

## Halow Project

# The Halow Care Agency

### 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?	Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

The Halow Care Agency is a domiciliary care agency providing personal care support to people who live in their own houses and flats or in shared small supported living housing. The service provides support to younger adults who live with a learning disability and to autistic people. At the time of our inspection there were 11 people using this service.

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

#### Right Support:

People received support they chose to have and were treated as leaders in planning and reviews of their own support needs. The service was person-centred and enabled people to live independently, to achieve their goals and to be a valued part of their local community. People's achievements and successes were celebrated.

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.

#### Right Care:

People told us staff were kind, caring and supportive. People were supported to be as independent as possible and to build their skills and self-confidence. People's dignity, privacy and choices were respected by staff. People were involved at every stage of their support. Staff knew how to communicate with people well.

Staff were well trained, knew people well and provided safe care and support around people's individual risks, needs and medicines when needed. There were enough staff to provide good and safe support, although the provider managed some staffing challenges at the time of the inspection.

#### Right Culture:

The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led

confident, inclusive and empowered lives. People were helped to access education, work and social opportunities relevant to their interests. The culture of the service was open, transparent and inclusive and we saw people freely approached staff and managers. The leaders of the organisation were monitoring quality, safety and needs of the service and took action to improve people's experiences, to involve them and to respond to their feedback.

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

This service was registered with us on 24 September 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 23 January 2020.

#### Why we inspected

The inspection was prompted by the length of time the service continued to support people following change of provider.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# The Halow Care Agency

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector with remote support of another inspector and an Expert by Experience. 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 and supported living houses.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. However, the head of care services applied for CQC registration and was awaiting an assessment.

#### Notice of inspection

We gave a short period notice of the inspection to be able to meet and communicate with people using the service and so the provider's representatives were present in the office to support the inspection.

Inspection activity started on 23 August 2022 and ended on 1 September 2022. We visited the location's office on 25 August 2022.

### What we did before the inspection

We reviewed information we had received about the service since the changes in its registration. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with five people who used the service and two relatives of the people about their experience of the support and care provided. We spoke with 14 members of staff including the service management team, the nominated individual, a trustee, recruitment and training staff, senior support staff and support staff who were called 'buddies'. 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 four people's care plans and multiple medicines records for people supported with their medicines. We looked at recruitment checks and training records for three staff members. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# 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 of 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 told us they felt safe with staff. One person said, "Staff are good and help keep me safe. I feel safe with them." Another person told us, "I can talk to staff if I feel worried." People received support to learn to keep themselves safe. People's relatives confirmed this was the case. One relative said, "I know from [person's] feedback and I see they are safe."
- Staff knew how to recognise and raise any concerns, who to contact inside and outside of the provider's organisation and who the designated safeguarding lead was. Staff received training in safeguarding and it was discussed during training days and staff supervisions. One staff member told us, "I can literally report any concerns at all and you know you will be listened to. I would have no hesitation in speaking up to safeguard people and have done so."
- The provider had safeguarding and whistleblowing policies in place. The management team reported and investigated any safeguarding concerns, taking action to protect people. The management we spoke with understood their responsibilities and encouraged staff to speak up even about things which might have appeared small but could indicate a person was at risk of harm or abuse.

Assessing risk, safety monitoring and management

- People were supported to keep safe and to take positive risks to become more independent and achieve their personal goals. One person told us, "I have a care plan that staff follow to keep me safe. Staff support me to keep my house safe." A relative of a person told us how staff supported their loved one around a particular health condition, "Everything is carefully monitored and written down. We have had [staff] in for training. They look after [person] really well"
- People's individual needs were clearly addressed in their support plans and staff we spoke with knew people very well. One staff member told us about specific risks for a person they supported and commented, "It is really important to follow [person's] guidelines and risk assessments exactly and ensure they are kept under constant review. We have to be aware of the risks and on the ball at all times." They knew exactly what was in person's support plans and explained to us how they followed those guidelines when helping the person.
- People's needs were individually assessed to protect them, but staff also supported people to take positive risks. For example, support assessments addressed people's needs around their physical and emotional health, nutrition and hydration, personal care and safety in their home, and how they coped with day to day situations they found difficult. However, they also included guidance for staff on how to support people to become more independent and to learn new skills. For example, around their finances, going out and using public transport, staying on their own at home or interacting with people.

Staffing and recruitment

- People told us they could access support from staff as planned. One person said, "There is a rota in the kitchen which shows which staff are working. We have lots of staff that I know well, and I get on with all of them." Another person told us, "They are good staff and give me the support I need."
- The provider was managing staffing pressures and challenges in recruitment at the time of the inspection. They implemented a range of recruitment and staff support strategies to attract new staff and to retain the existing staff team. However, they also had to put in place other contingencies, so people's support would be shared with others involved in their lives at times when there was no permanent staff available to support them.
- This happened occasionally, and the provider was open and transparent with people and their representatives as well as the social services. The contingency plans were robust enough to ensure people continued to receive safe and quality support and the impact of staffing challenges was minimised until full staff team was recruited.
- Staff confirmed contingency plans were working well to ensure people received support they needed. One staff member said, "Staffing has been a real challenge over recent months, but the team all pull together. We also work really closely with families. Safe levels are always maintained though and those people who require one to one always get it." Another staff member said, "More often we have enough staff."
- The management team ensured people received flexible care and staff could access on call management support throughout the week. One management staff told us, "We work with people around when they want one to one support. It is not down to us to decide, it is their support and it has to work for them. We establish what is best for them and put that in place."
- New staff were recruited safely and underwent a range of pre-recruitment checks, as well as application and interview process. Professional references, staff's identity and right to work as well as Disclosure and Barring Service (DBS) checks were completed. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

#### Using medicines safely

- Not all people required support with their medicines, but when they did, this was done safely. People were encouraged and supported to take responsibility for their medicines and take them on their own when they could. One person said, "Staff give me my medicines when I need them."
- Where people needed support, they received it from trained and competent staff. Staff completed medicines administration records when providing support. People's support needs, medicines related risks and arrangements around storage of their medicines were clearly addressed in their support assessments. One relative confirmed this, "[Person] receives medication on time. It is written down when they give it. Morning and evening."
- The provider had a medicines management policy in place. The managers regularly checked how people were supported with their medicines and addressed any discrepancies in individual records when needed.

#### Preventing and controlling infection

- People were protected from the spread of infections, including COVID-19. People and their relatives told us staff wore appropriate personal protective equipment (PPE) when supporting them. One relative said, "[Staff] wear masks in the house. They wear gloves for personal care." Another relative said, "It worked really well during the pandemic."
- Staff received appropriate training in infection prevention and control (IPC). They also had ongoing access to PPE, COVID-19 testing and were supported to access vaccinations. The provider had a clear policy and guidance for staff around IPC.
- Staff supported people to maintain a clean and hygienic home environment when needed. One person told us, "[Staff] help me to do the cleaning and cook." People's relatives confirmed staff helped people to

organise house cleaning and to complete their household tasks.

#### Learning lessons when things go wrong

- The management team were aware of their responsibility to review any accidents, incidents and other adverse events in the service to take action to protect people. The provider supported the managers to ensure all such events were clearly recorded, investigated and action was taken to improve people's care when needed.
- Lessons were learnt when things went wrong. For example, following a safeguarding concern, staff identified more proactive ways to support one person around their specific personal goal. This was to enable them to keep themselves safe and to access help when needed. Staff explained how they adjusted this person's support to make this possible and sought additional training to be able to better address similar needs in the future.

# 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 were involved in planning and arranging their support even before they started using the service. All people we spoke with said they chose where they lived, who with and how they were supported. One person said, "I live with [person's names]– we chose to live together, and I get on well with them." Another person said, "I live with other people that I get on with." A relative of a person said, "Absolutely (it was well-planned), we went through everything. Only staff that know them well (support the person)."
- The individual people's transition process and how the provider worked with people and others involved in their support was truly person-centred and empowered people. When people chose to be supported by The Halow Care Agency, they were still encouraged to use other services to develop their independence, skills and social circles. The service followed 'Right support, right care, right culture' guidance and best practice principles of supporting people with learning disabilities and autistic people.

Staff support: induction, training, skills and experience

- People and their relatives told us staff were competent to provide good support. One person said, "[Staff] are very good." A relative of a person commented, "The way they care, and their communication is good. They come over as professional."
- Staff received all required training and were supported to create a personalised development plan. Staff were trained in Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- In addition to Care Certificate, staff also received specific training relevant to people's needs. For example, around first aid and specific health conditions, autism, learning disabilities and positive behaviour support. The provider organised away training days for staff to refresh and reflect on any specific topics, for example person-centred care. Further training was planned to prepare staff team to support people who were ageing, for example around helping them to access routine healthcare and to minimise inequalities.
- New staff told us they received good support when they started. One staff member said, "It was a really good induction which included completing the Care Certificate and shadowing (working alongside) senior staff. I also had meetings with a person from every department in order to understand the whole business. The training was really good and so easy to access. There is a training manager and you can literally just go to her and ask for whatever training you want. Support from managers is great – total open door and can call or ask about anything."

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

- People were supported to plan their meals, to cook and eat healthy. People's individual needs around

their hydration, nutrition, specific dietary requirements and safety when eating were addressed in their support assessments.

- One person told us, "On a Sunday we all sit down and look at cook books and choose the menu for the week and then we make a shopping list. Staff help us to make healthy choices." A staff member told us, "We encourage [person] to be as independent as possible with their meal preparation. They can make breakfast and lunch independently. We sit down with them and draw up dinner menu for the week and food shopping is done according to that. We encourage healthy eating choices around known likes and dislikes. For example, [person] hates salad so we encourage choice from range of vegetables instead."

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

- People told us they were supported to access healthcare services when needed and their individual records confirmed this was the case. One person said, "Staff support me to go to the doctor." Another person told us, "I have regular eye tests at the hospital and go to the dentist – staff support me to go."
- People's relatives told us staff ensured people received appropriate help in the event of emergencies and when they became unwell. One relative said, "[Person] had an infection and needed to go to the hospital. [Staff] were really good and stayed with them. There is a diary system so [staff] know when [person] has appointments."
- People had regular access to a range of different services, depending on their individual needs. For example, they were supported to access GP, annual health checks and vaccinations where needed, specialist outpatient services, speech and language therapy services or specialist learning disability services when needed.

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 MCA 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.

- Staff worked in line with the MCA. Staff we spoke with received training in MCA and understood how to support people to make their own choices and to communicate their decisions effectively. We observed staff gave people opportunity to express their views and choices and empowered them to do so. People's records around their person centred planning meetings confirmed this was the usual approach.
- When people might have lacked capacity to make certain decisions, staff completed mental capacity assessments and involved people's legal representatives. Where best interests' decisions were made, they were appropriately consulted and reviewed. People were not deprived of their liberty unlawfully and where their individual circumstances could have constituted a deprivation of liberty, this was raised with social services for appropriate authorisations to be sought from the Court of Protection.
- Staff were aware of what could constitute an unlawful deprivation of liberty. Staff also knew what the restrictive support practice was and did not use such methods to support people as they supported people

to manage any difficult situations in proactive rather than reactive ways.

# 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 told us they liked staff and found them to be nice. One person said, "They (staff) are nice to me." Another person told us, "Staff are good – I like them."
- People told us staff understood them and were able to help them when they felt low. One person gave us an example, "Last week I was feeling a bit sad and I told staff and we made cookies which cheered me up. I also told [staff] and he sent me funny gifs on my phone and that made me laugh."
- People's relatives confirmed staff were genuinely caring. One relative said, "[Staff] are very caring. They become quickly aware of the [people's] needs." Another relative said, "[Staff] are very kind. They do lots of things with [person]. They are interested in [person's] interests and getting them to socialise."
- We saw positive interactions between people and staff. Staff spoke about people with respect and appreciation for their strengths, achievements and personal qualities. We saw staff helped people to highlight those in conversations and feel comfortable to chat with us. People smiled, joked and laughed with staff and many of them regularly visited the office just for a causal chat with staff they knew well.

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

- People told us they were involved in their care. One person said, "I have a PCP (person-centred planning) that we discuss at my reviews." Another person told us, "We have a house meeting every Friday to decide on the menu and make a list of what shopping we need for when we go food shopping on Saturday."
- People's relatives commented people felt valued and empowered to express their views. One relative said, "Just overall, [person] feels very valued and cared for." People's individual PCP meetings focused on their achievements and personal successes presented in an accessible to them way and were tailored around the person's wishes.
- For example, each person decided who was involved in the meeting and what they wanted to discuss. They were also supported to voice their expectations and personal aspirations which helped them to set themselves a range of achievable goals.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person explained, "[Staff] don't touch my things or come in my room without asking." Another person said, "[Staff] respect my stuff. I have my own room and key to the front door. Staff always knock on my door first and they don't touch my things."
- People were encouraged to be as independent as possible and given privacy. One relative said, "[Person] has their own room with en-suite bathroom. They can take themselves off to different areas of the house (for some quiet time)." Another relative told us, "[Staff] allow [person] the privacy when they are using the bathroom and showering. [Staff] will only come in if [person] needs help." Third relative said, "[Staff] are

respectful of [person's] personal space. There are times when [person] needs to chill and they are respectful of that."

- People's support assessments included information on what support people required and what they could do for themselves. Staff knew how to help people to be as independent as possible. For example, one staff member explained to us how they helped a person to learn to prepare their food in line with the recommendations of speech and language therapist instead of preparing it for them and used the 'hand on hand' support technique to involve people in personal care tasks. The staff member commented on how they worked with people, "Offer choice with everything and encourage people to be involved as much as they can."

- Staff supported people to feel valued and empowered in their local community The head of care services explained, "Challenging perception is what we are all about." For example, staff advocated on one person's behalf so they could engage in paid work fully independently rather than being required to be accompanied by support staff which they personally did not need.

# 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's care was personalised, and they were in control of their support. One person told us, "I have a care plan and we discuss it." Another person said, "I know about my care plan (PCP) and staff know what support I need." People's support assessments and positive behaviour support plans were very detailed and individualised, clearly describing their wishes, preferences, identities and things important to them.
- People told us their preferences were respected and they could make a range of choices around their support. This made them feel comfortable with staff allocated to support them. One person gave an example, "We do have male and female staff. I don't mind who helps me because they always include me in what we're doing." Another person said with enthusiasm, "Yes (it is personalised care) – they (staff) are crazy! I like that and we can have a laugh together."
- The COVID-19 pandemic had influenced people's lives and staff worked with them to regain some of their independent skills and to re-build their confidence and sense of security when out and about. For example, staff built a life-size model of a bus in the garden and practiced safe use of public transport with one person which enabled them to travel independently once again.
- People were not only supported to achieve their individual goals, but also encouraged to help their peers and friends around their own goals. For example, we saw some people offered to help other people with their independent travel skills. One of management staff commented, "We want to tailor support to people's lives and to focus on what they want to achieve."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported to communicate in a way which suited them best and enabled them to express their needs and wishes effectively. Staff knew people's communication styles and their individual needs were described in their support assessments.
- People were supported to access and use alternative methods of communication such as pictures, emotion cards, activity cards, whiteboards and planners, easy read information.
- People's plans addressed in detail their individual support needs around expressing emotions, including distress, their numeracy and literacy skills, specific signs and ways of communicating and sensory needs, including those related to autism.

- People's relatives told us this enabled staff to be sensitive to people's communication. One relative said, "[Person] makes (specific) noise if they are agitated and [staff] know that. They are responsive to that." Another relative said, "[Staff] communicate fine with [person] and listen to them. They are really good."
- Where people might have struggled to talk about their difficulties, challenges and emotions, staff enabled them to use text messages or visits to the office and to choose which member of the staff team they would like to approach with a said problem. This made people feel comfortable to reach out for support.
- The management team reviewed the written communication to ensure this was accessible for people. For example, one of the managers told us how they changed the format of the social activity newsletter to make sure it was clearer and easier to understand for people.

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 were encouraged to choose from a range of different opportunities, including outings, education, work and social opportunities. Staff enabled people to use other provider's services and sought local connections with other organisations and businesses to help people to do different things they wanted to do.
- People were going to colleges or to work, both paid and volunteering. A range of opportunities were available to people via the provider's social activities and 'A reason to get up' programmes. This included a wide range of social, physical and entertainment activities.
- People told us this helped them to realise their potential, to build their skills and to feel happy. One person listed a lot of activities they enjoyed and added, "I have goals – one of my goals is to do more rock climbing with my brother." Another person told us they were looking forward to going back to college in September. One relative said, "[Person] can go out when they like to. They are volunteering and working. They do a lot." Another relative said, "[Person] likes physical activities, walking, swimming, cycling. They visit others. [Staff] give them a good social life." □
- People were supported to maintain relationships important to them and to build new ones. One person said, "I have my own mobile phone and my dad video calls me every night. I also have my friends over to watch movies with me." People had individual support plans around use of technology such as iPads, mobile phones and laptops and social media. All people told us they could freely call or meet with their family and many people build friendships within The Halow Project.

Improving care quality in response to complaints or concerns

- People told us they had no complaints but knew how to raise any and felt comfortable to do so. One person said, "I don't have any complaints. If anything worried me, I would talk to the staff." A relative of a person told us, "I've never raised any concerns. I would feel comfortable (to do so if needed)."
- Where people raised complaints in the past, they said they were addressed and resolved. Records confirmed management logged, investigated and responded to any complaints.
- The provider had a clear complaints policy and easy read information for people on how to make a complaint.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff team were passionate about people receiving support which would achieve good outcomes for every individual. People commented they felt valued and empowered and liked coming to the office, which was operating an open-door policy. We saw many people came in to get support around day to day issues or just to say hello and chat with staff. A relative commented, "The positives are that it has been set up well. [Person] is happy there."
- Staff appreciated the positive and inclusive culture of the service. One staff member said, "Getting a job with Halow is the best thing I ever did – it's like a community within itself. I feel supported both personally and professionally."
- People's relatives told us the management team were approachable. One relative said, "I know the manager. I know I can ring them up with any queries. They are very responsive." Another relative said, "I really like that it is small. [Person] is known by everyone who works there. I can go into the office and everyone is really friendly. New staff introduce themselves. They are positive about [person] which is lovely. I feel [person] is really accepted and liked. They communicate well and it is a really nice organisation."

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

- Staff knew their responsibilities and shared the person-centred values of the organisation. One staff member told us, "I am pretty happy with the place and [staff] are really invested in work." Other staff commented the team worked closely together, collaboratively and communication had improved since the head of care services supported the team.
- The new management team monitored the quality and safety of the support people received. For example, they carried out regular visits to people's homes and discussed their support with them and staff. They also monitored staff training, recruitment, incidents, accidents and safeguarding concerns, medicines management and other key areas of the service.
- The provider worked in line with the duty of candour. They also created open and transparent culture within staff team. One staff member said, "I feel very listened to. We have a really open culture where anyone can ask or challenge anything and feel valued."
- When needed, CQC were informed about certain events in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- People told us they felt involved and engaged in the service. People shared their views mainly during house meetings and when visiting the office. However, the management team discussed with people how these opportunities could be improved which resulted in people choosing to have 'house chats' instead of formal meetings. There was a clear plan on how this was to be implemented in the near future which people contributed to.
- People's relatives told us they felt involved and listened to as well. One relative said, "[Staff] email me regularly and call me if there are any problems." People's relatives also said they had access to the provider's website and newsletters. Another relative commented, "They are happy to receive feedback." Others commented the provider responded to feedback well.
- Staff said they felt listened to, supported and encouraged to contribute. One staff member said, "If I would have any questions, the office is always open." They explained they could also use on call support, raise online alert for management or speak with managers directly if needed.

Continuous learning and improving care

- The managers and senior managers from the provider reviewed the needs of the organisation and consulted with people on what changes were required to improve their experience and widen their opportunities. The organisation improved its plans around staff recruitment and retention. They also increased availability of expert support for their registered support services and we saw a range of reviews happened which improved the ways of working and communication across the organisation.
- The management oversight of day to day support provided to people had also improved. The management team improved the structure and recording of auditing visits and person-centred planning meetings. Staff training and induction support was now closely monitored. The management team also worked on increasing accessibility and relevance of other tools used to plan and review peoples' support with them.