Astha Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection took place on 28 July 2017 and was announced.

Astha Limited delivers personal care and reablement support to people in their own homes within the London Boroughs of Redbridge and some areas of Newham. At the time of our inspection, approximately 49 people were using the service. The service employed 29 care workers who visited people living in the community.

A reablement service aims to provide short term support to people in order for them to stay independently in their own home by regaining daily living skills and improving their quality of life often following a stay in hospital.

The service had a registered manager who had recently left the provider. There was a new manager in post at the time of our inspection and they were in the process of registering with the CQC to be the registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered care homes, 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.

We last inspected the service in June 2016 and found that the service required improvement because we had identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the risks associated with the unsafe use and management of medicines, an ineffective system for receiving and responding to complaints and for monitoring and mitigating risks relating to the health, safety and welfare of people who used the service and staff. After the inspection, the provider wrote to us and provided an action plan to say what they would do to meet legal requirements. The provider told us they would be compliant by February 2017.

As part of this inspection, we checked if improvements had been made by the service in order to meet the legal requirements. We found that the service was now compliant in these areas.

Medicine administration and recording was managed safely. When required, staff administered people's medicines and had received appropriate training to do this. They recorded medicines that they administered to people on Medicine Administration Record (MAR) sheets, ensuring that all important and relevant information was entered.

The provider had sufficient numbers of staff available to provide support to people. Staff had been recruited following appropriate checks with the Disclosure and Barring Service. Staff provided safe care in people's homes.

A complaints procedure was in place. People and their relatives knew how to make complaints, express

their views and give feedback about their care. They told us they could raise any issues and that action would be taken by the management team. We have made a further recommendation about the provider's complaints procedures.

The management team worked together to help develop the service and monitor the quality of care provided to people. They ensured that regular checks and audits were carried out and looked at where improvements could be made. Feedback was received from people, staff and relatives to help drive further improvement.

We found that systems were in place to ensure people were protected from the risk of abuse. Staff were able to identify different types of abuse and knew how to report any concerns.

People received care at home from staff who understood their needs. They had their individual risks assessed and staff were aware of plans to manage the risks.

Staff received training that was important for them to be able to carry out their roles. They told us that they received support and encouragement from the registered manager and were provided opportunities to develop. Staff were able to raise any concerns and were confident that they would be addressed by the management team.

People were treated with respect and their privacy and dignity were maintained. They were listened to by staff and were involved in making decisions about their care and support. People were supported to meet their nutritional needs. They were registered with health care professionals and staff contacted them in emergencies.

People told us they received support from staff who understood their needs. Care plans were personalised and provided staff with sufficient information about each person's individual preferences and how to meet these.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff understood how to identify potential abuse and were aware of their responsibilities to report any concerns to the registered manager or to the local authority.

Staffing levels were sufficient to ensure people received support to meet their needs. The provider had effective recruitment procedures to make safe recruitment decisions when employing new staff.

Risks to people were assessed and staff were aware of how to manage any risks. People received their medicines safely when required and staff received training on how to do this.

Is the service effective?

Good

The service was effective. Staff received appropriate inductions, training, support and supervision. Their performance and development needs were monitored.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005. People's capacity to make decisions was recorded and staff acted in their best interest.
People had access to health professionals to ensure their health needs were monitored.

Staff ensured people had their nutritional requirements met and assisted with providing people with food and drink when required. Staff ensured people had access to healthcare professionals when required.

Is the service caring?

Good

The service was caring. People were happy with the support they received from staff.

Staff were familiar with people's care and support needs. Staff had developed caring relationships with the people they supported and promoted their independence.

People and relatives were involved in making decisions about their care and their families were also involved.

Is the service responsive?

Requires Improvement

The service was not always responsive. We have not changed our rating for responsive because we have made a further recommendation about complaints handling, communication and response times.

People had involvement in planning their care. Care plans were personalised and reflected each person's needs and preferences.

Care plans were reviewed and updated when people's needs changed.

Is the service well-led?

Good

The service was well led. People and their relatives were happy with the management of the service. There was a system in place to check if people and their relatives were satisfied with the service provided. The management team carried out regular audits and spot checks to make necessary improvements to the service.

There was a positive culture and staff received support and guidance from the management team. Meetings were well attended and enabled staff to learn about any new requirements set by the responsible individual. Staff were able to provide their feedback on the service and about their performance.

The provider was committed to introducing new technology and innovations to help improve the delivery of the service.

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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 was 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.

The inspection took place on 28 July 2017. This was an announced inspection, which meant the registered provider knew we would be visiting. The registered provider was given 48 hours' notice because the service provides a domiciliary care service in people's own homes and we needed to be sure that someone would be available to assist us with the inspection. The inspection team consisted of one adult social care inspector.

Before the inspection, we reviewed the information we held about the service. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. In July 2017, the provider sent us a Provider Information Return (PIR). The PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We looked at the information the provider had submitted and reviewed previous inspection reports.

During the inspection, we spoke with the managing director, who was also the responsible individual, a care coordinator, a new service manager, a project manager, a practice manager and office based staff. After the inspection we spoke, by telephone, with three care staff. We also spoke with four people and three relatives for their feedback about the service.

We looked at ten people's care records and other records relating to the management of the service. This included ten staff recruitment records, training documents, duty rosters, accident and incidents, complaints, health and safety information, quality monitoring and medicine records.

Good

Is the service safe?

Our findings

At our previous inspection in June 2016, we found that medicines for people were not managed or administered safely. This was because some records were incomplete. For example, there were gaps in recording in Medicine Administration Record Sheets (MAR). Some MAR sheets were also not dated or did not have people's names, which meant it was not always possible to tell which person they referred to.

At this inspection, we found improvements had been made in the way that medicines were managed. A medicine policy and procedure was in place and staff had completed medicine administration training. We found that when staff administered medicines, they recorded them on MAR sheets, which were dated and completed without any gaps. People's names were on the sheets, as well as their personal details, the name of their GP, details of each medicine and the dosage required. People told us they were happy with the way staff administered their medicines. One person said, "They help me have my medicine on time and they write it down." Staff that were authorised to administer medicines had received medicines awareness training. Staff also completed forms when they administered medicines to people that were not prescribed and only used when required (PRN), such as creams or pain killers. Records showed when staff used the medicines and the reasons they were using them. For example, one person's record showed that they were provided with PRN medicine to help with their wheezing and breathing. Where people's family members administered their medicine, this was stipulated in the person's care plan.

Staff were also observed prompting and administering medicines to people by senior staff for their competency to safely administer medicine during spot checks. These were observations of staff to ensure that they were following safe and correct procedures when delivering care. Records showed that staff were trained and assessed as competent to manage medicines.

People told us they felt safe using the service. One person told us, "Yes, I think it is safe." Another person said, "The regular carers I get are very good and safe." One relative told us, "I am happy with how the carers treat my [family member]. Staff entered people's homes safely by ensuring they rang the doorbell and announcing themselves. The provider's policy stated that staff must wear a particular uniform, such as a tunic and staff were observed during spot checks that they were following correct procedures. We saw records that staff were observed wearing their uniform and identification badge when carrying out personal care in people's homes. However, some people told us that staff did not always wear appropriate clothing. One person told us, "We know who they are and they come at the expected time. I think they should wear their uniform more though." A relative we spoke with said, "I am not impressed that [the carer] doesn't wear a uniform." The responsible individual assured us that all staff followed the provider's codes of practice, policies and procedures when carrying out their work but that they would undertake more thorough checks on staff.

Care and support was planned and delivered in a way that ensured people's safety and welfare. We saw risk assessments had been undertaken which informed staff how to keep people safe. Care plans contained individual risks assessments and the actions necessary to reduce the identified risks based on the needs of the person. The assessments identified and detailed what the risks might be to them, what type of harm

may occur and what steps were needed in order to reduce the risk. These included risks associated with the person's mobility, the moving and handling of the person and any risks related to their personal care or certain behaviours. For example, one person's risk assessment said that they could become aggressive and care staff were to "support [person] with their emotional and physical wellbeing by informing them of tasks, talking to them patiently and making sure they are safe."

Records showed that staff worked together in order to move people safely. Two staff were always present to assist people that required help with moving and handling, for example, when the use of a hoist was required. Staff followed the provider's infection control procedures. Staff used Personal Protective Equipment (PPE) such as gloves and aprons to prevent any risks of infection when providing personal care.

People were protected from the risk of abuse. Staff were provided with training in safeguarding adults and understood their roles and responsibilities to report any abuse. They were able to describe the process for reporting any potential, or actual, abuse and who their concerns could be escalated to, including notifying the local authority. Staff told us that they would also speak to managers for support and guidance. They were aware of the service's whistleblowing policy. Whistleblowing is a procedure to enable employees to report concerns about practice within their organisation to regulatory authorities.

There were enough staff employed to meet the needs of the people using the service. People received care from staff who were familiar with their care and support needs. Most people and their relatives confirmed they usually had the same staff providing care and this helped with consistency. People told us that staff usually arrived on time or were notified by the service if, for example, their care worker was unable to attend because of sickness or were running late due to traffic. One person said, "They are on time usually." Another person told us, "My carer comes on time. If they are late, someone phones to let me know." Records showed that disciplinary action was taken by the provider when a visit to a person was missed by staff. Action was taken to ensure the rota was made clearer to staff, safeguarding procedures were followed and a letter of apology was sent to the person affected. Arrangements were made by the care coordinator to ensure people still received care in the event of staff notifying them that they were unable to make their visit. For example, if there were staff absences, bank staff, part time staff or senior staff, were available to provide care to people.

Most staff told us they were happy with their workloads and schedules. They said they had sufficient travel time between their shifts to deliver the support that was detailed in people's care and support plans. During our inspection, we saw a large monitor in the office which provided live information from an online system to senior staff on all care that was being provided and scheduled to be provided in the community. Senior staff were able to see if care staff were on time, running late and had logged in to their calls at a person's home. The care coordinator told us, "It is a really good system. We can see exactly what is happening at all times, so we are able to track all scheduled calls as they happen." We looked at out of office hours and weekend call logs which showed that the service was monitored, including out of office hours and weekends. The care coordinator said, "During weekends, we have staff on call. I work every other weekend. The service is always monitored at weekends as we have a system that can be used from anywhere, not just in the office."

The provider's policy stated that staff were permitted an additional 30 minutes before or after the scheduled time of their visit to allow for potential delays such as traffic or an emergency. The online system recorded the days and times care was scheduled to be provided to people. We looked at staff rotas, daily notes and timesheets and saw that staff completed their tasks before leaving.

Staff were recruited safely. New staff completed application forms outlining their previous experience,

provided three references and evidence that they were legally entitled to work in the United Kingdom. A Disclosure and Barring Service (DBS) check was undertaken before the member of staff could be employed. The DBS is a check to find out if the person had any criminal convictions or were on any list that barred them from working with people who use care services. This helps employers make safer recruitment decisions.

Good

Is the service effective?

Our findings

People and relatives told us staff met their individual needs and that they were happy with the care provided. One person said, "I am happy with the care." Other comments from people included, "They are generally pretty good" and "The carers know what to do and how to do things."

Staff told us they received the training and support they needed to perform their job well. Documents showed that they had received training in a range of areas, such as safeguarding adults, the Mental Capacity Act (2005), dementia care, food hygiene and first aid awareness. Care Certificate standards was incorporated into induction training, particularly for new staff who were less experienced or did not have a certain level of health and social care qualifications. The Care Certificate is a set of 15 standards and assessments for health and social support workers who are required to complete the modules in their own time. We saw that staff had completed the modules or they were in progress.

Staff were supported and monitored by senior staff including a practice manager, a care coordinator and a senior social worker. They telephoned people to check that they were happy with the service and visited them to carry out reviews. This ensured that care was being delivered and people were satisfied with their care and their care worker. We saw records of assessments and observations of staff who provided personal care.

Supervisions took place every month, where staff had the opportunity to discuss their workloads, projects, their training and development needs and receive guidance about any issues or concerns. Records confirmed that supervision meetings took place and were led by senior staff. Staff also received appraisals annually to monitor overall performance and to identify any areas for personal development.

We looked at the provider's policy on the Mental Capacity Act (2005). The 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. We found that the provider was working within the principles of the MCA and that people's human rights were protected.

We saw that people were able to make their own decisions and were helped to do so when needed. Staff understood their responsibilities under the MCA and what this meant in ways they cared for people. Information we received from the provider before the inspection told us, "Staff are encouraged and observed to consider people's capacity to take particular decisions and know what they need to do to make sure decisions are taken in people's best interests and involve the right professionals." We saw that people were asked for their consent for the provider to provide care and signed a document to confirm it. We noted that most people had capacity to make decisions. Where a person did not have capacity or if there were any changes to a person's capacity, we saw that the provider contacted the local authority to carry out an MCA assessment.

Where needed, people were supported to have their nutritional and hydration requirements met by staff. Care plans included details of types of food they liked to eat and what they preferred to drink. People told us that staff ensured they were provided with food and drink. One person told us, "Yes the carer often makes me breakfast and something to eat later."

People and relatives had confidence that staff worked well with other healthcare professionals, such as the person's GP or the district nurse. A relative told us, "The carers know what to do if my [family member] is unwell. They let us know and contact the doctor." One person said, "I think they have details of my doctor or nurse in my file, so they know who to call if I need help." Staff were aware of how to respond to any concerns they had about a person's health. A member of staff said, "I would contact the doctor if they were unwell. I would call an ambulance and inform the office staff when there is an emergency." Staff were also able to contact the responsible individual or managers who were on call out of office hours and during weekends in case of an emergency.

Good

Is the service caring?

Our findings

People and their relatives told us that care staff treated them with respect, kindness and dignity. They also told us they felt the staff listened to them and provided them with care that suited their wishes. One person said, "My regular carer is very nice. I like them and get on well with them." Another person said, "My usual carer doesn't rush and gives me a wash and puts cream on me. The odd carer might be different and do things in a hurry but usually everything is fine." Comments from relatives included, "The [care workers] are respectful and polite. They are caring and gentle with my [family member]."

Staff respected people's privacy and dignity and they provided us with examples on how they did this. One member of staff told us, "I always close curtains or doors when providing personal care so there is privacy. I also speak carefully and do not shout." Another staff member said, "I make sure [people] are covered up when they need to change or go to the shower and their privacy is respected. It is very important as we are in their home." People and relatives told us staff were friendly and helpful. One person said, "They look after me ok." People felt comfortable with care staff who visited them regularly. One person said, "I really like having my regular carer around. We get on well. It's a shame when she is not here." This meant people enjoyed the company of care staff because there was an understanding and familiarity between them.

Staff had a good understanding of all people's care needs and personal preferences. People's care records identified their specific needs and how they were met. We saw that people were supported to remain as independent as possible by staff. For example, we noted that one person's care plan said, "[Person] is able to feed themselves without assistance and can walk independently in the house. [Person] requires support with dressing up and showering." This meant people were supported to do things for themselves as much as possible.

Staff had received training in equality and diversity. This meant staff treated people equally, no matter their gender, race or disability. They were respectful of and had a good understanding of all people's care needs, personal preferences, their religious beliefs and cultural backgrounds. For example one care worker told us they communicated with a person in their preferred language. They said, "I speak with [person] in Bengali because we both speak it and we can understand each other."

Care staff were knowledgeable about people's routines and preferences and explained how they tried to support people and their family members. People and relatives told us they had involvement in their care plan when it was reviewed and updated. There was evidence in the care plans and through our discussions with staff that people were involved in their care. This meant people and their relatives had opportunities to have their say about the care they received from the provider.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in June 2016, we found that the provider did not operate an effective and accessible system for identifying, receiving, recording, handling and responding to complaints. Some complaints and their responses did not contain sufficient information to show how the complaint was handled and resolved to the satisfaction of the complainant.

At this inspection, we found that complaints from people were dealt with appropriately and improvements had been made. We saw that complaints were logged and an investigation was carried out. Since the previous inspection, the provider had received seven complaints. Complaint investigation reports were produced for each complaint which contained details of the issues, the initial response, what actions were taken by the provider and how they have made any changes to ensure similar concerns did not arise in future. People told us they were aware of the complaints procedure, although one person said they were not sure but did not wish to complain.

The provider's policy on complaints and grievances described a three stage process for dealing with formal and informal complaints. People that were not satisfied with the initial response could escalate their concerns by formally writing to senior managers. If the second response was still not satisfactory, people and relatives could write to the responsible individual, who would carry out a detailed investigation. Complaints that we viewed followed this procedure and we noted communication between complainants, the previous registered manager and the responsible individual. Reports were detailed and the responsible individual or registered manager provided assurance that cases were being investigated. We noted that people and relatives were written to, informing them of the outcomes of investigations into complaints. We saw that issues were investigated and action was taken where necessary to ensure the complainant was satisfied with the way the complaint was handled.

For example, where cases involved disciplinary matters, we noted that action was taken by the provider against staff. Complaints were responded to within 10 working days, as per the provider's policy. We saw records to show people and relatives were satisfied with the response after they were contacted following resolution of the complaint. However, there was an initial delay with the response to a serious complaint that was in progress at the time of our inspection. The responsible individual told us the previous registered manager had not taken immediate action to deal with the concern prior to leaving the provider, which caused a delay before it was investigated. The responsible individual said it was a one off administrative error. Most people told us they were able to make complaints, although some people and relatives expressed frustration about the management team not getting back to them quickly enough when they had queries or concerns. One relative said, "I think they could still communicate better when it comes to responding to queries or complaints, so that things are clearer for us."

We recommend that the provider reviews its processes to ensure all complaints and queries are responded to and investigated as per their procedures.

People and relatives told us that they were satisfied with the care they received. One person said, "Generally

it is good but there is always room for improvement. Like when there is a new carer who doesn't know me as well as my regular carer." Most people were complimentary about the service and said they had regular carers and care arrangements. Where people were unhappy with the times care staff arrived or lateness, most people said they would contact the office branch. We were assured that the service dealt with any issues or concerns from people. There were some concerns about the service at weekends and feedback we received included, "The weekend can be a problem. Sometimes I am not sure who will be coming" and "the service is not always reliable at the weekend because we don't know what time the carers are going to come."

We also noted some people were unhappy that some care staff did not have English as their first language, which meant there were sometimes barriers in communication between them and staff. The responsible individual said, "We want to promote employment opportunities for local people and a lot of people who work for us as carers are from ethnic minorities. We support them as much as we can with English lessons and training. They provide excellent care otherwise." We found that training workshops were arranged for staff who had difficulties with communicating in English both verbally and in their written work. The responsible individual told us the management team also addressed any concerns people had about times, occasional lateness and care provided at weekends.

The service received referrals from the local authority for people who required assistance with personal care at home. Referrals were also received for people who were being discharged from hospital and required further reablement support. The service provided support to people with differing levels of need and these were categorised as either Core, Complex or Reablement. We saw an assessment of people requiring support which set out the needs of the person and the times the care and support was required. The initial assessment by the service usually took place within two days of the referral being made and in the person's home. Care staff were identified or matched with the person according to people's preferences, such as same gender carer staff or staff who speak the same language. Discussions were held with other health or social care professionals for further information. People that received short term reablement support for six weeks, were able to receive longer term domiciliary care services from the provider, if required after this period.

People's care plans outlined their needs and care workers were able to learn about the needs of the people they were supporting. Each person had a copy of their care plan in their home, which reflected their preferences on how they wished to be cared for. Care plans and risk assessments were reviewed and updated to reflect people's changing needs when required. People and relatives told us they were involved in planning their care and any changes that it involved. One relative said, "Yes, I believe we were involved with setting the care plan." The care plans were person centred and covered areas such as their personal history, likes, dislikes and any risks. We noted that some of a person's interests and daily activities they enjoyed were described. For example, one person's plan stated, "[Person] is mobile and likes to go to the shops to buy cigarettes and chips. Carers to support [person] to go to the shops and for a walk." This information enabled people to inform care staff about how they wished to keep active and what they liked doing during their day. Care staff were also informed of potential risks when supporting people with their activities and meant they were aware of how to provide care and support safely and meet people's needs.

We saw that care plans contained details of what support people wanted for each part of the day when a member of staff was scheduled to visit, such as in the morning, lunchtime or in the evening. We looked at daily records written by staff and found that they contained details about the care that had been provided to each person and highlighted any issues. This helped to monitor people's wellbeing and respond to any concerns.

Good

Is the service well-led?

Our findings

At our previous inspection in June 2016 we saw that effective systems were not in place to identify, assess, monitor and mitigate risks to the safety and welfare of staff and people using the service. For example, feedback from people about the quality of the service was not sought effectively, was limited and did not capture the experience of enough people to comprehensively monitor the quality of the service. Risks to staff who carried out care in people's homes were not always identified and any accidents were not always responded to with follow up actions.

At this inspection, we found that improvements had been made. We saw records of accidents and incidents that had taken place and that appropriate action was taken to ensure risks were mitigated against. Health and safety was a discussion topic during team meetings and staff were given the opportunity to discuss any issues in this area, such as where they had these concerns in people's homes. Senior managers reviewed any areas of concern and carried out further risk assessments.

Staff were able to provide feedback to the management team about their experiences working for Astha Ltd in the form of a survey. We saw that they were able to give their opinions on the positive and negative aspects of the service. For example, we noted staff fed back that they preferred to "provide care to people living in the same area" and that office staff needed to "answer phone calls more promptly". Staff also praised the service for "providing excellent support, safety measures, supervision and training", "providing person centred care to people" and "being a friendly company to work for."

There were quality assurance systems in place to monitor and improve the quality of the service. The provider used surveys, monthly spot checks and phone calls to gain people's views about their care and support. The views of people who used the service or their relatives were written up in detail by the previous registered manager or another senior manager. One entry contained comments such as, "[Person] said the carer is punctual and always arrives on time. They do what is in [family member's] care plan. Very good. [Family member] is very happy with the care." Any negative feedback was highlighted as an area for the service to make changes or improvements.

We looked at records of observations of staff practice and competency when carrying out personal care and saw that they were completed by senior staff. The management team also received feedback from people who were visited by them. Records of telephone surveys and home visits indicated people were happy with the service provided. People confirmed they had been visited by senior staff and one person said, "Someone from the office came to see us." Another person said, "A manager came to look at the paperwork." Compliments were also received from people who were provided a form to complete and send back to the provider. This helped to ensure people were satisfied with the care and support that was delivered.

Daily records or log books, which contained information on tasks that were carried out were completed and brought back to the office each month to be quality checked by a senior manager. Where there were any discrepancies, these would be noted and staff would be reminded of their responsibilities. We saw that the responsible individual discussed the quality of log books in staff meetings and reiterated that staff must use

the correct terminology and complete all areas of the logging sheets. Care staff were able to leave notes on their smartphones following completion of tasks or visits, which were automatically updated on the monitoring system in the office. The management team were then able to take any action or communicate to other staff where necessary.

There was a system to monitor that care workers were following their individual rota at the scheduled times. Staff were required to log in to the system using a smartphone issued by the provider, which they scanned onto a microchip in a person's care plan folder, when they commenced care and support in their homes. This helped the team in the office see that staff had arrived to carry out personal care for people according to the wishes of the person and that people were not left unattended or waiting for a long time.

The management team held meetings to discuss the information collected from the surveys and looked at ways to implement measures, improve processes and the delivery of the service.

Most people and relatives told us the service was managed well and were happy with the way the service was run. We found that the management team worked well together and staff felt confident in being able to meet the needs of people and any challenges they faced. The service was managed by the responsible individual, who was the managing director. They had recently recruited a new manager and would seek to register them to manage the service, following the recent departure of the previous registered manager. We spoke with the new manager and they told us, "I have only been here a few days but it is really nice. It is friendly and welcoming. The director is really supportive." A project manager had been working for the provider for the last year and had introduced new technology and systems. This had helped the service run more effectively. The management team operated an open door policy and staff felt confident in raising any concerns or issues with them. One member of staff said, "The managers are very good. They support us in whatever we need." Newsletters were also distributed to people who used the service to keep them up to date with any developments. Staff felt appreciated for their hard work and were given an opportunity to be Employee of the Month within the service as an incentive. The responsible individual said, "We try our best and aim for excellence. We have improved and we all help each other and provide cover. We work well with the local authority and are recruiting for more staff so we can receive more work in future from the council." The responsible individual told us they were not able to take on new care packages or referrals because they did not want to stretch their resources at the present time.

People's records were filed in secure cabinets which showed that the provider recognised the importance of people's personal details being protected and to preserve confidentiality. Staff were aware of confidentiality and adhered to the provider's data protection policies. Providers of health and social care inform the CQC of important events which took place in their service. The provider notified us of incidents or changes to the service that they were legally obliged to inform us about.