

# Core Outreach and Care Services Uk Ltd

# 479 Green Lanes

## Inspection report

Core Outreach & Care Services UK Limited  
479 Green Lanes, Palmers Green  
London  
N13 4BS

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

479 Green Lanes is a domiciliary care service providing the regulated activity of personal care to older people aged 65 and over, some of whom were living with dementia. At the time of the inspection the service was supporting 112 people.

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 and relatives told us that they received good care and support from a regular and consistent team of care staff.

People told us that they felt safe with the care staff that supported. Care staff described how they would recognise any signs of abuse and the actions they would take to report their concerns.

Risks associated with people's health and care needs were identified and assessed with guidance available to staff on how to minimise known risks to keep people safe. However, further improvements were required in ensuring staff were provided with detailed guidance in relation to people's identified individualised risks.

Management oversight systems in place enabled the registered manager to identify issues and improve the quality of care people received. Significant improvements had been made since the last inspection in this regard. However, during the inspection we did identify minor issues relating to detailed risk assessments and ensuring care plans were updated consistently where change was identified.

People received their medicines safely and as prescribed. Policies and processes in place supported this.

Process in place allowed for only those staff assessed as safe to work with vulnerable adults were recruited. There were sufficient numbers of staff available to meet people's needs. People told us that they received care at the agreed time and where staff were running late this was communicated effectively.

Care staff received the required training and support to carry out their role effectively.

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.

People's nutrition and hydration needs were assessed and appropriate support provided where required. Where people required support and assistance to access health and social care professionals due to a

specific identified need, care staff and the service helped people with this.

People and relatives told us that care staff were kind, caring and respectful and that they received care and support that upheld their privacy and dignity.

Care plans were detailed, person-centred and captured people's needs and wishes about the care and support that they required.

People and relatives knew who to speak with if they had any concerns and were confident their concerns would be addressed and resolved.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 17 January 2019). We found breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. Whilst there were no breaches in regulations, further improvements were required under well-led for the provider to further implement and embed the required improvements.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# 479 Green Lanes

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by one inspector, a specialist advisor pharmacist and two Experts by Experience. Both Experts by Experience made telephone calls to people and relatives to gain feedback about the service they received. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed the action plan that the provider submitted following the last inspection in January 2019. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the nominated individual, the registered manager, the deputy manager and the care coordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 17 people's care records and 12 people's medication records. We looked at eight staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We spoke with ten people who used the service and 17 relatives about their experience of the care provided. In addition, we spoke with six care staff.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. Medicines management and administration was not safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The service completed risk assessments for each person where risks had been identified in relation to people's health and care needs. Identified risks included environmental risks, risks associated with moving and handling, choking, behaviours that challenged and specific health conditions such as epilepsy, diabetes and skin integrity.
- Care plans and risk assessments included guidance and direction to care staff on how to minimise people's identified risks to keep people safe from avoidable harm.
- However, we did identify that where specific risks had been identified, detailed guidance to care staff on how the risk affected people individually and how staff were to support the person in mitigating the known risk to keep them safe, was not always available. We showed the registered manager the specific examples of these, who following the inspection sent us evidence confirming these risk assessments had been updated.
- Risk assessments were reviewed six monthly or sooner where change in a person's needs had been noted. One relative told us, "Yes, they do regular risk assessment as far as I know."
- Care staff spoke confidently about people and the risks associated with their health and care needs, stating that care plans and risk assessments contained the appropriate information needed to keep people safe. One care staff told us, "They [service] tell you about people's risks. It tells you about risks of choking, we have directions on the kind of food people should be given."
- People received their medicines safely and as prescribed.
- Where people required support with medicines administration or were self-administering, this was clearly documented within the person's care plan with information about any allergies, medicines prescribed, their use, side effects and when and how they were to be administered.
- Medicine administration records were seen to be complete and no gaps or omissions in recording were identified. Where people refused their medicines or did not receive their medicines as prescribed, the reason for this was clearly documented.
- People and relatives spoke positively about the support that they received with their medicines. One person told us, "The carer comes twice a day to help me insert my eyedrops. She always puts gloves on to

do it."

- Care staff received regular training on medicines management and administration. To assess competency of staff, observed assessments were completed for all care staff administering medicines which was reviewed annually.
- Medicine administration records were checked and audited monthly to ensure people were receiving their medicines on time and as prescribed. Where issues were identified these were immediately addressed with the relevant care staff member and the staff team to promote learning and improvement.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes in place safeguarded people from the risk of abuse.
- People and relatives told us that they felt safe with the care staff that supported them and their loved one. One person told us, "Yes, I do, well she [care staff] is quite friendly and we see her every day and I trust her." Another person stated, "Yes, well they give me a shower and make my breakfast. I do feel safe with them." Relatives comments included, "I do feel that [person] is safe with the carers" and "They [care staff] do seem to respond and deal with situations which helps us feel [person] is safe with them."
- Care staff received training on safeguarding vulnerable adults and were able to demonstrate clearly how they would identify signs of abuse and the actions they would take to report their concerns. Care staff also listed external agencies they could report their concerns to confidentially but were confident that the registered manager would address their concerns.
- The registered manager understood their responsibilities around reporting concerns to the appropriate authorities where required. Where allegations of abuse had been made, we saw records that an investigation had been completed and improvements and further learning had been communicated to the team.

Staffing and recruitment

- People were supported by a regular team of care staff who had been appropriately vetted to ensure they were safe to work with vulnerable adults.
- People and relatives told us that they received care and support from a regular team of care staff who arrived on the time that they had agreed. Where care staff were running late, people and relatives confirmed that they were always informed of this.
- People's comments included, "They [care staff] have never failed to come; they will tell me the day before if I am getting a replacement" and "Yes, they arrive on time and they will tell me if they are going to be late, or if they are with a previous client." Relatives told us, "She [care staff] is on time and it's important as I'm at work. She will usually contact the office if running late" and "Oh yes, they always phone or text if they are going to be late. There has been no time they have not turned up."
- Care staff told us that rotas were sent to them weekly but that they were allocated permanent people they supported so knew their rota well. Where rotas were changed, changes were communicated by phone and they were sent an amended rota.
- Care staff also stated they were always allocated enough travel time and when they were running late people or relatives were always informed of this.
- The registered manager completed the appropriate checks to ensure that care staff recruited to work for the provider, had been assessed as safe to work with vulnerable adults.
- Checks included verification of people's identity, conduct in previous employment, right to work in the UK and a criminal records check.

Preventing and controlling infection

- People were protected from the risk and spread of infection.
- Staff had received training in infection control.

- The service ensured that all staff had access to personal protective equipment such as gloves and aprons so that people could be protected from the risk of infection.

#### Learning lessons when things go wrong

- All accidents and incidents were clearly documented with details of the nature of the incident or accident, actions taken and any follow up required to ensure people's safety.
- The registered manager and staff worked proactively with a variety of health care professionals following an accident or incident to ensure people received the appropriate support to prevent future re-occurrences.
- The registered manager explained that they worked proactively with the care staff team to promote learning, development and improvement to prevent any type of accident or incident from occurring.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

At our last inspection we recommended the service follow current best practice in line with the MCA 2005, especially when assessing and recording people's mental capacity and where decision had been made in people's best interest. The provider had made improvements.

- People were supported to make their own decisions as far as possible.
- People and relatives confirmed that they were always asked and involved in making decisions about the care and support they received. One person told us, "Yes, they do, they will always ask if they should do something."
- The service ensured that people had consented to the care and support that they received where possible. Care plans had been signed by people confirming this.
- Where people lacked capacity to make a specific decision, this had been assessed and documented. Relatives had also confirmed their involvement in care planning and delivery in partnership with involved health care professionals. Where required, best interest decisions had been considered and documented.
- Staff demonstrated an understanding of the MCA 2005 and how its key principles were to be applied when supporting people.

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

- People's needs, requirements and wishes were comprehensively assessed before they received a service from 479 Green Lanes.
- The registered manager explained that these assessments were important to determine people's needs, look at the services' capacity and try to find a suitable care worker match to ensure the safe and effective delivery of care.

- The assessment took into consideration the information provided by the referring agency and then looked at any gaps in information and all identified risks.
- A care plan was then developed based on all information that had been gathered. Care plans were reviewed regularly to ensure information remained current and reflective of people's needs.
- People and relatives confirmed that they had been involved in the care planning process.

Staff support: induction, training, skills and experience

- People received care and support from care staff that were skilled and trained. People and relatives feedback confirmed this. One person told us, "Oh yes, I must say I am very pleased with people I have; they are very good." Relatives feedback included, "Yes, those people who are coming, they are good and they care" and "Yes, I think the main person is certainly skilled in what [persons] needs are."
- Care staff told us and records confirmed that each staff member received an induction prior to starting work. The induction covered training in mandatory topics such as safeguarding, moving and handling, MCA and first aid as well as an introduction to care and shadowing more experienced members of staff to ensure they understood their role.
- The registered manager also ensured that all staff received specialist training to ensure staff were able to support people with specific identified needs. We saw care staff had received training on epilepsy and diabetes care, end of life care and catheter and Percutaneous Endoscopic Gastrostomy (PEG) feed care.
- In addition to training, staff told us, and records confirmed that they also received appropriate support through regular supervision and annual appraisals.

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

- People were supported to eat and drink to maintain a balanced and healthy diet where this was an identified and assessed need.
- Where people had specialist, dietary requirements including any cultural or religious needs, these were recorded in people's care plans.
- Where people had specific guidance and instructions to be followed around their eating and drinking such as Speech and Language Therapy recommendations, these had been documented within the person's care plan with a clear plan to be followed by care staff.
- People and relatives all explained the level of support that they received with meals as part of the care call and did not express any concerns. One person told us, "They get me breakfast and leave me a drink and they get me a hot meal or something on toast, whatever I want, in the evening." One relative explained, "Yes, the nutritionist has said what [person] should have. They [care staff] heat up ready meals and they make porridge for breakfast. He has a balanced diet and he gets more than enough. They always encourage him to eat."

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

- The service effectively supported people with their health care needs where this was required.
- We saw records confirming where the service had been involved or made referrals to specific services to ensure people had access to the appropriate health care services.
- Care plans documented people's health and medical needs with information around any support needs in relation to these. Where change was noted and people required specialist input, the registered manager told us that generally their first point of contact would be involved relatives and the person's GP so that the appropriate health care service could be accessed.
- Care staff recorded their observations and changes in needs at each visit on daily recording sheets which enabled information exchange between care staff to ensure most current information was available for care to be delivered effectively and in response to people's needs.

- People and relatives told us that care staff were attentive to their needs and when required, care staff would alert them to any significant health concerns so that appropriate help and support could be accessed. One person told us, "He [care staff] is very good at tissue viability and checks my skin all the time to make sure there is no redness or skin breakdown." One relative told us, "They [care staff] would inform us of any problems and some may call the ambulance."
- People's support needs around maintaining their oral hygiene was documented in their care plans. Care workers had received training on maintaining oral hygiene and described the importance of supporting people with this.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Care staff knew the people they supported well.
- People told us that they were supported by a regular team of care staff who took care of them well and were kind, caring and respectful. People's comments included, "Well they are neat, nice and loving and are very kind", "The girl I have at the moment is very caring, she is very kind, always has a smile on her face" and "The carer comes and helps my partner first as his needs are more than mine and then he helps me. He is exceptional. He is very focused, absolutely excellent and supportive to us both."
- Relatives also spoke highly of the care staff and told us, "They [care staff] speak to him nicely and make him laugh" and "They [care staff] are very caring, they seem to really care about him."
- People and relatives told us that care staff had established a positive relationship with their relative which was respectful of people's equality and diversity. People referred to care staff as "friends" and "family." One person told us, "They are very good, efficient, friendly and because I have regular carers they feel like friends." Relatives comments included, "My [relative] calls the carer 'My Friend'" and "We are like a family really."
- Care staff told us that they cared for the same people on a regular basis and so had got to know them well including their likes, dislikes and their preferences. One care staff told us, "I treat people how I would treat my family. All the care workers I work with are caring."
- People's care plans documented their religious and cultural needs. Care staff demonstrated an awareness of people's support needs in relation to equality, diversity and people's protected characteristics.

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

- People were able to express their views and were involved in making decisions about the care and support that they received.
- People and their relatives told us that they were involved in every aspect of daily decision making around the care and support that they received.
- People and relatives told us that they felt listened to and that care staff always went the 'extra mile' to help them outside of the requirements of the care plan. One person told us, "She will even do extra things like washing the kitchen floor. She always asks me how I am." Another person said, "I am very happy with my carer. I have had her for three years and we have always got on. If I have any extra problems she will always help me out."
- Care staff explained how they involved people in their care and always asked their permission before carrying out any task related to their care and support. One care staff explained, "I would always give them the options of making their own choices, show them different things, ask what they would like me to do even

though there is a care plan."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Where possible, people were supported to remain as independent as possible.
- People told us that they were always treated with dignity and respect and that their privacy and confidentiality was always maintained.
- We were given specific examples by people and relatives about the ways in which care workers respected their privacy and dignity. One person told us, "They give me privacy and time." One relative stated, "She [care staff] does show a lot of care for him and is very respectful."
- Care staff also gave us examples of how they respected people's privacy and dignity. One care staff told us, "It's natural you have to respect everybody, don't force anybody with what they don't want to do, encourage them, I always knock on the door before I go in, tell them who I am, explain what I am doing."
- In addition, care plans and care staff also described how people's independence was to be promoted. People were encouraged to do the things they could for themselves, whilst ensuring their safety. One person's care plan stated, 'Please allow me to do as much as I can do for myself and assist when requested or required.' One person told us, "They support me and I do what I can." One care staff explained, "You find out what they like, explore that, encourage them, some people need more motivation than others. You do what you can, explain things and see what you can do today. It's the way you do things and say things."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

### Improving care quality in response to complaints or concerns

At our last inspection we recommended the service follow its complaints policy and best practice in managing complaints. The provider had made improvements.

- The provider followed its policy and procedures when dealing with and responding to complaints made about the service.
- People and relatives told us that they knew who to speak with if they had a complaint or issue to raise and were confident that their concerns would be addressed. One person told us, "Oh yes, we talk about things, if I was unhappy with something, I would tell them, but I am not unhappy with anything." One relative explained, "I do think they are very responsive. I've also had a meeting with the head carer. They do listen and take things seriously."
- Each complaint received was clearly documented with information on the nature of the complaint, the registered managers investigation and response. The registered manager maintained oversight of all complaints to ensure quality improvements and further learning and development were implemented where required.

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

- At the last inspection in January 2019 we identified minor concerns around care plans not being fully completed, missing key information around use of moving and handling equipment and updating people's care plans where change in people's needs or condition had been identified.
- During this inspection we found that whilst improvements had been made, we still found three care plans that had not been consistently updated following change. We highlighted these to the registered manager, who later confirmed that the care plans had been updated accordingly.
- People and relatives told us that they received care and support that was personalised and responsive to their needs and preferences.
- Care plans were person centred and comprehensive. Care plans documented people's needs and preferences on how they wished to be supported. Care plans were reviewed every six months or where change had been noted.
- Information about people's life, their journey, cultural and religious wishes and important relationships had been obtained and recorded. This gave care staff personal information about people enabling them to build trust and respect with them and respond to their needs accordingly.
- Care plans gave care staff information about people's likes, dislikes, preferences and the specific ways in which they wished to be supported. One care staff told us, "The care plan has everything, what they like,

don't like, medical problems they have, what you have to do for them, tells you about their risks."

### 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.

- Where people had specific needs relating to the way in which they communicated or the support required around their communication, this was recorded within the person's care plan. This included information about any support aids that the person may use to support them with their hearing or their eye sight.
- People and relatives told us that care staff positively responded to their communication needs and supported them accordingly. One person explained, "I might ask [care staff] to help me with my hearing aid batteries and she will always help." One relative told us, "We have ways of communicating with [person] which we have taught to the carers."

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

- Most people engaged in their own interests and hobbies with the support of their relative or friends. However, where required care workers supported people to access and participate in activities of their interest.
- People and relatives told us that that they had developed positive and friendly relationships with the care workers that supported them.
- People and relatives confirmed that care staff support people on a social basis, spending time talking to them. One person told us, "They do show interest in me and ask about my children." One relative said, "Sometimes they spend most of the time sitting and having tea and a chat with her which is fine with me."

### End of life care and support

- At the time of this inspection the service was not providing end of life care.
- Some care plans recorded people's advanced care planning decisions which included details regarding 'do not attempt cardiopulmonary resuscitation' (DNACPR).
- The registered manager explained that attempts were made to gather as much information from people and their relatives about how they wished to be cared for at the end of their life. However, as this was a sensitive topic for discussion people and relatives were reluctant to discuss this.
- The registered manager also told us that all some staff had received training on supporting people at the end of their life. The aim going forward was to gather as much information possible so that people could be supported responsively according to their needs and wishes.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. Quality, due to inconsistent recording, was compromised and did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to adequately assess, monitor and improve the quality and safety of the service that they provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst improvements had been made at this inspection and the provider was no longer in breach of regulation 17, further improvements were required to sustain and embed these improvements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had introduced and implemented specific checks and audits to monitor and oversee the quality care and support people received. These included checks of records pertaining to medicines management and administration, care plans and daily recording notes.
- In addition, to the audits, regular spot checks were also completed which included observing care staff practices to ensure that staff were working towards the required standards.
- Whilst we noted the improvements in the management oversight processes put in place, we found minor discrepancies and irregularities in recording of people's individualised risk and updating of care plans where change was noted, which had not been identified as part of the audit process. This was highlighted to the nominated individual and the registered manager who agreed that going forward checks and audits would be thoroughly completed to ensure these issues were identified and addressed.
- Following the inspection the registered manager sent through a plan of action to address the concerns we identified and ensure going forward that implemented improvements were embedded so people continue to receive safe and good quality care.
- Where audits and checks identified issues, appropriate actions were taken to address these which included sharing issues with the care staff team so that further learning and development could be implemented.
- The nominated individual, registered manager, office staff and the care staff team understood their roles and expectations placed upon them. A clear management structure was in place.
- There was an on-call system in place for any out-of-hours issues that may arise. Staff told us that the registered manager was always available to support them.
- The registered manager demonstrated a positive attitude towards the inspection and the willingness to learn and improve. All feedback about the inspection was positively received.

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

outcomes for people

- The registered manager worked towards ensuring that people received a person-centred service which achieved good outcomes. Since taking on the role as registered manager in July 2019, people, relatives and staff spoke highly of them and changes that had been implemented to ensure people received good quality care.
- People and relatives stated that they received regular calls and visits to review the package of care they received so that if there were any issues or changes these could be addressed. One person told us, "Someone comes every few months and checks if everything is fine."
- People and relatives told us the names of staff they spoke with at the office including the registered manager and the nominated individual about their care and support needs. One person told us, "They are an exceptional company. They care for me but also my partner. They have a 24-hour service. The manager phones frequently to see how we are and they come to do assessments in the house."
- Care staff spoke highly of the registered manager who they found to be approachable and accommodating. Care staff explained and complimented the positive changes that had been implemented by the registered manager and the positive effect it had on the delivery of care and staff well-being. One care staff told us, "She [registered manager] is lovely. She is very good and since she has been here, she has done a lot of improvements. Very approachable, very simple, she speaks to you in a way you can understand."
- Care staff confidently stated that the provider worked with people, relatives, staff and stakeholders in line with its core values and would not hesitate in recommending their services to their own family and friends.

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 demonstrated an understanding of their legal responsibilities in relation to being open and honest with people when something went wrong. Complaints and safeguarding records confirmed this.
- Where required, the registered manager was aware of their responsibility of informing the CQC and other involved agencies where specific incidents had taken place or allegations of abuse had been made.

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

- The provider encouraged people, relatives, staff and other stakeholders to be involved and engaged, where possible, in the provision and delivery of care so that the service could learn and improve people's experiences.
- People and relatives told us that they had been involved in the assessment of need as well as regular reviews and welfare checks to ensure they were receiving a good service. Ideas and suggestions for improvement were also welcome. One relative told us, "They do a six-monthly review; we are happy with what she does so nothing changes. They ask questions about how mum is doing and we are happy with what they are doing."
- We saw evidence of telephone monitoring that had been carried out, as well as feedback obtained through the completion of satisfaction surveys. The most recent quality assurance exercise had been completed in July 2019. Feedback was positive. One person wrote, 'Excellent carer, one of the best, very pleased.'
- Following the completion of the quality assurance exercise, the registered manager had compiled a report and sent this to people, relatives and stakeholders informing them of the outcomes from the survey and improvements they planned to implement as a result.
- Care staff told us that they were involved in the management and day to day running of the service, were listened to and their ideas and suggestions for improvement considered. Regular care staff meetings allowed the care staff team to meet, share experiences and exchange relevant information.

- The service worked in partnership with a variety of involved health care professionals to maintain the health and wellbeing of people where required. This included GP's, pharmacists, social workers, hospital discharge teams and district nurses.
- The service also worked in partnership with the local authority to ensure the service was meeting regulations, to share experiences, practices and to learn and develop.