Divine Global Health Limited

Divine global health Unique Care

Inspection report

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Date of inspection visit:
06 October 2017

Date of publication:
07 November 2017

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

Divine Global Health Unique Care is a domiciliary care agency which is registered to provide personal care support to people in their own homes. At the time of our inspection the agency supported 15 people with personal care and employed a senior carer and four care workers.

The service was last inspected on 14 February 2017. At that inspection we found four breaches in the legal requirements and Regulations associated with the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

These breaches were in relation to the care and support people received. The provider did not ensure people were supported by staff who were of suitable character and had received the induction and training needed to support people safely and effectively. Known risk associated with people's planned care had not been assessed. Risk assessments that had been completed did not clearly inform staff how to minimise risk to keep people and themselves safe. Information was not available to show people's medicines were administered safely, by care workers who remained competent to do so. The provider did not have effective systems and process to make sure they checked the quality and safety of the service people received.

We gave the home an overall rating of requires improvement and asked the provider to send us a report, to tell us how improvements were going to be made to the service. The provider sent us an action plan which detailed the actions they were taking to improve the service. The provider told us these actions would be completed by June 2017.

At this inspection on 6 October 2017 we checked to see if the actions identified by the provider had been taken and if they were effective. We found sufficient action had been taken in response to the breaches in Regulations of the Health and Social Care Act 2008. However, there were still some areas where improvements were needed.

The service had a registered manager. A requirement of the provider's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager is also the provider for this service and is referred to as the provider throughout this report.

The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people in their homes. Care workers received a comprehensive induction when they began working at the service and had their practice regularly checked by the provider.

The provider completed checks and audits to monitor the quality and safety of the service people received. However, these were not always effective and required further improvement.

Care records included information about people's backgrounds, preferences and needs. Most care records provided staff with the detail they needed to provide personalised care and build relationships with people. Care workers had a good understanding of the needs and preferences of the people they supported.

People and relatives told us they felt safe using the service. Risks to people's safety were assessed. However, some risk assessments lacked the detail care workers needed to ensure they kept people and themselves safe. Action was being taken to address this. Despite omissions in records care workers understood the risks associated with people's care and how these should be managed.

The provider had developed systems to gather feedback from people so they could use the information to improve the quality of the service provided. People saw health professionals when needed and support was given to people who required help with eating and drinking. Systems were in place to manage people's medicines and care workers had received training to do this. However, care workers did not always complete medicine records accurately.

People received their care visits from care workers they knew. Care calls were consistently made at the time arranged, and care workers stayed for the length of the time agreed. There were enough care workers to provide all planned care visits to meet people's needs effectively. Care workers respected people's privacy and dignity and encouraged people to be independent where possible.

The provider understood their responsibility to comply with the relevant requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Care records did not always contain information about the support people needed to make decisions. Care workers gained people's consent before they provided personal care and respected people's decisions. Staff had been trained to understand how to protect people from abuse.

People and relatives told us their care workers were caring and respectful and had the right skills and knowledge to provide the care and support required. Care workers completed on-going training the provider considered essential to meet people's needs safely and effectively.
People and relatives were involved in planning their care and knew how to make a complaint if they needed.

People and relatives were satisfied with the service provided which they felt was well managed. Care worker felt supported by the provider who was accessible and approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People told us they felt safe with care workers. Staff were recruited safely and there were enough care workers to provide the support people required. Improvements to the way people's medicines and risk associated with people's care were managed had been made. However, further improvement was needed. Care workers knew how to safeguard people from harm and understood their responsibility to report any concerns.

Is the service effective?

Good

The service was effective.

Care workers had been inducted into the service and had completed training, the provider considered essential, to ensure they had the knowledge and skills to deliver safe and effective care to people. The provider understood their responsibilities under the Mental Capacity Act 2005 and staff worked within the principles of MCA. People's capacity to make decisions was established. However, where people needed support to make some decisions this was not always clear in care records. Action was being taken to address this. Care workers supported people with their nutritional needs and to access health care when needed.

Is the service caring?

Good

The service was caring.

People and relatives spoke positively about the care and support they received from care workers who they described as respectful and caring. Staff supported people to maintain their independence and understood how to promote people's rights to dignity and privacy. People were able to make everyday choices which were respected by staff.

Is the service responsive?

Good

The service was responsive.

People received their care calls at the times they needed from care workers they knew and who understood their individual needs. People's care was planned with their involvement. Care plans were up to date and personalised. However, some care plans were limited in detail. Action was being taken to address this. People and relatives had access to information about how to raise a complaint and felt confident their concerns would be addressed.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider had made improvements to the checks and audits they completed to enable them to monitor the quality and safety of the service provided. However, further improvements were needed to ensure these were consistently effective. Care workers felt supported by the provider who was accessible and approachable. People and relatives were satisfied with the service provided and the way the service was managed. People and relatives were given opportunities to share their views about the service and improvements were made in response to their feedback.

Divine global health Unique Care

Detailed findings

Background to this inspection

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

Before our visit we looked at the 'Report of Actions' the provider sent to us in March 2017 after our last inspection. This detailed the actions the provider was taking to improve the service.

We also looked at information received from statutory notifications the provider had sent to us, and contacted commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or the NHS. They had no further information to tell us that we were not already aware of.

The inspection visit took place on 6 October 2017 and was announced. The provider was given 48 hours' notice of our visit. The notice period ensured we were able to meet with the provider and staff during our visit. The registered manager is also the provider for this service and is referred to as the provider throughout this report.

The inspection was carried out by one inspector.

During our office visit we spoke with the provider. Due to work commitments care workers were not able to meet with us on the day of our visit. We were provided with care workers contact details so we could speak with them over the telephone.

We reviewed three people's care records to see how their care and support was planned and delivered, and

we looked at the medicine administration record for one person. We also looked at three staff files to check whether care workers had been recruited safely and were trained to deliver the care and support people required. We looked at other supplementary records which related to people's care and how the service operated. This included checks management completed to assure themselves that people received a good quality service.

Following our office visit we spoke with six people and two relatives via telephone to gather their views about the service they received. We also spoke with the senior carer and three care workers.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in February 2017, the provider had breached Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed. This was because the provider had not completed the required pre-employment checks before care workers started working unsupervised with people in their homes. This meant the provider was putting people at potential significant risk by not ensuring care workers were of suitable character to work with people who used the service.

We asked the provider to take action to ensure staff were recruited safely. In response they sent us an action plan outlining how they would make improvements. They told us these actions would be completed by 27 February 2017.

At this inspection we found the provider had completed the action they said they would take and the necessary improvements had been made.

People were protected by the provider's recruitment practices. We looked at three care workers files and spoke with staff about their recruitment experience. Records showed the provider checked care workers were of good character before they started working at the service. They obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about prospective employees. The DBS is a national agency that keeps records of criminal convictions. We saw where prospective employees had a 'portable' DBS the provider had reviewed information held by DBS electronically. A portable DBS allows applicants to carry their DBS check across different employers where they are employed to do the same tasks.

Staff files contained a recruitment 'checklist' and copies of records showed the provider had completed additional pre-employment checks. For example verification of staff's identification and where required proof of staff's 'right to work' in the UK. The provider told us, "Since our last inspection we are very strict with ensuring compliance with all the employment pre- checks before staff can work for us." Staff confirmed they were unable to work at the service until checks had been completed. This demonstrated staff was being recruited safely.

This meant the provider was no longer in breach of Regulation 19.

At our last inspection visit in February 2017, the provider had breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. This was because the provider's procedures to identify and manage risk associated with people's care, and to ensure people's medicines were administered as prescribed, by trained staff were not effective.

We asked the provider to take action to improve risk and medicine management. In response they sent us an action plan outlining how they would make improvements.

During this inspection we saw improvements had been made, though further improvement was required.

Previously, the provider assessed the support people may need to move around their home safely using a risk assessment designed to assess how to move equipment and objects, not people. We also found some known risks associated with people's planned care had not been assessed.

During this visit we saw the provider was using a 'moving and handling' risk assessment devised to establish if people needed support to move safely. They told us risk assessments were completed during the 'initial meeting' with people prior to the service confirming they could take the care package. They added, "We do the assessments before we agree anything. We have to be sure we can meet people's needs safely and keep the staff safe."

Known risks associated with people's care and support had been assessed and most assessments provided care workers with the information needed to manage and reduce each risk. For example, one person was 'prone' to chest infections. Care workers were informed of their responsibility to monitor for any signs of infection at each visit which included, 'drowsiness, confusion, discoloured urine and the person generally appearing unwell'. Care workers were instructed to contact the office if they thought the person may be developing a chest infection. Another person needed assistance from care workers to move around their bed safely. The assessment detailed the equipment needed and the number of staff required to support the person safely. Daily records completed by care workers confirmed they were following the risk assessment

In contrast we found other risk assessments were limited in detail. For example, one person's assessment informed care workers the person was at risk of their skin becoming damaged. The assessment instructed care workers to check the person's skin at each visit and report any concerns to the office. However the assessment did not inform care workers what to look for which could put people at risk. We discussed this with the provider who acknowledged further improvement was required.

Despite omissions in some records care workers told us they knew about the risks associated with people's care and how these were to be managed. One said, "All the clients have assessments for us to read in their folder (in people's homes). [Provider] tells us if anything has changed." Another told us, "If I'm not sure I speak to the [provider] they know all the clients."

At our last inspection care records did not always provide care workers with the information they needed to support people to take their medicines safely. Records to show medicines had been administered as prescribed and to demonstrate staff were competent to administer medicines were not available.

During this visit we saw care plans detailed the medicine people were prescribed, when these should be taken and the level of support people required from care workers. Plans informed staff if people were prescribed medicines but received support from relatives to manage and administered these. This meant staff had the information needed to support people to take their medicine safely as prescribed.

At the time of our inspection visit the service was supporting one person to take their medicine. We reviewed the latest medication administration record (MAR) available for this person. We found gaps on 17, 20 and 21 August 2017. This meant we could not be sure the person had received their medicines on these dates. We discussed this with the provider who told us, "It could be because sometimes the family do the meds." We saw the MAR had an 'F' code which care workers could use if the person's medicine had been administered by a family member. The code had not been used.

Records showed care workers had completed medicine training and had their competency assessed by the

provider or senior carer on the first occasion they supported people with their medicines and were reassessed at regular intervals. One care worker told us, "After the last inspection things really improved. [Provider] checks us all the time. There is no room for error anymore."

This meant the provider was no longer in breach of Regulation 12.

People told us they felt safe with their care workers. One person explained they felt safe because they 'knew' their care worker would visit each day to 'look after them'. They added, "They [care workers] have never let me down." People and relative's knew who to speak to if they didn't feel safe. One person said, "I would tell my son or my carers." A relative told us they would raise any concerns about their family member's safety with the provider.

The provider protected people from the risk of abuse and safeguarded people from harm. Care workers attended safeguarding training which included information about how people may experience abuse. One told us, "Abuse can take lots of forms. It could be, financial or physical or sexual or leaving a client without food."

Care workers understood their responsibility to report any safeguarding concerns, and there were policies and procedures in place to help them do so. Care workers were confident the provider would address any concerns raised. One told us, "I absolutely know [provider] would deal with anything I raised. But if I was worried I would go higher – whistle blow." Whistleblowing is when an employee raises a concern about a wrong doing in their workplace which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public.

There were enough care workers available to support people at the times they preferred, and people received the support they needed. One person told us, "They come four times a day, everyday day. They've never missed." Another person told us their care worker had 'stayed longer' than planned because the person had felt unwell. They added, "It was very kind to stay with me and do some extra jobs."

Care workers confirmed there were enough staff to allocate all planned calls people required at the times needed. One told us, "Oh yes, we have enough [staff] and a call is never not covered. If we need help [provider] works with us. It's all about team work." The provider told us they were 'always' available to provide cover when needed, for example to cover any unplanned staff absences due to sickness. The added, "its important clients know the staff providing care."

Good

Is the service effective?

Our findings

At our previous inspection in February 2017, the provider had breached Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing. This was because the provider had not ensured care workers completed an induction when they started work at the service or received the on-going training the provider considered essential. This meant we could not be sure care workers understood their role and responsibilities and had the knowledge and skills needed to meet the health and social care needs of people who used the service.

We asked the provider to take action to ensure staff completed an induction and were supported to attend on-going training. In response they sent us an action plan outlining the actions they would take to address these concerns.

During this inspection we found these actions had been completed and improvements made.

Records showed all care workers employed by Divine Global Health Unique Care, including those working for the service at the time of our previous inspection, had completed an induction. A recently recruited care worker told us their induction had included completing the Care Certificate. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. Records also showed staff spent time working alongside experienced staff in addition to having to complete a probationary period.

Care workers received regular training to enable them to keep their knowledge and skills up to date and to provide effective care to people. We saw the provider maintained an electronic record of training care workers had completed, including moving and handling, infection control, food safety and equality and cultural diversity and safeguarding. Records showed training was up to date.

Training was tailored to enable care workers to meet the individual needs of people they supported. For example, all care workers had attended a 'catheterisation awareness' session. One care worker described this training as 'really helpful'. They explained this was because it had enabled them to understand how to support a person they visited to 'look after their catheter properly'.

This meant the provider was no longer in breach of Regulation 18.

People and relatives told us they felt their care workers had the skills and knowledge needed to support them effectively. One person said, "My carers know what they are doing so they must have been trained." Another person commented, "Oh yes, you can tell the way they do things they do training." A relative told us, "From my observations they [care workers] understand how to do things."

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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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.

We checked whether the service was working within the principles of the MCA. The provider had an understanding of the principles of MCA and their responsibilities under the Act. They confirmed no one using the service at the time of our visit had restrictions on their liberty; however they were aware of when this may be applicable for people.

Care workers understood the principles of the MCA and told us they had received training to help them understand the Act. One told us, "It's about people's rights and choice. Not making assumptions and giving clients [people] time to make a decision." Care workers were clear people had the right to make their own decisions, and supported people to make decisions where they had the capacity to do so.

People and relatives told us care workers obtained their consent before assisting with care and support. One person described how their care workers started each care call by asking, "Are you ready for me to help you?" Another person told us, "I've only had them [care workers] a few weeks they check what I want before they start."

Care records contained some information about people's capacity to make decisions. Where people had been assessed as not having capacity to make complex decisions, records showed who had the legal authority to make decisions in the person's best interests. However, where people had been assessed as not having capacity to make some day to day decisions information recorded was not decision specific. This meant it was not always clear which decisions people could make, and those which needed to be made in their best interest. We discussed this with the provider who told us they would ensure this detail was added to care records.

Most people we spoke with prepared their own food or had relatives that supported them with this. People who were reliant on care workers to assist with meal preparation told us choice was offered and drinks were given where needed. One person said, "They [care workers] tell me what's in my cupboards and the fridge and ask me what I would like."

People told us they mainly managed, or were supported by a family member to manage their day to day healthcare needs. However, people and relatives were confident care workers would provide support if needed. Care workers knew to contact the office if they had concerns about a person's health. One told us they had called the provider to let them know a person appeared unwell. They said, "[Provider] called [daughter] who got the doctor out." Records confirmed the service involved other health professionals with people's care when required, including district nurses.

Good

Is the service caring?

Our findings

At our previous inspection we found the service provided was caring, and at this inspection it continued to be. The rating continues to be Good.

People described care workers who visited as, 'lovely' and 'friendly'. A relative told us they had observed the care workers who visited their family member to be 'very caring and respectful'.

People's privacy and dignity was respected by care workers. One person told us, "When I'm in the bathroom they always close the door and cover me up with a towel." Relatives agreed. One explained how care workers asked them to leave the room 'politely' before assisting their family member with personal care. They added, "…and they always close the curtains."

People and relatives told us they felt involved in planning and making decisions about their planned care. One person described how they had met with the provider before the service started to 'talk about what I needed'. They added, "I said I needed a late call and [Provider] sorted it." Relatives told us they had been invited to attend a meeting to discuss and agree their family members support needs and preferences, when the service started.

People said they received care at their pace and care workers stayed long enough to complete all the tasks required of them. One person told us," They give me time to do things for myself even though I'm slow." The person told us maintaining their independence was important to them. Another person said, "The girls help me, do all my jobs and make time to have a chat with me. I like to chat."

Care workers said they were allocated sufficient time to carry out their care calls and had flexibility to stay longer if required. One told us, "We follow the rota but if we need to do extra we just let the manager know. I would never leave a call until I had done everything the client needed me to."

People's records held in the office which contained personal information were secured and kept confidential. Care workers told us they understood the importance of maintaining people's confidentiality. One said, "If I ring the office I go and sit in my car."

Good

Is the service responsive?

Our findings

People and relatives told us they were satisfied with the service they received. Comments made included, "My carers really help me. They know what I need them to do… they don't go until everything is done.", "So far so good. They [care workers] have turned up every day and nothing has been too much trouble. That's reassuring." and, "I think it's really good [the service]. Like today they rang to say they would be 10 minutes late. So I didn't fret."

Previously, we found people's care records were incomplete, inaccurate, task focused or provided staff with very little detail about people's personal histories, likes and dislikes and specific needs. Care plans did not inform staff how people preferred their care and support to be provided and had not been updated when people's needs changed.

During this visit we saw the provider completed a detailed assessment, in full, before the service started and used the information from this assessment to begin to formulate an 'initial' care plan for each person. The provider explained the 'initial' care plan was further developed as people became familiar with their care workers and started to 'share more information'.

Records showed the care plans for people receiving a service at the time of our last inspection visit had been updated and re-written. The provider told us they had introduced a 'new care plan format' because it was 'more person centred' and covered the areas needed to ensure care workers knew what to do at each call and how the person preferred their care and support to be provided.

Care workers told us care plans contained the information they needed to support people effectively. One said, "Care plans are much better now, they have a lot more information. I go through a care plan and know about the client, what I need to do and what the client wants." They added, "If anything changes we get a message or a call from the office. We are kept informed and updated."

Most care plans we reviewed were personalised and provided staff with the information they need to support people safely and in the way they preferred. For example, one person had difficulty hearing. Their 'communication' plan informed staff of the need to face the person, be patient and speak slowly in a low tone.

However, the care plan for a person who had received support from the service since the beginning of September 2017, informed staff of the person's need for assistance with personal care, but did not detail how the person required their support to be provided. We discussed this with the provider who told us they were aware some care plans required more detail and had plans in place to address this.

During our last inspection we found one person's file indicated the person had a 'Do Not Attempt Resuscitation' [DNAR] in place. However, this was not referred to in the person's care plan and a copy of the DNAR was not available on file. A DNAR is a document telling medical professionals not to attempt cardiopulmonary resuscitation (CPR) and acts as a tool to communicate to healthcare professionals that

CPR should not be attempted. During this visit, where relevant, people's care files contained information about, and copies of DNARs. This meant staff had important information about people's wishes.

People told us they received their care calls from care workers they knew. One person explained they received support from a small team of three or four care workers who they knew well. They added, "If I get a new one [care worker] they come with another carer so I know who they are. We reviewed the call schedules for four people who used the service. These confirmed care calls were planned in advance, at the times agreed and people were allocated regular care workers.

Most people had only received a service from Divine Global Health Unique Care for a short time. However, care workers demonstrated a good understanding of people's care and support needs. Care workers told us this was because they had a set rota with consistent care calls, which helped them, get to know people and be better able to respond to their needs. One told us, "The way our rota works if good. You see the same clients [people] so you can spend time chatting and learning about them. We build relationships." Another care worker explained they began to learn about people and their needs by reading care plans.

We looked at how complaints were managed by the provider. People and relatives told us they had no complaints but said they would contact the provider if they had any concerns. One person said, "[Provider] is very nice. They would sort any problems." Care workers told us they understood the importance of supporting people if they had a complaint. One said," The clients come first. If anything is not right we need to put it right." They added, "I would tell [provider]. [Provider] would sort it." We saw information about how to make a complaint was included in the service user's guide which the provider told us was, "issued to each client when the service started."

Requires Improvement

Is the service well-led?

Our findings

At our last inspection visit in February 2017, the provider had breached Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. This was because the provider did not have effective systems in place to assess and monitor the quality and safety of the service provided, including discussion with care workers about their performance and development. We were concerned the provider had not assured themselves that people received high quality care that was safe, effective and responsive to their individual needs.

We asked the provider to take action to address these concerns. In response they sent us an action plan outlining the actions they would take to make improvements. They told us these actions would be completed by June 2017.

At this inspection we found the provider had completed the action they said they would take and improvements had been made. However, further improvement was needed to ensure audits and checks were consistently effective.

Since our last inspection the provider had completed regular audits and checks to monitor the quality and safety of the service. These included checks to ensure recruitment of staff was safe, and care records were up to date. Where audits identified shortfalls action had been taken.

However, we also found some audits were not effective. This was because the issues we found during our visit had not been identified. For example, care file audits had not highlighted the lack of required detail in some care plans and risk assessments. Audits of medicine records had not been completed at monthly intervals in line with the requirements of the providers 'Medication Management' policy. This meant unexplained gaps we identified on MAR during our visit had not been addressed. We discussed this with the provider who told us, "I will deal with this straight away." Following our visit we received information from the provider confirming MAR records had been audited.

At this inspection care workers told us they had regular individual and team meetings. One told us, "Having meetings has helped me improve. I have asked questions about things I didn't really understand and now I know what to do I feel more confident." Records of the most recent team meeting dated 3 July 2017 showed a range of issues were discussed including, training and maintaining good practice standards. The notes also showed the provider had thanked staff for their support and encouraged staff to 'speak their mind at any time'.

We found the provider was no longer in breach of Regulation 17.

People and relatives told us they were satisfied with the service provided and felt the service was well-managed. One person told us, "[Provider] is a lovely person. Easy to talk too and always willing to help." A relative told us the provider had given them their mobile telephone number in case the relative needed to contact them directly. Another told us, "Everything runs very smoothly which must show it's well-managed."

The service had a registered manager who was also the provider for the service. The provider told us they were responsible for the day to day operations of the service and for the developing the business. In addition they worked alongside care workers undertaking care calls. They told us, "Because I go out with staff two or three times a week I can closely monitor how they work and spend time with the people we support." During our visit we heard the provider speaking with people and relatives on the telephone in a familiar and friendly manner. The provider told us when they were 'in the office' care workers received guidance and support from a senior carer. Care workers knew the management structure and understood who to report concerns to.

Care workers described the provider as approachable, accessible and supportive. One told us the provider was 'always' available to provide support and guidance 'even' outside normal office hours. They said, "We can call [provider] at any time, in the evening or at weekends." Another told us they 'enjoyed' working for the service because the provider 'cared about the staff and their families'. They said, "[Provider] is always checking we are ok and we are free to talk about anything. That's what I like. We have a very good working relationship."

Previously, we identified the provider had not always sought feedback from people and relatives about the service they received to enable the service to make improvements.

At this inspection records confirmed the provider had gathered feedback from three people and two relatives via a 'Quality Monitoring Questionnaire'. Feedback received was positive. For example people told us, "The staff help me get into bed which is helping me rest properly.", "The staff talk with me when I need someone other than a relative." and, "They are helpful to me in everything I ask of them." However, records were not dated which meant we could not be sure when this feedback was provided. The provider told us they would ensure future 'questionnaires' showed the date they were returned to the office.

The provider used feedback received to make improvements to the service. We saw two people commented they did not know about the services complaints procedure. The provider had responded by re-issuing copies of the procedure to all people who used the service and had reminded people the procedure was in the 'service users' guide in the person's file in their home. Another person had commented they had difficulty understating what staff were saying because staff spoke 'quickly'. The provider had addressed this by discussing the issue with the person and their relative and reminding staff of the need to speak slowly and to check people's understanding.

The provider understood their responsibilities and the requirements of their registration. For example, they had submitted the required notifications to change the location from which the service operated and had displayed the latest CQC rating in their office.