Firstcol Services Limited

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
FirstCol Services Limited is a domiciliary care agency providing personal care to adults living with families or in their own homes in the community. 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. At the time of our inspection the service was supporting 62 people, living with frailty and other health related conditions, with the regulated activity of personal care.

People's experience of using this service and what we found
People's care plans were not always personalised. Peoples history, their background, aspirations, goals, likes and dislikes were not always included. Examples of where this was included, lacked detail. The provider had already identified this through their quality assurance audit system and was in the process of updating and improving these areas.

Peoples end of life preferences hadn't been sought or captured. We made a recommendation the provider consults a reputable source to further develop end of life planning.

People said they felt safe and were protected from harm. A person said, "I feel very safe. It's because of their attitude, I suppose, and the way they behave. They're always kind and they always ask if they can do anything else, if I need anything else doing. I've got nothing bad to say about them." Another person said, "I feel it's fine. I feel safe and well cared for."

Staff had a good understanding of what safeguarding meant and the procedures for reporting any issues of harm to people. All the staff we spoke with were confident any concerns they raised would be followed up appropriately by the registered manager.

Staffing levels were specific to individuals. A person said, "[Staff member] is always here 15 minutes early. It's nearly always the same person. It's nice to see the same face." The staff recruitment procedures ensured appropriate pre-employment checks were completed to ensure only suitable staff worked at the service.

Medicines were managed safely by trained staff. Effective practices were in place to protect people from infection.

Staff received supervision and appraisals to support them in their role and identify any learning needs and opportunities for professional development. Senior staff carried out spot checks on staff to monitor the quality of the service provided and to seek the views of the people who were supported. A person said, "They (staff) know what they're doing."

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.

Staff supported people to have enough to eat and drink and to make choices about what they ate and drank. A person said, "Staff do the cooking for me and the shopping. They respect my wish not to eat with a knife. They get the lids off and chop up my meals when they need to. They do advise me to eat sensibly."

People received appropriate healthcare support as and when needed and staff knew what to do to summon assistance. A person said, "Staff notice when I'm not well. I get a lot of pain and they ask if I want a doctor or for them to ring 999. They always give me the option."

People were supported by kind and caring staff who knew them well. People spoke highly of the staff who looked after them and said they were treated with dignity and respect. A person said, "They're (staff) very caring. They do the things they're asked to do and they're very caring in what they do." Another person said, "Staff are pleasant. My day is better for them coming in." A relative said, "It couldn't be better. They (staff) come in, at night, they've been working all day and it's like it could be the first call of the day. They come in all bright and smiling and say, 'How are you?'" People were involved in all aspects of their care and were supported to express their views.

Complaints were investigated and managed appropriately in line with the provider's policy. The registered manager monitored the quality of the service and used feedback from people and staff to identify improvements and act on them.

The service worked in partnership with other agencies to ensure quality of care across all levels. People, relatives and staff were encouraged to provide feedback about the service.

There was a culture of openness and transparency. Staff were positive about the management and leadership of the service. The service had quality assurance systems in place, which were used to good effect and to continuously improve on the quality of the care provided.

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

Rating at last inspection
The last rating for this service was Good (published 21 March 2017)

Why we inspected
This was a planned inspection.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good

FirstCol Services 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
This inspection was carried out by one inspector and two Expert by Experience's. 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 homes. 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 72 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection
We reviewed information we had received about the service since the last inspection. 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 20 people who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including the nominated individual, registered manager, two care coordinators, two senior support workers, and two support workers. 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 10 people's care records. We looked at five staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We sought feedback from the local authority and professionals who work with the service. We looked at training data and quality assurance records.

Good

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.

Using medicines safely

At our last inspection Medication Administration Record (MAR) charts were used to record and monitor the administration of people's medicines. There were some gaps in recording on the MAR charts. Systems were not in place to show what actions had been taken to address these omissions. Some people were prescribed PRN medicines. PRN medicines are given 'when required' and should be administered when symptoms are exhibited. The provider's policy gave no additional instructions for staff in how to manage PRN medicines safely. Good practice guidance produced by the National Institute for Clinical Excellence (NICE) states PRN medicines, that may include variable doses, should have clear guidance for staff regarding when and how to use such medicine, what the expected effect will be and the maximum dose and duration of use. At this inspection we found that improvements had been made in these areas.

● The service safely supported people with the administration of medicines. Since the last inspection the provider had updated their policy relating to medicines which reflected current best practice guidance and was reviewed. The auditing tool had been updated and was now carried out monthly. The tool documented what actions had been taken to investigate any gaps, all of which had been recording issues rather than people not receiving their medication as prescribed. The audit documented what actions had also been taken for example, staff receiving additional supervision and training to prevent reoccurrences.
● Care plans and risk assessments described the support people required to ensure medicines were administered safely. People who required medicines on an 'as needed' basis had a written plan to ensure staff knew how and when to administer them.
● People said they were happy with the support they received to take their medicines. A person said, "They ring the pharmacy for me if I run out of anything. My medication is a complicated job and I can't fault them; they're brilliant with it." Relatives said their family members received support from staff and they were happy it was done safely.
● Records showed, and staff confirmed, they received training to administer medicines safely. Observations of staff competence were carried out annually.

Systems and processes to safeguard people from the risk of abuse
● People felt safe with the staff who supported them. In response to asking if one person felt safely supported they said, "Absolutely, 100%. If they're (staff) held up and going to be late or they're going to be early they ring as soon as they know so you don't get worried. They ask how I'm feeling if I don't seem my normal self. I have a lot of health problems and they're always very aware. They always ask if I want the door double or single locked. I always say single, but they always ask in case I've changed my mind. They always put the brake on the commode and make sure I'm safe." Another person said, "I am safe, they look after me

rather well."
● Staff had received training in how to safeguard people. Staff knew what signs to look for to keep people safe from harm or abuse. For example, changes in a person's mood or behaviour.
● Up to date procedures were in place for staff to follow.
● Staff wore uniforms and identification badges to identify themselves, so people could be assured they worked for the service.

Assessing risk, safety monitoring and management
● Before a person received a service an assessment of risks in their environment was undertaken. This was to identify potential hazards in the person's home, such as uneven floors or with electrical appliances, and to look at ways to minimise risks.
● Risks to people had been assessed. A person said, "They (staff) are good to be with, very friendly and when they're here, they know exactly what they've got to do." A relative said, "They (staff) are so nice; there really are no problems. They are caring and polite and they know what they're doing."
● Where a risk had been identified, control measures and guidance for staff detailed how to minimise the risk. For example, to people's health and wellbeing such as when moving around their home, developing pressure areas and showering. Where people required help to move around, risk assessments detailed how they should be moved, the number of staff required to safely assist the person, and the equipment to be used.

Staffing and recruitment
● Staffing levels were specific to individuals. People said staff were punctual and always stayed for the allotted time. If staff were delayed, people said they were contacted by telephone for further updates. A person said, "Their always here on time. You'll have no complaint from me. I've never had to wait. The office rings if someone's held up. I say I don't mind, it makes no difference to me." Another person said, "They can be delayed but the agency always call me, they never let me down."
● Recruitment procedures were safe. Staff underwent a satisfactory Disclosure and Barring Service (DBS) check before commencing employment. The DBS check helps employers make safer recruitment decisions in preventing unsuitable potential staff from working with people.
● The provider said they always ensured people using the service met their care staff before they started supporting them. People confirmed new staff were introduced by the provider, to support continuity of care. An on-call service was available should people experience any emergencies or staff required support.

Preventing and controlling infection
● People were protected from the prevention and control of infection. Staff were provided with protective clothing such as gloves and aprons and there was information in people's care plans about the prevention of infection.
● Staff were trained in infection control and there was a policy and procedure in place which staff could access. Staff demonstrated a good understanding of how to prevent the spread of infection. For example, staff washed their hands before and after supporting people with their personal care.

Learning lessons when things go wrong
● There was a system for reporting accidents and incidents, which staff were aware of.
● Accidents and incidents were reported, recorded and monitored to check for trends and any patterns identified were shared with staff for learning. Safety briefings were given to staff when there was a specific change to safety standards, for example following new standards or guidance.

Good

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 Good. At this inspection this key question has remained the same. 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

- Assessments of people's needs included protected characteristics under the Equality Act 2010. For example, people's marital status, religion and ethnicity were recorded. This is important information to inform staff and to prevent the risk of discrimination. This ensured staff were made aware of people's diverse needs and could support them appropriately.
- People and their families said they were involved in developing their care plans.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained, and who received the guidance and support they needed to deliver care effectively. A person said, "I feel confident they are well trained. They certainly are, the ones I've had." Another person said, "Staff seem competent and caring." A staff member said, "Training is very thorough. Especially medication, the way it was explained was really good." Training included health and safety, emergency first aid, moving and handling, equality and diversity. Training was refreshed as needed and certificates in staff files confirmed the training staff had completed.
- New staff studied for the Care Certificate covering 15 standards of health and social care topics, through on-line learning. These courses are work based awards that are achieved through assessment and training. A staff member said, "When you first start you can be nervous, but colleagues and management are supportive. I feel very confident in my ability to deal with ambiguous situations."
- Staff were supported to study for additional qualifications, for example, a Diploma in Health and Social Care. The registered manager said they always tried to encourage staff to develop which staff confirmed.
- Staff were given opportunities through supervision to review their individual work and development opportunities. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed as well as considering any areas of practice or performance issues. Staff said they found these meetings useful. A staff member said, "Supervision is every three months. The manager gives you feedback on your performance, they observe you, have a chat, give advice to improve what you're doing, check you don't have any problems and making sure you can voice your concerns."
- The management team carried out spot check visits to people's homes to observe the care practice delivered by staff. These were carried out to ensure staff were effective in carrying out their role, this included assessing if staff arrived on time for each visit, followed good infection control procedures, respected people's privacy and dignity and followed the care plan. Records and staff confirmed this. Other audits included infection control, health and safety, incidents and accidents. A staff member said, "Spot checks are completed, checking we are doing what we should be doing, we work with our supervisors regularly, it's good for guidance and advice. Small things you wouldn't normally notice if not working together. For example, checking my uniform is correct and I am wearing my name badge." Staff were

encouraged to share any concerns they might have with regard to their work and/or personal issues that may affect their work.

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional needs were assessed. Where people were at risk of poor nutrition, guidance was included in their care plan. People received modified diets where needed and pureed diets for people at risk of choking.
● Records showed staff supported people to purchase groceries each week and staff said they encouraged healthy eating whilst giving people choices. A person said, "Staff have got to know the sort of things I like for breakfast, so they always bring me something I like." Another person said, "I always have a cup of tea in bed, it's lovely."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to live healthier lives and were supported to maintain good health. The service worked alongside GPs, district nurses and involved dietitians when required. A person said, "Staff are very attentive. They notice even if I have a little bruise and say that may need attention."
●Relatives said with the consent of their loved ones, they were informed of any changes in their family member's health.
● Information about people's health and medical history were included in their care plans. This set out the person's health condition, how it affected them and the support and assistance they needed from staff. For example, a person's mobility had weakened, the provider worked in partnership with other health care professionals such as occupational therapists and district nurses and acted on their advice.
● Staff knew to contact the district nurse if a person's skin integrity had deteriorated. Body charts were used to identify and monitor which part of a person's skin was affected.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.
● At the time of our inspection the provider said no one using the service lacked capacity to make decisions regarding their care and treatment.
● Without exception people and their relatives said staff asked their consent before providing care.
● Staff received training in the MCA and were clear on how it should be reflected in their day to day work with people who used the service. Staff said they asked consent and permission from people before providing any assistance. This showed people were asked for their consent before care was provided by staff and offered choice.

Good

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 we spoke with were very complimentary about the care staff who they knew well. A person said, "Staff are very caring." Another person said, "Staff are very caring. They're all very nice." Another person said the staff were always "polite."
- Staff had received equality and diversity training and the provider had an equality, diversity and human rights policy, which set out how to support people, and staff, from diverse backgrounds. A staff member said, "We had a person at short notice as it was a hospital discharge. An emergency care plan was put in place because it was quick. [Person] has religious beliefs which meant they don't except any form of medical intervention. My manager knew I was interested in their religion, so I was paired with them. I have built a close relationship with them. I know when they are feeling lethargic, struggling for breath, I know how to pull them into conversation to assess their wellbeing. I share this with my colleagues, we shadow each other and communicate with the office. This ensures the care plan and risk assessment are always up to date. The persons equality and diversity are at the centre of how we are providing care and support for [person].
- Care plans included a section on people's cultural, religious and gender preference of carer. Where people preferred to have a certain carer, this had been facilitated. This showed the provider tried to meet people's preferences in a caring and kind manner.

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

- People and their relatives said they had been involved in developing their care plans and they were consulted about their care. One person said, "I am very involved, they're (staff) brilliant. They're very understanding and always cheerful." The provider was aware of the need for people's voices to be heard. They confirmed that these arrangements had been maintained throughout their use of the service.
- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence. Staff shared examples of how they maintained good communication links with the person or their family and recorded any required actions or changes in care.
- Staff described how they assisted people to make decisions. Examples included listening carefully and speaking slowly to people when appropriate and always asking them and involving them in decisions.

Respecting and promoting people's privacy, dignity and independence

- Without exception all the feedback from people and their relatives indicated people's privacy was respected, and their dignity maintained. Staff described how they supported people's privacy and dignity. This included giving people private time, listening to people, respecting their choices and upholding people's dignity when providing personal care. A person said, "I told them I don't mind a man for the

'dressed calls' but not for the undressed ones and that's worked."

● People had signed to confirm they agreed to the package of care and support to be provided. This included information regarding how data held about people was stored and used. Staff were aware of their responsibilities related to preserving people's personal information and their legal duty to protect personal information they encountered during the course of their work. There was a policy and procedure on confidentiality and confidential records held in the office were locked in cabinets.

● Staff understood their role in providing support to maintain people's independence. Care plans listed people's care needs in a way that reminded staff to respect people's dignity, remembering the things they could do for themselves.

Requires Improvement

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

End of life care and support

● The service had an up to date end of life policy in place. The provider was not complying to their policy and procedures which stated it was a requirement to find out the preferences and wishes of the person was were assessed as at end of life. At the time of inspection, the service was providing end of life care to three people. Care records showed all three people, and/or their relatives had not been consulted about their preferences and they did not have advance care planning in place to ensure their wishes were carried out.

● The management team agreed end of life support planning still required development. Records confirmed each of these people had a palliative healthcare team involved who were responsible for the monitoring of their health and robust guidance was in place to meet these people's needs.

● Despite not identifying people's wishes and preferences for end of life support, staff were still able to provide compassionate support to people. One staff member said, "I love supporting people at the end of their life. You can give them the last bit of compassion, dignity, love, and make a difficult time easier for them, in their own home. We do a really good job at keeping them well. I can spot the signs if they are not well and will call a district nurse and GP.

We recommend the provider consults a reputable source and further develops end of life support planning.

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

● In May 2019 the provider had moved care records on to a different format. This transformation had impacted the level of personalisation contained in care plans. There was enough basic information to provide care to people. However, they did not contain enough information about preferences and life history to provide an insight into them as an individual. We raised this with the provider who was aware of the inconsistency in care plans, as this had been identified through their quality monitoring system in June 2019. Records confirmed this with an action plan to ensure all records were reviewed and updated to include this information by the end of November 2019. We will not be able to assess if sufficient action has been taken until our next inspection.

● We asked staff what person centred care meant to them. A staff member said, "Our care should be personal to the individual needs of a person. This should be evidenced through the rota and the care plans." Another staff member said, "Person centred care is making sure you have discussed goals of care with the person. We should be making the care plan centred around the person." Staff were able to give examples of how people liked their care delivered and how this had been recently communicated with the senior care staff to ensure care plans could be updated. Staff confirmed they had been.

● People and their families were involved with the planning of their care. The registered manager said senior staff carried out an assessment of people's needs to determine if the service could meet those needs.

Members of staff were then assigned to the person with regard to the number of visits required and the care needed. The assessment was linked to the care plan which was reviewed with the person within the first month or sooner if required. This was to ensure the care plan was accurate and people were content with the care.

● When people's needs changed, this was identified by the staff and changes made to the support as a result to ensure positive outcomes for people. A relative said, "They pick up on things, communication is really good. If staff are new it might take them a couple of weeks to get to know [person]. I can't criticise them, they're brilliant, lovely."

● The service had received a number of recent compliments. For example, A relative had fedback '[Carer] was so lovely and spent time sitting with [person] at breakfast and encouraging them in a really positive way to change their clothes into something more suitable, which [person] responded to straight away. [Carer] spent time doing their hair and showed great empathy. [Carer] is a real role model, thorough, professional and very friendly.' Another relative had fedback, 'Thank you for the absolutely excellent service we receive from FirstCol. We remain completely delighted.'

Meeting people's communication needs

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

● People's communication needs were assessed. The provider told us if people needed information in any other format they would accommodate this. Care plans instructed staff whether people wore glasses and how to keep these clean. This meant people were supported to see effectively.

● Staff had completed training in conflict resolution, which included, listening skills, communication skills, gender responses and evasive action.

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 said they engaged in a wide range of personal hobbies and interests. A person said, "I listen to the radio in the morning and I can change the stations and I sometimes ask them to put a film on for me in the afternoon." People were supported to participate in activities which were culturally important to them such as attending the local church services.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy in place, records showed since the last inspection there had been 12 complaints. We found all complaints had been responded to within the appropriate timescales.

● People and their families knew how to make a complaint if they needed and were confident their concerns would be listened to and acted upon as required. A relative said, "I did complain because [person] medication wasn't given. I phoned, and they resolved it straight away. They changed the way they kept the records and it hasn't happened since."

Good

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 Good. At this inspection this key question has remained the same. 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

- People and relatives told us they found all staff to be approachable. A person said, "They are all very nice, good and caring." Another person said, "They're lovely. We have a laugh and a joke." A relative said, "I met the coordinator and they were very nice and knew what they were talking about."
- Staff were motivated and proud of the service. All staff consistently knew people well and felt they worked well as a team. A staff member said, "We are all very supportive of one another. Morale is good, we have a good staff team. We all try and help out when needed and [registered manager] does an amazing job."
- The service had an open culture that encouraged open communication and learning. People said they were very pleased with the service. People and relatives said they would recommend the service to others. One person said, "Definitely. I like them. I like everyone I've had. I've got confidence in them." Another person said, "I think they keep your dignity when they help you." Another person said, "I certainly would, without a doubt. I'm happy with everything." Another person said, "I know what bad and good care is and they're really excellent."

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 provider understood their responsibilities under duty of candour. She said, "It is being open and transparent as possible with everyone using the service, relatives and health professionals involved."
- Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- People and staff felt confident to talk with the management team if they needed to. A staff member said, "Management are fantastic, really, really good. I feel comfortable raising concerns. They are very understanding and helpful. They do their best. I have seen examples of this as well with other staff." Another staff member said, "I think the office team do an amazing job. They are all approachable and supportive. They help us. Good team work."
- Staff knew how to whistle-blow and how to raise concerns with the local authority and with CQC if they felt they were not being listened to or their concerns acted upon.
- Policies and procedures included disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- The provider had their previous inspection rating displayed on their website and in the office location.

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

regulatory requirements

● Staff had a very clear understanding of their roles and responsibilities. Staff understood the provider's visions and values. They were able to tell us they included being person centred, supporting independence and respecting diversity. Staff told us they made sure they followed these values when they supported people. New staff had been inducted to fully understand the service's aims and objectives.

● The registered manager was aware of their responsibility to report incidents, such as alleged abuse or serious injuries to the Care Quality Commission. Notifications which they were required to send to us by law had been completed.

● Established systems were in place to report accidents and incidents investigate and analyse incidents. People's care plans were regularly reviewed to reflect any changes in their care needs. Quality assurance systems were in place to continually drive improvement. These included a number of internal checks and audits, which highlighted areas where the service was performing well and areas requiring further development such as care plans requiring more detail and personalisation. The registered manager said, and we saw evidence that, quality assurance checks were undertaken on a regular basis.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

● Staff said they were given opportunities to share ideas and make suggestions to improve the service at team meetings, supervisions and as and when they wanted to. Records showed the registered manager held regular team meetings for the staff. Records showed meetings were well planned and included a clear agenda which staff had contributed to. We noted discussions were focussed on improving care for people using the service. The registered manager shared important information at the meetings to ensure staff had enough knowledge.

● People's feedback was regularly sought through reviews, 'spot checks', telephone calls and questionnaires. One person said, "Every month they come out and ask. I haven't asked for anything to be changed." Another person said, "Every six weeks or so they come around and ask what I think."

● Feedback was used to drive improvements. For example, one person said, "It was a very minor thing. The house is near a side alley and if the toilet seat is left up it makes a reflection. I did a questionnaire about 7 weeks ago and asked if it could be put down. Now they always do that and check it is down." Another person said, "Staff are supposed to do the washing up when they leave, and they don't always do it. I fed this back and since then there have been improvements." This demonstrated the provider listened to people's views to ensure peoples' needs/wellbeing was met and respected.

● Annual surveys were provided for people and their relatives. We reviewed the outcome of recent surveys and saw people had expressed a high level of satisfaction with all aspects of the service. One relative said, "I hope they go on for ever. We rely on them and they don't let us down." Another relative said, "I can't criticise anything. I say 'good' to everything."

Working in partnership with others

● The service worked in partnership with other organisations to support care provision. For example, the local district nursing teams, GPs, occupational therapists and physiotherapists. This was to meet and review people's needs. For example, for the arrangement of essential equipment being delivered to people's homes to enable them to return safely from hospital.