

Alina Homecare Services Limited

Alina Homecare - Bristol South

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?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service

Alina Homecare Bristol South is a domiciliary care agency. It provides personal care and support to people who live in their own homes. At the time of the inspection, the service was providing support to 39 people with a range of physical and mental health care needs.

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.

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

People were safeguarded from the risk of abuse and felt safe with the staff who supported them.

Systems and processes were in place to safeguard people, and staff understood their responsibilities. Risk assessments were in place to ensure staff kept people safe.

People's needs and preferences were assessed and documented before they started to receive support from Alina Homecare Bristol South. Care plans contained detailed information to support staff to meet people's individual needs. These documents reflected people's preferences and were regularly reviewed with people to ensure they received personalised care. Staff and professionals told us the management team responded to changes in people's needs quickly to make sure they continued to receive the right support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were enough staff employed to meet people's needs and they received training and support to ensure they provided safe, quality support. Staff were passionate about Alina Homecare Bristol South and the care and support they provided to people.

The culture was person-centred, open and inclusive and aimed to achieve good outcomes for people. People and their relatives were positive about the service and told us about many ways in which staff were caring, considerate and supportive.

People and their relatives knew the management team and found them approachable and flexible. Staff told us the management team were visible and supportive and were passionate about providing a high-quality service. Governance systems and processes were well established and there were regular feedback surveys, spot checks and audits to ensure standards remained high. This monitoring supported the registered manager to review and learn from current performance as well as drive improvement.

Lessons were learned when things went wrong, and actions were taken when necessary. Several relatives

and professionals told us effective communication was one of the strengths of Alina Homecare Bristol South. Staff worked closely with other professionals for the benefit of people they supported. This helped to ensure people received a joined-up service which was responsive to their needs.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. They did this by ensuring the way staff worked with people gave them choice control and independence. In addition, care was person centred and promoted people's dignity, privacy and human rights and the values and attitudes of staff and managers ensured people were supported to lead confident, inclusive and empowered lives. Examples of this are given in the full report.

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

Rating at last inspection

This service was registered with us on 18 March 2020, and this was the first inspection.

Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Alina Homecare - Bristol South

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service a short period of notice of the inspection. This was because we needed to be sure that the registered manager or provider would be in the office to support the inspection.

Inspection activity started on 7th July 2021 and ended on 13th July 2021. We visited the office location on 7th July 2021.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is

legally required to tell us about.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with nine people who used the service or their relatives about their experience of the care provided. We received feedback from five professionals who had contact with the service. We spoke with 10 members of staff, including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Their comments have been incorporated into this report.

We reviewed a range of records relating to the management of the service, including policies and procedures and audits. We looked at four people's care records and medication records and four staff files in relation to recruitment and staff support.

We considered all this information to help us to make a judgement about the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at survey responses, and additional policies and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they trusted the staff who supported them and felt safe with them. One relative said, "Absolutely, I feel safe with them. There's no trouble at all".
- Staff told us they would act if they were concerned about safeguarding issues or risk. They said they would document their concerns, speak with a member of the management team, and follow up to make sure action had been taken. One staff member told us, "We're really hot on safeguarding".
- Staff received training and the registered manager told us they spoke with the local safeguarding service regularly. When safeguarding concerns were raised, action was taken where necessary.
- Systems and processes were in place to protect people from the risk of harm or abuse. Policies provided information and guidance, and staff were able to access these documents.

Assessing risk, safety monitoring and management

- Risks to people and staff were assessed, managed and regularly reviewed. Risk assessments were in place and regularly reviewed to ensure staff knew how to support people safely in line with best practice. For example, when moving and handling and administering medicines.
- Some people had complex health needs which required careful management to keep them well. For example, people who required the use of a hoist to move, or those who had diabetes or skin problems. Staff had received training and care plans provided clear guidance about how to manage individual's specific needs safely.
- Assessments of the environment and equipment ensured people and staff were protected from unnecessary harm. Information was provided about how to safely access people's homes, and personalised plans were in place for managing emergency situations.
- Often staff worked alone in people's homes, and a lone working policy was in place to provide guidance about keeping safe.

Staffing and recruitment

- There were enough staff employed to meet people's needs. This was regularly reviewed, and new packages of care were not taken on if the provider did not have enough staff or the skills necessary to provide safe, high quality support.
- People were usually supported by staff they knew, and they said managers tried to provide them with regular staff when possible. New staff were introduced to a person before supporting them independently. Comments from people and their relatives included, "We get to know some of them well. My [relative] has a massive smile for some of them" and "There have been some new recruits coming recently. They seem kind and very promising. It's good because [registered manager] interviews them and finds out what makes them tick. They're the right sort of people".

- Staff told us they had enough time at each person's home. They were able to tell managers if visit times needed amending. Changes were then made promptly.
- The provider had systems in place to ensure recruitment practices were safe. This included criminal and employment checks being carried out to confirm staff were suitable to work with people.

Using medicines safely

- Systems were in place to support people to take prescribed medicines when needed. Each person's needs were assessed, and the support provided reflected their abilities and encouraged independence.
- Staff were trained and assessed as being competent in the safe management and administration of medicines.
- The online recording system enabled staff to clearly record when they had supported people with medicines in line with best practice.
- People were kept safe because medicines errors had been eliminated through correct use of the electronic recording system.
- The registered manager monitored medicines administration daily and took action to improve practice or make changes if necessary.

Preventing and controlling infection

- The provider had managed risks effectively during the recent coronavirus pandemic. We were assured that people were protected by the prevention and control of infection.
- Staff received training and were kept updated about government guidance to manage the risks of infection relating to the pandemic.
- Staff had access to personal protective equipment and used this effectively and safely.
- The provider had up to date infection control and coronavirus policies.

Learning lessons when things go wrong

- Lessons were learned when things went wrong, and actions were taken when necessary.
- The registered manager reviewed and analysed accidents and incidents. These were overseen by the provider to review themes, trends or concerns.
- The service had not received any formal complaints, but people and their relatives told us action was taken promptly when they raised concerns or gave feedback. Changes to practice or lessons learned were shared with staff to improve the quality of care provided.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and preferences were assessed and documented before they started to receive support from Alina Homecare Bristol South.
- Care plans contained detailed information to support staff to meet people's individual needs. This included physical, emotional, communication, cultural and social needs. For example, one person's care record reminded staff to speak loudly and clearly because of their hearing impairment. In another case staff were guided about possible ways to support a person who may become upset about the death of their spouse. These documents were written in collaboration with people or their relatives to ensure the support provided reflected their preferences.
- People felt they were at the centre of the support they received. One person told us, "They definitely come from a social model. The person is very much in control".
- Staff told us, "It's definitely individualised care, and things change, we're always mindful of that".
- Systems were in place to review people's individual care and needs and ensure their current preferences were reflected. Changes were made swiftly when required.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and experience to deliver effective care and support. Relatives described staff as, "Highly professional and trained well for all care needs" and "Very friendly and caring and are competent in their jobs".
- Several staff employed by Alina Homecare Bristol South were new to working in the care sector. A detailed induction programme supported them to develop their knowledge and skills before they worked with people independently. This included training, shadowing, spot checks and supervision. One staff member said, "They make sure I have the right skills. They train me to the level to be able to deliver good care".
- There was a positive approach to training, and all staff received regular updates to ensure they continued to work in line with current best practice guidelines. Staff were supported to attend additional training to ensure they could meet people's needs. For example, providing end of life care or supporting people with Parkinson's disease.
- Staff were encouraged to develop their potential. Some had undertaken additional work-based qualifications and others had successfully applied for more senior roles in the organisation. They were proud of their achievements and committed to the service.
- Staff had regular opportunities for support through supervision sessions, team meetings and contact with the management team. Several staff told us the support they received was one of the best things about their job. One staff member said, "Management go above and beyond to help you as much as they can".

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

- When required, people were supported to eat and drink and maintain a balanced diet.
- People's needs were assessed, and preferences documented in care plans. For example, one record stated, "I usually like crumpets and honey and either tea or coffee, but please ask me".

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

- Staff worked closely with health care professionals for the benefit of people who were supported by the service.
- The management team had good working relationships with several health and social care professionals. This helped to ensure people received a joined-up service which was responsive to their needs.
- All the professionals we spoke with were very complimentary about Alina Homecare Bristol South. They noted that communication was effective, and staff responded quickly to people's changing needs. One professional told us staff had carried out an assessment out of usual working hours in order to provide a swift response and enable a package of care to be set up more quickly than usual.
- Another professional said, "I have seen them going the extra mile for their service users and liaising directly with the wider healthcare organisations to ensure the best care for their service users. I believe they always put patient care first".

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's rights were protected because staff had received training and understood the principles of the MCA.
- People's capacity to make specific decisions at a particular time was considered, recorded and regularly reviewed. If a person was unable to give consent, best interest decisions were made with the support of family members and other agencies, in accordance with legislation.
- People were supported to make their own decisions. One person said, "They always do things the way I want". Another person added, "I show them how to do things, then they do what I want".

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness, respect and compassion.
- Without exception, people and their relatives were positive about the service and told us about ways in which staff were caring, considerate and supportive. Comments included, "It's not just a job for them, they treat people with more humanity than that", "They really add the personal touch. They go above and beyond" and "The girls are very nice and look after me. They're excellent".
- Staff we spoke with were enthusiastic about providing personalised care which met people's needs. One staff member said, "Little things to us might be big things to them. We provide personalised care to make sure we do those little things that mean more than anything else".
- Staff knew people well and understood their routines, needs, likes and dislikes. Information was also provided in care records, for example where someone liked to have their meals, or how they preferred to receive support with personal care activities.
- Staff were passionate about Alina Homecare Bristol South and the care and support they provided to people. One staff member said, "This is the hardest job I've ever done, but it's also the most rewarding. I really enjoy caring, its special".
- The provider respected people's needs under the Equalities Act 2010. Assessments and care plans included information about issues such as cultural, religious and gender needs. These were known and understood by staff.
- Compassionate, respectful and empathetic behaviour was also promoted within the staff team. Several staff told us about how supportive they found their colleagues and the management team, and they felt their individual needs were respected and observed. For example, one person had been supported to manage their mental health and wellbeing, and changes had been made to another person's shift pattern to support their religious beliefs.

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

- People and their relatives were encouraged to be actively involved in all aspects of the support they received from Alina Homecare Bristol South. This was written in care plans and records which were person centred and reflected individual preferences.
- Several relatives and professionals told us effective communication was one of the strengths of Alina Homecare Bristol South and this enabled staff to best meet people's needs and preferences.
- Staff supported people to remain independent and make choices where possible. Staff told us they usually had time to spend with people and were not rushed during visits. This meant they were able to listen to people, provide information and involve them in decisions in a personal way.
- People's communication needs were considered when they were making decisions about their care. For example, providing information in different formats, having discussions before a planned meeting, or

involving relatives in decision making.

- The registered manager carried out regular reviews and asked people and their relatives for feedback about their experience of the service.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff understood how important this was, and several staff told us they tried to put themselves in the position of the person who was receiving support to better understand their experience.
- One person had been supported to have a bath for the first time in several years. This was done carefully and sensitively, and the person was very happy to have been able to use their bath again.
- People's views and preferences were incorporated into person centred care plans. One person's preferences were made clear in their care plan about maintaining their dignity. The plan stated, "Please dress my top half before putting on my sling and then transfer me to the bed".
- Independence was encouraged, and people were involved with decisions about their care. This was documented and regularly reviewed. Staff said, "We help people to stay as independent as possible; we don't take over".

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 received personalised care which met their individual needs and preferences.
- Before using the service, people's needs were assessed to ensure staff could support them effectively. One person had an initial interview with staff to ensure they liked and trusted the staff member who would work with them, and video call introductions take place for prospective live in carers.
- People and their relatives were encouraged to contribute to planning the support they received.

Information was documented in care records to ensure staff knew how people preferred different aspects of their care to be provided. One relative said, "Because we can see the Birdie app (electronic records system) we can pick up on subtle things that need sorting out to make sure things are as [Name] wants. The service always acts quickly then". Care plans were regularly reviewed and updated to ensure they remained current.

- People who received support from the service and their relatives were very positive about the service. They told us they were able to make decisions about the support they received, and trusted staff to support them in the way they preferred.
- Professionals told us the management team responded to changes in people's needs quickly to make sure they continued to receive the support they needed. One professional said, "They are very receptive to individual needs and act quickly if risks change to keep people safe".
- Staff told us they highlighted any changes in people's needs or concerns about them with the management team to ensure they received the right level of support. They said the management team acted promptly to keep people safe. One member of staff said, "If staff or clients raise a concern, things are changed within a day. We always know what's changed".

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, and it was clear how information should be shared with them. This helped to ensure people received information in a way which was accessible to them. For example, messages may be in person, written or via email for those people who had a hearing impairment and would prefer not to receive phone calls.

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's care records contained information about interests and things they had previously enjoyed doing.
- People were supported to use community facilities and follow their interests, although this had been limited by the restrictions of the coronavirus pandemic. One person's record stated, "I am really struggling with lockdown and not being able to do my usual voluntary activities and this is having a negative impact on my mental health. Please assist me to find tasks I enjoy around the home". This guidance prompted staff to support the person to take part in meaningful activities and follow their interests.

Improving care quality in response to complaints or concerns

- There had not been any formal complaints made to the provider in the last 12 months.
- People and their relatives were confident about raising concerns if necessary. People and their relatives asked questions and had made comments to the management team which they told us were actioned or resolved quickly. One relative said, "If we've had any concerns, the office staff have been very helpful".
- One person told us, "I've had a couple of queries, so I just phoned the office and they took action straight away. It was no trouble at all when you ring them, and you can ring any time. They sort out any problems".
- A policy was in place which outlined how complaints were managed and dealt with.

End of life care and support

- People's preferences for end of life care were clearly recorded, communicated and kept under review. One person's care record stated, "I will need some emotional support...Please talk to me and try to keep me upbeat".
- People and their relatives were actively involved in decision making about end of life care. When this was not something they wished to discuss with the provider, this was also recorded.
- Staff worked with other professionals and sought specialist support on an individual basis if this was required.
- We did not speak with anyone who was receiving end of life care at the time of the inspection.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering

- The culture within the service was person-centred, open and inclusive. It put people at the centre of their care and support provision to promote positive outcomes. The culture was reflected in the vision and values of the organisation which focused on providing compassionate care and support as well as enhancing people's quality of life, independence and social inclusion. The provider's values were embedded in the organisation and were reflected in the way staff supported people.
- People and their relatives were very positive about the support they received and told us they received an exceptional service. One person said, "They're like rays of sunshine on a cloudy day. My carer is kind, thoughtful, hardworking and courteous." Comments from relatives included, "X's quality of life has definitely improved since Alina Homecare were involved" and, "The staff seem to really care about the people, and the agency seem to care for their staff. It makes a big difference".
- The registered manager and senior staff were role models who led by example and promoted a positive culture which people were proud to work in. All staff told us they found the provider to be fair and transparent and were very positive about the management team. Comments from staff included, "We have a common goal here. Everyone is in it for the right reason. The amount we all care is incredible, and the managers give 100%" and "I feel really valued here, I'm not just a number". They told us their voices were heard and acted upon, and there were high levels of staff satisfaction.
- Professionals told us, "This is my 'go-to' service. They're five star. They have really made a difference to people's lives" and "There is nothing better than this service. They are receptive to individual needs, person centred and very helpful".
- Staff were very dedicated and proud of the service people received. A staff member told us, "This is the sort of service I'd want my mum to have. I've recommended them to someone".
 - The nominated individual and quality team maintained regular contact with the registered manager to ensure the values of the organisation and standards were effectively embedded in practice. The provider had a service user forum which encouraged people to be involved in developing policies and the development of the service. People were supported to share their views and experiences in different ways.
- People and their relatives knew the branch management team and found them 'extremely' approachable and flexible. Staff told us the management team were very visible and supportive and were passionate about providing a high-quality service. Comments included, "[Registered manager] is really passionate about the service, they really give 100%", "The managers are supportive and flexible, that helps us be responsive" and "Management go above and beyond to help you as much as they can".
- The registered manager celebrated staff's achievements and recognised the importance of ensuring they felt valued by giving small tokens and gifts throughout the year. Staff wellbeing was supported by the

provider by access to a confidential assistance service and benefits programme. Staff and managers were proud of the service and wanted it to be a positive experience and place for everyone.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their role and responsibilities. Staff were also clear about the expectations of their role and were proud of what they had achieved to ensure standards and the quality of service was maintained and promoted.
- The provider understood the need for robust governance, quality and performance processes. Governance and monitoring systems were embedded in the service and this had ensured high standards of quality were maintained. This included feedback surveys, spot checks and audits of visit times, health and safety, record keeping, and incidents. This monitoring ensured ongoing improvements to the quality of the service people received. Action plans identified priorities to ensure risks were managed and there were demonstrable quality improvements to the service. For example, more consistent and accurate completion of written records and reviewing the duration of calls to have improved people's experience. Senior management support was embedded and there was accountability to ensure ongoing developments were delivered effectively.
- Staff felt valued and supported by the registered manager. They were encouraged to improve their skills and knowledge and were given feedback clearly and sensitively. When necessary, the registered manager managed staff robustly to ensure care remained of the highest quality.

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

- People and their experiences were at the centre of the service. The provider was proactive in asking for feedback from people, relatives, staff and other stakeholders. Managers were creative in engaging different methods, suitable to individual needs, which enabled people to provide feedback. For example, one person preferred to talk through the feedback form at a particular time with staff, whilst another requested a planned telephone call from the manager to provide feedback. The management team were open to constructive criticism as well as positive comments, and took action as required to achieve and develop standards. This included introducing electronic records and providing better hardware for staff to use this technology.
- There were frequent telephone or in-person checks, as well as a more formal annual survey. We saw the responses to the 2021 survey which had been received so far. All of these contained exceptionally positive feedback, and people were consistently satisfied with the service they received, care staff and communication.
- Staff were encouraged to make comments and suggestions to continue improving the service provided. Regular staff meetings were in place, but staff also said they could approach members of the management team at any time. Staff said their input was valued and welcomed and they felt appreciated and involved in shaping the culture of the service. One staff member said, "If [registered manager] feels an idea will work and will be good for the clients, then we can do it". They had suggested involving people in a recent football tournament by inviting them to participate in a draw with a small prize being presented to the winner. This had been supported by the registered manager and had connected people and staff, and increased enjoyment of the tournament for many.
- Professionals told us they had strong links with the service and effective communication with the management team. Comments included, "Their communication with us is absolutely outstanding" and, "They have gone above and beyond for people". Professionals were confident about the quality of the service provided and the capability of the staff team. Effective working relationships with external agencies and health and social care professionals helped to maintain the health and wellbeing of people.
- The service had developed links with local colleges, social care networks and community resources. For

example, the registered manager was proud of the presentations they had given at local college careers days, their involvement in a webinar with a local Member of Parliament and contact with local businesses. Events such as these helped to promote wider engagement and develop the service. People who used the service benefitted from the registered manager's commitment and motivation within the community.

Continuous learning and improving care

- The provider emphasised the importance of reflective practice and continuous improvement, resources were available to support this. There were regular visits from members of the quality team and senior managers monitored the service to ensure values were embedded, standards remained high and improvements made where necessary for the benefit of the people they supported. Quality assurance systems were very effective and supported the registered manager to review and learn from current performance as well as drive continuous improvement.
- There had been improvements such as introducing an electronic notes system. This had reduced time staff spent on administrative tasks, provided up to date information and enabled the monitoring of standards and supported the delivery of high-quality care.
- Staff had raised concerns that the mobile phones provided by the company were not responsive enough when using the electronic records applications. The provider had surveyed staff's views and preferences and provided them with alternatives and improved ways of working. This showed managers listened to feedback and concerns, openly engaged with staff and made improvements to the experience of staff and people who used the service.
- The registered manager had regular contact with other managers across the organisation and was proactive with other providers. They shared ideas, sought support and kept abreast of developments to make a difference to people's lives and actively improve quality standards in the sector. One professional described the registered manager as, "Positive in representing their service, as well as home care overall, and is an asset in raising the positive profile of home care. ...They appear keen to be at the forefront in developing the service, learning from and with others to support best practice".
- The service had received many compliments from people and their families. Examples included, "Exceptional standard from everyone" and, "You went above and beyond any expectations we had. [Name] had the best care possible. We would not hesitate to recommend you".

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 registered manager was open and approachable and understood their responsibilities following an incident.
- People, their relatives and staff told us the registered manager was open, honest and communicated well. They understood their responsibilities following an incident and involved people, relatives and staff in reviewing incidents and making changes to prevent recurrence in the future.
- Relatives were able to access the electronic records system with people's consent. This meant they knew what staff or their relative had done during each visit and had open communication with the provider.
- Records of incidents and accidents were kept and regularly reviewed and analysed to understand any themes or areas for improvement. There was a strong emphasis on development and improvement.