

Everyday Recruitment Agency Limited

Everyday Recruitment Agency Limited

Inspection report

136 High Street
Selsey
Chichester
West Sussex
PO20 0QE

Tel: 01243605111
Website: www.erahealthcare.com

Date of inspection visit:
13 July 2021

Date of publication:
01 September 2021

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?	Good ●

Summary of findings

Overall summary

About the service

Everyday Recruitment Agency Limited is a domiciliary care agency providing care to people living in their own homes. Not everyone who used the service received the regulated activity of personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection there were 69 people receiving personal care. Care was provided to younger adults with learning and physical disabilities as well as older adults with a range of conditions including people living with dementia, long term health conditions and complex physical health needs.

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

People told us they felt safe and were cared for by staff who knew them well. Risks to people's health and safety were assessed and staff were aware of people's risks and how to manage them. Care and support plans were person centred, promoted independence and provided staff with detailed guidance on how to support people. One person told us the service had, "been a great benefit to my life."

Accidents and incidents were appropriately reported by staff and investigated as required. Advice was sought from health and social care professionals if people's needs changed. This was implemented by staff and people's care plans updated to reflect any changes.

Medicines were managed safely and quality assurance systems for monitoring medicines were effective in identifying errors and action taken. Staffing levels were sufficient to meet people's needs and staff said there was enough time during visits to spend with people. One person told us, "Calls are on time and carers stay full time." Another explained, "I've got a rota with times on it. Timekeeping is good... It's relatively the same people that visit."

People's needs were assessed prior to receiving the service and regularly reviewed. People told us they felt involved in their care and were encouraged to provide regular feedback. Staff completed an induction and underwent training essential to their role. Staff received regular supervision and felt supported by the registered manager and senior care staff.

People were supported to maintain their interests and hobbies and access healthcare services for support. Relative's views were listened to and respected and staff worked closely with external agencies to provide effective care.

Staff knew people well and showed in depth knowledge and understanding about people and their care. People spoke warmly and positively about staff. One person said when describing staff, "They're lovely [staff] that usually comes. There's another [staff] that comes sometimes and they're marvellous too." Staff spoke positively about the service and their colleagues. One staff member said, "I would have Everyday Recruitment Agency (ERA) look after my family, all the carers are lovely, they are all trained and have a

rapport with customers."

People and staff spoke positively about the registered manager and the senior staff team. Quality assurance and management systems provided oversight of the service and peoples care. When shortfalls were identified, changes were made to improve and lessons learnt were shared with the team. Staff had established close links with community services and worked effectively with external teams and agencies.

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.

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.

Right support:

- The model of care maximised people's choice, control and independence. People were involved in their care and support plans were designed to promote a good quality of life. People were supported to make choices about where they go, what they do and to follow their own interests. People were supported to access the local community and local health services.

Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights. The service focussed on people's strengths and promoted independence. Staff supported people in a manner which promoted their privacy and dignity. People were cared for in their own homes to which they had unrestricted access and enabled them to continue living where they wanted to be.

Right culture:

- The manager and staff at the service demonstrated values, attitudes and behaviours which supported people to lead confident, inclusive and empowered lives. Staff had received specific training to meet the needs of people with a learning disability and spoke passionately about people and the care and support they provided. The service promoted an open and transparent culture which encouraged people and their families to share their views and make a complaint.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 02 June 2020) and there were six breaches of regulation. 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.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Everyday Recruitment Agency Limited on our website at www.cqc.org.uk.

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Everyday Recruitment Agency Limited

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 and an Expert by Experience who contacted people and their relatives remotely by telephone. 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. We also requested contact details for people and professionals who would be able to give feedback about the service prior to the on-site inspection.

Inspection activity started on 12 July 2021 and ended on 14 July 2021. We visited the office location on 13 July 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from people using the service and their relatives. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people and one relative about their experience of the care provided. We spoke with nine members of staff including the director, registered manager, assistant manager, senior care workers and care workers. We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at three 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We requested feedback from 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

At the last inspection the provider had failed to ensure risks to people's care and their environment were always assessed, considered or mitigated. There was a lack of suitable arrangements to ensure that care and treatment was provided in a safe way and medicines were not always administered safely. 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.

- Improvements had been made to ensure risks to people's health and environment were appropriately managed. Pre-assessment planning documents, electronic records and communication systems had been updated to ensure that information about people was current, and staff were kept informed when there were changes to people's care.
- Risks to people's health and safety were appropriately assessed and staff were aware of people's risks and how to manage them. People's care and support plan's provided detail and were regularly reviewed and updated. One staff member told us, "If there's a fall we document and complete an accident record, phone the GP or ambulance if needed, and report to the office... We send text messages or phone staff to let them know if someone has had an accident, to monitor and report any changes."
- Staff received information about people's risks, when people's needs changed; staff were quickly informed. For example, one person assessed by a health professional required a stand aid to transfer safely. A senior staff member carried out a visit with the health professional who showed them how to use the equipment correctly. This information was then shared with other staff and the person's care plan updated to reflect the changes in care. This ensured the person was supported to move and transfer safely.
- People living with specific health conditions were assessed and risks associated with their health regularly reviewed. For example, people living with epilepsy had detailed care plans to guide staff what to do in the event of a seizure, what signs and symptoms to look out for, and when and how to administer medicines prescribed to manage the seizure.

Using medicines safely

- Medicines were managed safely. Staff had undertaken medicines training and were assessed as competent before supporting people with their medicines. Spot checks were undertaken to ensure staff were administering medicines safely. Records confirmed that staff completed training updates every 2 years and competency assessments in between.

- People prescribed 'as required' (PRN) medicines had medicine care plans and protocols in place to inform staff when and what dose of medicine was required. One person prescribed medicine for pain relief had a protocol which informed staff of where the pain may occur, the required dose, the maximum dose in a 24 hour period and when to seek medical advice should the pain become worse. The providers auditing system for medicines had been effective in identifying errors or omissions for which action had been taken to reduce the risk of reoccurrence.
- Some staff had completed training in how to administer medication to people who may experience seizures due to their medical condition. The registered manager ensured that only staff members who had completed this training were allocated to provide care for people at risk of having a seizure.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from the risk of abuse.
- People told us they felt safe and were happy with the care they received. One person told us, "I think [the care] is excellent." Another person said, "I'm quite happy with the service."
- Staff had completed safeguarding training, understood their responsibilities and had confidence in the registered manager to report any concerns.
- People were supported to stay safe and were encouraged to report any concerns. People identified as potentially at risk had been supported to speak to the relevant authorities and update their home security to keep them safe. Staff held regular discussions with people about their safety. One person told us, "Once a month the [supervisor] comes round to see if we are okay... I know if there was something I was concerned about they would take it on board."
- The registered manager adhered to the providers safeguarding policy and carried out their duties by reporting safeguarding concerns as required to the local authority and CQC.

Staffing and recruitment

- People and their relatives told us there was enough staff to meet people's needs. We were told that carers arrived on time for their visits, stayed for the duration and had time to spend with people. One person said, "They don't rush me. I like to take my time with things." Staff felt there was enough time to give people the care and support they needed. One staff member said, "There's no issue with the length of calls, if I couldn't do what was needed in the time allocated, I would raise this."
- The provider had an ongoing recruitment programme to recruit additional staff. The registered manager had effective oversight of how many staff were required to deliver safe care and referrals to the service were reviewed to ensure there were enough staff to meet people's assessed needs.
- Staff were recruited safely, and appropriate recruitment checks were completed. Such checks included a review of their employment history and a disclosure and barring check (DBS). A DBS is an official record which shows whether an applicant has any criminal convictions and enables the manager to make decisions about recruitment.

Preventing and controlling infection

- Infection prevention and control practices were safe and there was an updated IPC policy in place to guide staff. Staff had completed training on infection prevention and control and underwent additional training specific to COVID-19, this included the safe application and removal of personal protective equipment (PPE).
- Staff had been provided with PPE, ensured they had enough when visiting people and collected stock from the office. People confirmed that staff wore this whilst supporting them. One person told us, "They've been very good with PPE."

Learning lessons when things go wrong

- The registered manager understood the importance of learning lessons when things went wrong. When they started in post, issues with record keeping were identified. Staff had not always recorded why a PRN medicine had been given. This meant people could not always be assured they were given PRN medicines for the reason they were prescribed. Through supervision and speaking with staff the registered manager learnt that medicines errors had not always been shared with staff or actions taken to address the areas of concern. Feedback from staff about the registered manager's approach to dealing with this issue led to a change in practice, which further led to improvements in people's care and staff's understanding of the need to make changes.
- Accidents and incidents were monitored and reviewed by the registered manager. Systems in place to monitor accidents or incidents had been updated since the last inspection and gave the registered manager oversight of incidents that occurred. This enabled them to determine whether action was required to mitigate the risk and reduce the risk of future occurrence.

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.

Staff support: induction, training, skills and experience

At the last inspection the provider had not ensured staff were suitably qualified, competent, skilled and experienced to deliver effective care. This was a breach of Regulation 18 (Staffing) 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 18.

- Staff had completed training which was considered essential by the provider, and the registered manager had oversight of staff training requirements. Training was specifically tailored to the needs of people the service supports. For example, staff underwent training in caring for people living with dementia or people with a percutaneous endoscopic gastrostomy (PEG). A PEG is a flexible feeding tube placed through the abdominal wall and into the stomach. A PEG may be used if a person is unable to swallow or at risk of choking. The PEG allows nutrition, fluids and medications to be fed directly into a person's stomach bypassing the mouth and oesophagus.
- People with specific care and support needs were allocated staff who were appropriately trained and had the skills, knowledge and experience to support them; staff and records confirmed this. One staff member told us, "I have had training in how to give [medicine] and use the PEG... They made sure I had completed all the training before I was able to do the visit."
- Staff received regular supervision and felt supported by the registered manager and senior carers. Spot checks were carried out to ensure that staff were working in accordance with people's care plans and the providers policies and procedures. One staff member said, "I've had a spot check recently, they came out, checked I was wearing the right PPE, went through the medications. We have office supervision too... you can talk about any problems or issues."
- Staff received an induction when they started which was adapted dependent on their previous knowledge and experience. New staff were expected to shadow shifts and work with more experienced carers when learning their role. One person living with complex physical health needs required specific support. The registered manager explained, "[Person] has specific moving and handling needs, when new carers start, they shadow and complete all training before they work with the client. Only when the senior carer and [relative] is confident about the new staff member do they attend that call."

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

At the last inspection the provider had failed to ensure people had always received care and treatment that was appropriate to their needs in relation to oral hygiene. This was a breach of Regulation 9 (Person-centred care) 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 9.

- The registered manager had updated the assessment document completed prior to people receiving a service; this now included an assessment of people's oral hygiene needs. There was clear guidance for staff explaining how to support people with oral hygiene in a way which promoted their independence and met their assessed needs. Records showed that people who required support with oral hygiene received care in accordance to their care plan.
- People's needs were assessed prior to receiving the service and regularly reviewed. Staff were aware of people's needs and choices and these were considered when planning their care. One person required support with exercises prescribed by a healthcare professional which would maintain their movement. The person explained, "They have selected carers for me who are able to do my care... I have three or four regulars [carers] who understand what to do. My [health professional] gave them some guidance. If the exercises change, they get further training."

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 the last inspection the registered manager had not ensured care and treatment was provided to people with the consent of the relevant person. This was a breach of Regulation 11 (Need for consent) 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 11.

- The registered manager had updated the assessment document completed before people received a service. Capacity assessments for consent to accepting care were undertaken initially and then when concerns were identified. If a person was assessed and found to lack capacity regarding a specific decision, appropriate actions had been taken. This included best interest discussions with people who were legally able to do so.
- Staff had received training on MCA and understood their role and responsibilities. People told us that staff respected their dignity and obtained permission before supporting them. A relative said, "They listen to [person] and do as they ask."

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

- People were supported to eat and drink enough to maintain a balanced diet. Staff were aware of people's individual dietary needs, their preferences and dislikes and this was reflected in people's care plans. One person told us, "The biggest thing is the help they give me preparing food. I can do some of the preparation. Some of them can make meals up for the whole week. It's just a weight, a load off my mind." Another said, "They sometimes make my breakfast, if I want them to, and if my husband's here they make his breakfast too."

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

- People were supported to live healthier lives, access healthcare services and support. People had access to healthcare professionals and the service worked in collaboration to ensure their needs were met. People whose social needs had changed were referred to the local authority for review. One person who had experienced an increase in falls, was referred to a health professional for assessment. Records showed, and people told us they had been supported to meet a variety of health and social care professionals.
- Staff worked with other agencies to provide safe, effective and timely care. A health professional told us staff were "really helpful" and they had a good working relationship with them. We observed a staff member on the phone to a social care professional arranging support for a person returning home from hospital; the needs of the person's relative were also considered, to ensure the discharge home was safe and effective for both people involved.

Is the service caring?

Our findings

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

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

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

- People and their relatives described staff as kind, caring and polite. One person told us, "The carers are very caring and quite conscientious in their job." Their relative said, "The [carers] are good with [person]. Sometimes [person] wants a little chat and they find time for them. They'll tell them about their family and encourage them to talk. Make them feel a bit better. It's lovely to see [carers]. They come in all bright and breezy."
- Staff had completed training in equality and diversity and demonstrated these principles in their practice day to day. The service worked to ensure that people and staff were protected from discrimination. People's comments included, "I never felt [staff] judge. They are respectful of my partner and their position. That is important for me."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were involved in making decisions about their care. One person told us, "I'm aware that they've changed the care plan paperwork... I do a care plan review every month." Another said, "They visit or phone to review the care plan in front of me... I talk to the [staff] in the office who comes on Sunday as my carer; who's really nice."
- The registered manager and senior staff talked to people frequently and carried out direct support if required. As well as monthly visits to review people's care, senior staff members called or visited people every three months and named these "cup of tea calls" where they would spend time talking to people and encouraging them to provide feedback about their care.
- People's privacy, dignity and independence were promoted and respected. People were encouraged to do as much for themselves as they could. When asked what was best about the service one person said, "Helping the patient to be as independent as possible." A staff member explained, "I help [people] get ready so they can go out if they want to. We are doing what we can to make things easier, we support them to do what they can, and we do what they can't."
- Staff told us how they respected people's privacy and cared for them in a dignified way. One staff member explained, "We always check what they want doing, we respect people's decisions. When washing we shut the door if they want... cover people as they are being washed. I tend to think what I would like. Everything is their choice, if something is refused its fine, we just document."
- Staff respected people's right to privacy and information that was held about people was securely stored on password protected computers, in secure offices or in their own homes.

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. This key question has now improved to 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

At our last inspection the provider had not always ensured that people's physical and mental health needs had been considered. People did not always receive information in a way they could understand, or consideration given to how their views would be heard. People's care was not always reviewed if their needs had changed and people had not been encouraged or supported to plan for care at the end of their lives. This contributed to a breach of Regulation 9 (Person-centred care) 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 9.

- People's care plans were personalised and reflected the assessed needs and wishes of each person. Assessment documents had been updated and contained personal and social information about people, their preferences, hobbies and activities they enjoyed. For example, one person preferred female carers. They told us this preference was respected by staff.
- Staff knew people well and supported them to make choices about their care. Staff responded when there were changes in people's needs or circumstances. A social care professional described the service as, "Very responsive, when people's need change they contact me immediately." If people required an additional care visit, this was quickly put in place.
- People and staff were encouraged to give feedback through a variety of forums. Staff were kept up to date with changes in practice and peoples care. One staff member told us, "We get all our info on our app... All carers have the app." The service also relied on group text messaging, phone calls and emails to share information across the team.

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.

- Staff were aware of people's communication needs and supported them to communicate in a way they preferred. One person living with a hearing impairment and limited speech communicated using sign language which staff had learnt to understand. The person was able to lip read therefore staff wore clear visors to ensure the person could see their lips. The persons views about their care had been sought using

these methods.

- People were encouraged to use assistive technology to communicate. One person communicated with staff using a device that they touched and would speak for them. This enabled them to communicate effectively and engage with staff about their care.
- Information was available for people in an easy read or pictorial format if required and documents could be printed in larger font for those with visual impairment.

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

- Staff supported people to maintain relationships and avoid social isolation. One relative told us that during the COVID-19 pandemic, staff had tried to replicate the type of day their loved one might have had at the day centre. This included going for walks and planning similar activities at the same time each day. For example, "They would sit on the sofa in the afternoon and read a story, watch a film or do some art."
- Another person at risk of loneliness received a social interaction visit for four hours each week to improve their mood and reduce the risk of loneliness and isolation. Their care plan suggested ways to keep the person active, for example taking them to appointments and into the local community, as well as alternatives such as painting the persons nails or watching television.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of the complaints procedure and knew how to make a complaint if they wanted. One person told us an issue they raised had been resolved very quickly. Another person said, "I know the routine to complain. In any case I would speak to my main carer first."
- Quality assurance documents showed there had been two complaints in the last three months. Both had been dealt with appropriately and in line with the providers policy.

End of life care and support

- Staff were not supporting people who required end of life care at the time of this inspection. However, the service had received feedback from a health professional about the "excellent end of life care given to a client."
- The registered manager knew how to access palliative support from community health care teams and the GP if end of life care was required.
- The registered manager informed us that end of life care and support was identified in the service's ongoing improvement plan. They explained, "We have recently, in the last couple of months introduced advanced care plans, we have begun asking people questions about their 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. This key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure that systems and processes were established and operated effectively to assess, monitor and improve the quality and safety of the services provided. They had not ensured that risks were mitigated, and people were provided with safe care. This was a breach of regulation 17 (Good Governance) 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 17.

- Since the last inspection quality assurance systems had been updated to improve the managerial oversight of the service. Risks to people's safety were adequately monitored and mitigated with actions taken when required. Paper records had been amended to improve record keeping and ensure that documentation reflected the care and support people received. While some positive elements of the quality assurance systems remained the same, the registered manager now collated data which was analysed to identify themes and trends. Actions had been taken to address issues as they arose.
- The registered manager and staff were clear about their roles and responsibilities, when issues of performance were identified, these were dealt with appropriately.
- Staff received regular supervision, felt supported by the management team and were comfortable raising concerns. Staff felt the registered manager was approachable. One staff member told us, "[Registered manager] is approachable, they're friendly and always happy to help and accommodate anyone, they've been excellent since they've been here."
- The registered manager understood the importance of their role and was supported by the provider and senior management team with who they had regular contact. The director of the company stated, "Carers have shown over the last 18 months how fantastic they are, clients have fed back how much they have appreciated their input. [Registered manager] has been fantastic, they are very thorough."
- Legal requirements were understood, and the registered manager reported issues to the appropriate organisations, including CQC and the local authority as required.

At our last inspection the provider had failed to notify CQC of incidents relating to people's care or changes to the regulated activities they were registered to provide. This was a breach of Regulation 18 (Notification of

other incidents) Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- After our last inspection the provider informed us they were no longer providing personal care to people living in supported living services. This regulated activity was removed from the providers registration.
- The registered manager had notified CQC of incidents as required by law.

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 understood their responsibilities under Duty of Candour. This regulation sets out specific guidelines providers must follow if things go wrong with care and treatment. Under the Duty of Candour, providers must be open and transparent if things go wrong.
- Staff told us they felt able to raise concerns and understood the whistleblowing procedure. One staff member said, "I have read about whistleblowing but I've never had to do this."

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

- The service promoted a positive culture that was person centred and inclusive. People told us they felt included in their care and their relative's views respected. Care plans were person centred and contained detailed information; staff knew people well and were able to tell us about people's needs and wishes.
 - Staff felt valued and listened to by the management team, this was reflected in the comments given during the inspection. One staff member told us, "It's a good place to work... I love all the customers; I like the fact we could be the only people they see and we can make a difference."
- Another said, "I love working here, they're a good employer."

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

- People and staff said they felt supported and spoke positively about the registered manager. One person told us, "I've spoken to [manager] on the phone... The service seems better now they are in charge. They encourage everyone to speak up, staff and clients. They listen and understand."
- The service worked in partnership with other organisations to support care provision. For example, health and social care professionals, the local pharmacy and GPs. They worked together to review people's care. Feedback from one social care professional said, "They are a supportive service, they go above and beyond really."