of care worker gender. Comments included, "When I have appointments they change my call time to earlier and help me to get up and ready to go on time" and "The female carer choice was mine and they listened and I also decided what time I would like the visits."
- Health and social care professionals were positive about people's needs being met. One added, "They have been able to manage some difficult care packages very well, especially where other agencies have been unable to manage some complex and challenging behaviours. It has been great that they have managed to continue to provide this support."

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 were assessed during their initial assessment and communication plans had useful information to help staff understand effective ways of communicating with them. For example, guidance for one person included the use of objects of reference to aid their understanding.
- Members of the office and care staff were able to communicate in people's own language where this was needed. The provider had also translated NHS guidance related to COVID-19 so care workers could share this with people and their relatives to help them fully understand the risk and how to follow best practice.

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

- People received support to access the local community or take part in activities of interest if this was part of their agreed care. One person had a weekly three hour visit to be escorted into the community, to go

shopping and visit places of interest. A comment from their relative in a feedback form stated, 'The carers are always friendly and welcoming and [family member] enjoys their time with them. The main carer always goes out of his way to provide the little extras and gives very good care.'

- Staff were aware of and supported people's religious and cultural needs if needed. This was discussed during people's initial assessments and recorded in their care plans to help staff understand their needs. One relative said, "[Family member] is given support to maintain religious practices and carers understand how important this is."
- A health and social care professional said due to the diverse nature of the workforce, they felt the provider 'had bent over backwards' to meet people's cultural needs.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and we saw field care supervisors reminded people and their relatives about the complaints process during home visits and asked if they had any issues or concerns. People and their relatives confirmed they knew what to do if they wanted to complain and information was kept in their care folders.
- The majority of people and their relatives were confident their concerns would be dealt with appropriately and were comfortable raising this with the relevant staff. One person said, "I had a problem with one of the carers but it was sorted out right away."
- We only received three comments where people and their relatives felt improvements could be made in how the provider responded to their concerns. One person added, "I feel it would be a waste of time for me to make a complaint."
- A health and social care professional said, "I feel that they have tried as best as they could to support people and respect people's wishes, whilst a lot of time the staff have had to deal with an incredible amount of verbal and racial abuse. I feel they work hard and respond the best they can."

End of life care and support

- The registered manager said they were not supporting people at this stage of their life at the time of the inspection but had done previously. Care staff had access to training and support internally and from health and social care professionals if this support was needed.
- People's care plans recorded if there was a Do not Attempt Cardiopulmonary Resuscitation (DNACPR) document in place and where it was located in the person's home, in case care workers needed it in an emergency situation.
- A compliment from a relative stated, 'I just wanted to say a big thank you for the care of [family member]. We know they were safe in your hands and you were always so kind and caring to them.'

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant for this service, there was an aspect of the service management that was inconsistent. However, leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Although there were monitoring systems in place and audit cycles across the service, they did not always pick up some of the issues we found during the inspection. This included information in people's care plans, recruitment records and samples of people's MARs that were returned to the office to be checked. People's agreed visit times had also not been updated into their care plans to highlight the actual time care was delivered.
- For example, samples of four people's MARs had not been completed accurately and had gaps that had not been identified. For one person, when their MAR was checked, the return audit sheet for medicines records stated 'non applicable', even though they were supported with medicines.
- We discussed this with the registered manager who said they would follow this up with the staff team. The quality assurance officer showed us examples of where care plan audits had picked up examples where further information needed to be added. They added, "As we have new staff, we are working on improving standards within records and the level of information included."
- Team meetings discussed any issues across the service and spot checks were completed to see if any improvements could be made. We saw spot checks were carried out following concerns raised or staff returning from suspension due to disciplinary action. One care worker said, "They do provide a lot of support and come out for home visits if we have any issues, which is really good."

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

- The management team were aware of their responsibilities regarding notifiable incidents and had submitted the relevant notifications for safeguarding incidents that occurred across the service.
- We saw one safeguarding incident that occurred on 14 September 2019 was not notified to us until 11 November 2019. We reminded the provider that notifications were to be submitted without delay.
- Samples of records showed the provider was aware of their responsibilities of being open and honest and had informed people and their relatives if they had been made aware of any issues or concerns, involving them in the investigation process.
- Care workers were regularly reminded about their responsibilities through training, supervision, spot checks and carer newsletters. Care coordinators highlighted areas of improvements that were picked up from their monitoring visits. One staff member said, "There will always be human error but we have a supportive environment that will help us to pick issues up and learn from them."

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

- The management team were committed to providing a personalised service and ensure people received the care they needed, with the majority of feedback being positive. Comments included, "I would definitely recommend them as we appreciate their kindness and reliability" and "They are always asking how everything is going." Although there were no major concerns highlighted, negative comments related to inconsistencies from the office.
- Staff were positive about the support they received and the positive culture of the service. Comments included, "They are open and honest, I feel comfortable to challenge any issues and I'm 100% listened to where my ideas have been taken on board" and "They are a very friendly company. I'd encourage people to come and work here as the environment is inclusive and we are one big family."
- One health and social care professional said, "How they have managed some of the care packages we have is a complete miracle and they should be recognised for that."

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

- The provider sought people and their relatives' views through regular reviews, spot checks, telephone monitoring calls and quality assurance surveys. The majority of responses were positive and any issues highlighted were discussed across the service.
- We received feedback from some people and their relatives that felt communication from the office could be improved, especially when care workers were running late or if they were changed. We saw this had been discussed in supervision meetings to remind care workers to inform the office if they were running late.
- Where we received some mixed feedback regarding some care staff having limited English communication skills, we saw literacy support was available to staff where English was not their first language. One person told us although their care worker had limited English, they managed to communicate with each other very well.
- The provider supported staff to develop their understanding and supported them to complete further vocational qualifications in health and social care. Team meetings discussed the organisational values and reminded staff about working together and respecting each other in the workplace.
- Staff were overwhelmingly positive about the support they received and how they were treated within the organisation. There was recognition for staff going above and beyond their roles, with an emphasis on work life balance and wellbeing. One care worker said, "It can be stressful but somebody is always available and they treat us well. There is a great environment from the top of the company to the bottom."

Working in partnership with others

- The provider worked closely with a range of health and social care professionals to ensure people's needs were met. They had worked with local authorities to obtain further training and were able to offer training to other care providers.
- The provider attended local authority events for homecare agencies to discuss current care arrangements, future challenges in the sector and how to improve working relationships.
- The provider had given a presentation to a local authority about effective ways to be inclusive and how to engage with the Somali community, including reasons for lack of inclusion and what support services were available.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure that care and treatment was provided in a safe way as systems for the proper and safe management of medicines were not always operated effectively. Regulation 12(1),(2)(g)</p>