

Care at Home Services (South East) Limited

Tonbridge, Tunbridge Wells and South West Kent

Inspection report

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10 May 2022

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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

Tonbridge, Tunbridge Wells and South West Kent provides personal care and support to people living in their own homes.

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.

The service was supporting 184 people at the time of our inspection, 163 of whom received personal care.

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

Most people said the agency communicated well with them and kept them informed about any changes to their scheduled care visits. Some people told us the agency's communication was not always effective, including if staff were running late.

People felt safe when staff provided their care. People told us they received a reliable service from staff who knew how to provide their care in a safe way.

Staff understood their responsibilities in protecting people from abuse and knew how to report any concerns they had. The provider's recruitment procedures helped ensure only suitable staff were employed.

Risk assessments had been carried out to identify and minimise any risks involved in people's care. People's medicines were managed safely. If medicines errors occurred, staff sought and followed medical advice. Staff helped keep people's homes clean and wore personal protective equipment (PPE) when they carried out their visits.

Staff had an induction when they started work and had access to the training they needed to carry out their roles. Records showed that some refresher training was overdue. The registered manager assured us they would take action to ensure staff attended the necessary refresher training.

People's needs were assessed before they began to use the service. People told us their wishes and preferences about their care were listened to and incorporated into their care plans. Care plans were reviewed regularly to ensure they continued to reflect people's needs.

Staff monitored people's health effectively and responded promptly if people became unwell. Staff worked well with other professionals involved in people's care to ensure they received the support they needed.

People received their care from consistent staff and had established positive relationships with their care workers. People said staff knew their preferences about their care and respected their choices. Staff

supported people to maintain their independence where this was important to them.

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 told us they felt able to raise concerns when they were dissatisfied. People who had complained in the past said the agency had responded to and resolved their concerns.

People had opportunities to give feedback about the care they received and their views were listened to. This included regular telephone and face-to-face reviews and an annual survey. The agency's quality monitoring systems enabled the office/management team to maintain an effective oversight of the service. The registered manager sent us an action plan setting out how improvements would be made in medicines management, staff training and communication.

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

Rating at last inspection

This service was registered with us on 6 August 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered with us.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Tonbridge, Tunbridge Wells and South West Kent

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service, their relatives and staff.

Inspection team

Five inspectors and an Expert by Experience carried out the inspection. 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.

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 a registered manager in post.

Notice of inspection

We gave a short notice period of the inspection because we needed to ask the registered manager to send us information and to obtain people's consent to receive a telephone call from us.

Inspection activity started on 6 May 2022 and ended on 11 May 2022.

What we did before inspection

We reviewed information we had received about the service since its registration, including notifications of significant events. 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 of this information to plan our inspection.

During the inspection

We spoke with the registered manager via Microsoft Teams about how the service was run.

We spoke with 31 people who used the service and nine relatives to hear their feedback about the care the agency provided. We received feedback from two professionals who had worked with the service and from 11 staff about the training, support and information they received.

We reviewed information sent to us by the registered manager, including care plans and risk assessments for 10 people, medicines administration records for five people, recruitment records for 10 staff, training records, accident and incident records, quality audits, meeting minutes, satisfaction surveys, the complaints log and the agency's business continuity plan.

After the inspection

We met with the registered manager via Microsoft Teams to share the feedback we had heard about how the service was run.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- The provider employed enough staff to meet the service's care commitments. People told us they received a reliable service and said staff usually arrived on time for their care visits. One person told us, "They are very punctual on the whole; I can rely on them."
- People said that, if staff were late, it was usually due to events beyond their control. One person told us, "If they have gone somewhere else first and been delayed, they might be a little bit late, but they are usually on time."
- The provider's recruitment procedures helped ensure only suitable staff were employed. The provider requested references for staff prior to employment and obtained a Disclosure and Barring Service (DBS) certificate. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- Staff attended safeguarding training in their induction and understood their responsibilities in protecting people from abuse. Staff were clear about how to report any concerns they had. One member of staff told us, "I am fully aware of how to report concerns, safeguarding and abuse. I have had experience in this matter and when it was reported, it was then dealt with by the office." Another member of staff said, "I reported concerns to my manager, who reported the matter to social services."
- The management/office team had taken action to safeguard people when staff had raised concerns about people's well-being. For example, the management/office had made a safeguarding referral to the local authority when concerned about a person's vulnerability to domestic abuse. Following the referral, the local authority visited the person with the police to check on their welfare.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe when staff provided their care. They said staff knew how to use any equipment involved in their care safely. One person told us, "I use a frame as I have bad ankles. The carers walk beside me to make sure I am safe." Another person said, "I have an overhead hoist they are trained to use. I feel confident with them."
- Relatives confirmed staff provided their family members' care in a safe way. One relative told us, "[Family member] can be a bit wobbly when he walks. The carers look after him very well; they make sure he uses his frame when he moves around and give him additional support with their arm." Another relative said of staff, "They are aware of risks and [family member] would be able to tell them if there was a problem so I feel confident he is safe."
- Professionals told us staff provided safe care in a person-centred way. One professional said, "The service provides safe care to meet the needs of the individual, with individual care plans and a person-centred

approach."

- Assessments were carried out to identify and mitigate any risks to people. The care records we checked contained risk assessments in relation to mobility, moving and handling, skin integrity and the environment in which care was to be provided. These were reviewed regularly to take account of any changes in people's needs.
- Any accidents that occurred were recorded and reviewed to identify actions which could be taken to prevent a similar event happening again.
- The provider had developed a business contingency plan to ensure people's care would not be interrupted in the event of an emergency, such as extreme weather, infectious disease outbreak, or loss of utilities.

Using medicines safely

- People told us staff helped them take their medicines as prescribed. One person said, "They get my medicines out and set my insulin needle for me because I can't see very well. They sign the chart afterwards." Another person said, "I self-medicate, but the carers prompt me and double-check I am taking the right tablets."
- Relatives confirmed that staff supported their family members manage their medicines safely. One relative told us, "They do [family member's] asthma pump, eye drops and all her different pills. They are very methodical with that." Another relative said, "They keep an eye on her medication. If they notice she is getting low, they will take the prescription request round to the local pharmacy for her."
- Staff attended training before being authorised to administer medicines and their practice was assessed before they were signed off as competent. Medicines administration was also assessed during spot checks.
- People's care plans contained information about any medicines they took including how each medicine was administered, its purpose, and any potential side effects.
- Some of the medicines administration records we checked contained errors, although people had not suffered harm as a result of these. When errors had occurred, staff had sought medical advice and followed any advice given. The errors had been identified in medicines audits carried out by the management/office team and action taken in response, including retraining for staff and reassessing staff competence in medicines management.

Preventing and controlling infection

- Staff received training in infection prevention and control (IPC) and people told us staff wore personal protective equipment (PPE) when they carried out their visits. One person said of staff, "They wear gloves and put a clean apron on when they arrive; they are very thorough." Another person told us, "They wear all the PPE, aprons, gloves and masks, because I am a vulnerable person."

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.

Staff support: induction, training, skills and experience

- People were confident in the skills of the staff who supported them. One person said of their care workers, "They are very confident in what they are doing." Another person told us, "All of them seem to have good training and work well together when assisting me; they don't have to be told how to do things."
- Staff had an induction when they started work, which included mandatory training and shadowing colleagues to understand how people preferred their care to be provided. Staff told us their induction had prepared them well for their roles. One member of staff said, "I had a good induction for my role with plenty of shadowing and training and I did not start out on my own until I was fully confident." Another member of staff told us, "I don't think anything can prepare you for the role as much as learning during shadowing but the induction gave me the information I needed, especially being new to the care industry."
- Staff had access to refresher training in key areas, although records showed some staff's refresher training was overdue. We raised this with the registered manager, who assured us they would take action to ensure staff attended the necessary refresher training.
- Staff had opportunities to meet with their managers to discuss their roles and any support they needed. One member of staff told us, "Supervision is used to make sure I have everything I need for my role and to raise any concerns I may have." Another member of staff said, "I meet my manager to go through anything I need support with and to discuss anything that is on my mind." The registered manager said face-to-face supervisions had been suspended due to COVID-19 restrictions but had been scheduled for the remainder of the year.

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

- People's needs were assessed before they used the agency to ensure staff had the skills and training they needed to provide their care. Assessments considered areas including healthcare, mobility, continence, skin integrity and personal care.
- People told us they had been asked about their preferences regarding their care during their assessments and that their views had been listened to. One person said, "The assessment was a two-way thing and I felt they listened to what I wanted." Another person told us, "They came to visit me for the assessment. They were very thorough and went through a lot of things."
- People's needs were reviewed regularly to ensure their care continued to reflect their needs and preferences. One person told us, "They do reviews on quite a regular basis. There is an annual assessment and you get the opportunity to say if you are happy with things or want any changes." Another person said, "They came and reviewed my care not long ago. They went through everything and asked if there were any changes."

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

- People told us staff monitored their health and took prompt action if they became unwell. One person said, "The carers came in one day last year and they weren't happy with my condition. They phoned 111 straight away." Another person told us, "If my carer notices anything untoward with me, like redness on my skin, they will get in touch with the doctor."
- Relatives confirmed staff were observant of any changes in their family members' healthcare needs. One relative told us, "The carers are very good at recognising the beginning of something, like a UTI (urinary tract infection) as [family member] is prone to them. They will take a sample and then phone me so I can take it to the doctor."
- Professionals told us staff worked well with them to ensure people's needs were met. They said staff implemented any guidance professionals put in place and provided feedback about whether this was proving effective. One professional told us, "Staff have visited service users with me when I have made a request for this. They have noted and actioned any requests or suggestions made." Another professional said, "The staff implement guidance given by professionals and will always work with the professionals to resolve issues by giving honest feedback if guidance is not effective or difficult to implement due to clients' own views or decisions."

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

- People who received support with meals told us they were happy with this aspect of their care. They said staff supported them to choose the meals they wanted. One person told us, "They prepare my food and everything is on my terms. They ask me what I want." Another person said, "I have Age Concern bring me my meals, but the staff do ask [what I would like] if they are making my breakfast or anything. I choose what I am having."
- People's nutrition and hydration needs were discussed at their initial assessments. If needs were identified in these areas, such as allergies, these were recorded in people's care plans.

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

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

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

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

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

- People were asked to sign their care plans when these had been developed to record their consent to their care. People's representatives were consulted if people lacked the capacity to give informed consent.
- Staff had training in the MCA and understood how its principles applied in their work. People told us staff asked for their consent before giving care on a day-to-day basis. One person said, "They are very good, they always ask me first [before providing care]." Another person told us, "They always ask before they help me."
- None of the people being supported by the agency were subject to deprivations of their liberty.

The registered manager said they would request the local authority carry out a mental capacity assessment for people if necessary.

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 the staff who supported them were kind, caring and helpful. One person said of staff, "They are very kind and respectful. They can't do enough to help me." Another person told us, "They are so helpful and I am reliant on them; I would not be without them."
- People told us they got on well with their care workers and enjoyed their company. One person said, "I have built up a good rapport with the carers. They are very friendly. I find it nice to be able to have a bit of a chat. They know the children's names and things like that. It's a nice relationship." Another person told us, "When you are stuck in here, you don't see people very often, it's so nice, I look forward to them coming."
- Some people told us staff provided emotional support, which was beneficial to their well-being. One person said, "They come in every morning, ask how I am feeling, if I have had a good night. They talk things through with me. They are so good; I can't praise them enough." Another person told us, "They help me during my downs and offer me emotional support. I'd miss them if they weren't there."
- Relatives confirmed their family members had established positive relationships with the staff who supported them. One relative told us, "The staff are very caring and they have a nice sense of humour. I hear them joking and laughing with [family member]. Equally, when she is having a bad time, they are good with her too." Another relative said, "[Family member] has built up a nice rapport with them, which is a comfort for me. She gets on ever so well with them. I've only ever heard her say good things about them."
- People told us staff took an interest in their lives and respected them as individuals. One person said, "They are so lovely, nothing is too much trouble. One knows I do cross stitch and she bought me a pattern. It made me feel someone cared about what I do." Another person told us, "They are very caring; they treat you as a person and not just a job."

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 told us staff listened to and respected their views about their care. One person said, "I'm in charge. Things are getting more difficult [for me] but they don't come in and take over; I tell them what I want." Another person told us, "I am always asked if I want a shower or wash; it all depends on what mood I am in that day; I decide."
- People said they saw the same care workers regularly, which was important as it meant staff understood their needs. One person told us, "I am more or less guaranteed the same staff; it really makes a difference. They know my needs and I trust them." Another person told us, "I pretty much seem the same two staff. The company is very good at sending familiar carers when my usual ones are on holiday."
- Relatives confirmed their family members received consistent care from staff who knew their needs. One relative said, "[Family member] has a small team of people she sees; one or two regular faces plus a few

others to cover holidays or if they are off sick." Another relative told us, "It tends to be the same small group [of staff]. They understand her needs and they know about her medical conditions."

- People told us staff maintained their privacy and dignity when providing their care. One person said, "I like to take my nightie off myself; if I get stuck, they will help and straightaway they get a towel. They look after your modesty." Relatives confirmed staff treated their family members with respect. One relative told us, "When they give [family member] a wash in bed, they cover her with a towel to keep her privacy; they are very respectful."

- Staff supported people to be independent where this was important to them. One person told us, "I try to do as much as I can. I tell them, 'I can do this', and they respect that." Another person said, "They let me do what I feel I can do."

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

- Each person had an individualised care plan which was developed from their initial assessment. Care plans were available to staff via an app on their phones. This system meant the management/office team were able to update people's care plans immediately if their needs changed. Staff also used the app to record the care they had provided at each visit.
- Care plans were person-centred and contained details for staff about how people's care should be provided. Care plans also set out what people could do for themselves how they preferred their care to be provided.
- People's views about their care were reflected in their care plans. One person told us, "I wrote the care plan; they were quite happy for me to do that. It is written from my point of view about the support I need." A relative said, "[Family member's] needs were considered and met with a person-centred approach by office staff and the carers attending."
- People's care plans were regularly reviewed to make sure they accurately reflected their needs and preferences. One person told us, "My care plan was updated when I got treatment for an infection on my leg. Now the carers make sure after I have washed, I am thoroughly dried, then they apply cream on my leg and check it for me."
- People said the agency responded to any changes they requested whenever possible. One person told us they had asked for an earlier call as they had to attend regular medical appointments and the agency had organised this.
- Relatives said the agency provided flexible support and adapted the care their relatives received if their needs changed. One relative said, "If [family member] is in hospital and we need to rearrange the care, there is never a problem. They are very flexible." Another relative told us, "They have increased her care package as her needs have increased."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were discussed and recorded during their initial assessment. Any needs identified were documented in people's care plans. Staff attended communication training and people told us their care workers understood their individual communication needs.
- The registered manager provided examples of how the agency had met people's individual communication needs. For example, one person needed a translator at their assessment to express their

needs effectively, which was provided.

End of life care and support

- People were asked during their initial assessment whether they wished to record their wishes about their care towards the end of their lives in a 'Thinking ahead' care plan. We saw that people who were receiving palliative or end of life care had plans in place which recorded their wishes and preferences.
- One person receiving end of life care spoke highly of the support staff provided. The person told us, "I tell the hospice how good they are. The girls do everything for me."
- Staff worked effectively with other professionals involved in people's end of life care. For example, the registered manager had attended a meeting with a person receiving end of life care and the 'hospice at home' team to understand the care the person needed. The registered manager said the agency had access to support and advice from the 'hospice at home' team in the provision of end of life care.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain and said they would feel comfortable raising concerns if necessary. One person told us, "If there was a problem, I feel I could complain and they would sort it out, most definitely." A relative said, "I have never had to complain but I feel confident they would deal with it if I did."
- People who had complained in the past told us they were satisfied with how their complaints had been dealt with. One person said, "I did complain once. They responded positively and found my current carer, who I am very happy with." A person who had complained when no one arrived for their scheduled visit told us, "At the time they apologised and the next day it was OK. They got someone back and it's not been a problem since."
- The provider had a complaints procedure which set out how any complaints received would be managed. The service had received one formal complaint in 2022 regarding visit times. This had had been managed in line with the agency's complaints procedure and resolved.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Although most aspects of the service were managed well, some areas required improvement. For example some people's medicines had not always been administered as prescribed and some staff refresher training was overdue. Some people said communication with them was not always effective. The registered manager sent us an action plan setting out how planned improvements in these areas would be implemented.
- Most people and relatives told us the service was well run. One person said, "I think it is well managed as because whatever is discussed at an assessment is followed through and the carers know what the requirements are. If I have someone new, they can see all the information on the phone." A relative told us, "The management are diligent in ensuring that carers attend. They are very understanding, genuinely caring people."
- Professionals said the service was managed well and that staff were committed to ensuring people's individual needs were met. One professional told us, "The service is well managed and support staff will often go above and beyond their job role to ensure clients' needs are met."
- There were systems in place to monitor the quality and safety of the service. This included audits of key areas of the service and spot checks to observe the care people received. These checks assessed whether people's care had been provided in line with their care plans and appropriately recorded.
- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised. When necessary, notifications of significant events had been submitted to CQC and the local authority.

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

- Most people said communication from the office team was good. They told us the office team contacted them if staff were going to be late for their visits. One person said, "The office staff are very good. They are easily contactable. I've never had a problem getting hold of them if I've needed to." Another person told us, "If they are going to be late, the office phone and let you know so you're not just sitting there waiting."
- Some people told us communication with the office team was not always effective. They said messages were not always acted upon and they were not always informed if staff were running late. One person told us, "The staff in the office don't always pass messages on, so I might say I don't need a call but then they'll turn up." Another person said, "I get a rota so I know what the week looks like but if they make changes, you

don't always get notified. You worry you have been left off the list. Sometimes I've rung when it has been half an hour over and then they tell you staff are running late but no one has informed me." We shared this feedback with the registered manager, who sent us an action plan showing how communication within the office team and with people using the service would be improved.

- Relatives said the management team kept them informed about any issues affecting their family members. One relative told us, "If there are any problems, they contact me straightaway. I have a good relationship with them." Another relative said, "The office are very helpful. They keep us well-informed."
- Some relatives told us they had access to the app used by staff, which they found helpful in keeping up to date with their family member's care. One relative said, "Communication is very good and I have access to the app so I can see who has been. The carers are very good at writing things in the notes, so I can read how [family member] is."

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

- People told us the agency contacted them regularly to ask for feedback about their care and that they were invited to give their views in an annual survey. One person said, "I am regularly asked for an update about how the carers are doing." Another person told us, "Every now and again I get a call. They ask if I am happy with the carer, are they respectful, and so on."
- People said the management team also carried out spot checks at which they were asked for their feedback about the care they received. One person told us, "They come out once every few months to spot check. It's important they do that; if they are doing anything wrong, they need to be aware of that."
- Staff understood the agency's values and said they received the support they needed to meet them. One member of staff told us, "Our values are to care completely for our clients, supporting them physically or mentally and I feel I get support to do this." Another member of staff said, "I believe the agency's values are dignity, respect and choice for every individual client."
- Almost all the staff who provided feedback told us they received good support from the office/management team. They said their managers were available for support and advice when they needed this. One member of staff told us, "I love this job and the team in the office I find very supportive."
- A small minority of staff said they felt the support they received could be improved. We shared this feedback with the registered manager, who agreed to ask the staff team for their suggestions about how the support they received could be improved.
- Staff told us they were able to speak up about any concerns or suggestions they had and said the management/office team were responsive to their feedback. One member of staff told us, "If I have a concern, I am able to speak out confidently and know this will be dealt with in a professional manner." Another member of staff said, "I always feel listened to and able to speak up and the office have always responded well."
- Staff told us team meetings were used to provide clarity about the expectations of them in their roles and to discuss any concerns they had. One member of staff said, "Team meetings are used to discuss any concerns, expectations within our job role and also to express any issues we have and how we are feeling." Another member of staff said team meetings were used, "To provide support and motivation and to discuss any issues or concerns that need to be raised."

Working in partnership with others; Continuous learning and improving care

- The agency had established effective working relationships with other agencies and professionals involved in people's care. For example, the service had worked with healthcare professionals and local authorities that commissioned care to ensure people's needs were met.
- We received positive feedback from health and social care professionals about the way in which the agency worked with them and the quality of care people received. One professional told us, "I have always

found them to be a very good provider to work with. They have always been responsive and approachable. Phone calls and emails are answered immediately and the agency always make every effort to ensure all requests are met and actioned." Another professional said, "The management team always ensure they clearly identify what tasks fall within their care package and when additional support may be required, such as nursing care for more complex health conditions or while undergoing treatment, so clients are kept safe while all their needs are met."