

Jaysh Care Services Limited

Jaysh Care Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

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

Jaysh Care Services is a domiciliary care agency providing personal care to people in their own homes. The service was supporting five people with personal care needs at the time of our inspection. 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

At our last inspection on 31 January and 5 February 2019 Jaysh Care Services was rated Inadequate and we found multiple breaches of regulations. At this inspection we found significant improvements had been made. However, care was currently being provided to a small group of people and more time was required to embed and sustain these improvements over a longer period to ensure people were cared for safely.

People told us they received safe care. The registered manager had made improvements in the risk assessment of people's needs and the management of their medicines. Some records required further detail and updating. Staff understood how to support people safely, were safely recruited and knew how to safeguard people from abuse. People were protected from the risk of infection. People told us they were satisfied with the management of their care calls and enough staff were available to meet their needs. Incidents and accidents were reported by staff and actions were taken to prevent a reoccurrence.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, it was not evident the Mental Capacity Act (2005) had always been applied to decision making. Further improvements were required, and we have made a recommendation about this. Staff completed training to meet people's needs and staff competency was checked. Staff were supported through supervision, appraisal and observed spot checks. Improvements had been made in the delivery of people's care to reflect current legislation and guidance. People's healthcare needs were monitored, and they were supported to access healthcare services when needed.

People and their relatives told us staff were kind and caring. Staff knew how to provide respectful care that promoted people's dignity and privacy. People told us they were involved in decisions about their care and these were respected by staff.

The registered manager was in the process of developing the service approach to end of life care through staff training and care planning. Care plans demonstrated people had been asked about their preferences and needs, and people told us their needs were met. People and their relatives were aware of how to complain and the registered manager had procedures in place to manage complaints effectively. People were asked about their communication needs and the service was able to support people's needs for alternative formats should this be required to understand information.

Since our last inspection in January 2019, improvements had been made in the quality and safety of the service people received and this was being embedded into practice. An effective system was now in place to monitor the service and to achieve continuous improvements. The registered manager had improved their knowledge of their regulatory responsibilities, however their knowledge of the duty of candour was limited. We have made a recommendation about this. People and staff spoke positively about the changes in the service and told us their needs were met. Staff told us the culture was positive and they were clear about their roles and responsibilities.

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

Rating at last inspection and update

The last rating for this service was Inadequate (published 14 March 2019) and there were multiple breaches of regulation. This service has been in Special Measures since 14 March 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jaysh Care Services on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. We will work alongside the provider and local authority to monitor progress. 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 not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Jaysh Care Services

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 two inspectors

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. Jaysh Care Services is a single agency provider and the registered care manager is also the provider. We have therefore referred to the provider as the registered manager in this report.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 21 August 2019 and ended on 22 August 2019. We visited the office location on 21 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, company secretary, team leader and two care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. Improvements had been made to the service to protect people from abuse and avoidable harm. The service was working to embed these changes into practice to ensure people were safely cared for.

Assessing risk, safety monitoring and management;

At our last inspection the provider had failed to ensure the safe and proper management of people's medicines, and to assess and manage risks to the safety and welfare of the people they supported. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- We asked a person's relative whether the service delivered safe care and they said "Now, yes! Historically prior to the last CQC inspection I wasn't happy with the agency and [person] needs were not being met." They went on to tell us about how risks to their relative's care were now safely managed and said, "I feel happy now they are being more proactive."
- The registered manager was embedding a proactive approach to managing risks to people. This included ensuring staff understood their responsibilities through training, supervision and team meetings. Care was currently delivered to a small group of people and more time was required to ensure the systems were used consistently to protect people from avoidable harm.
- Records showed risks to people were assessed, and guidance was in place to support staff to manage these safely. This included risks to people from falls, medication, environmental risks, moving and handling and skin integrity. Staff we spoke with were aware of people's risks and how to manage them safely.
- Information was not always up to date or comprehensive, for example; we found some conflicting information about the wound management of a person's pressure sore in their care plan. However, from our discussion with the registered manager, team leader, company secretary and other records it was evident this was being safely managed. The registered manager told us they would update the records, so staff responsibilities were clear.
- Some specific care plans could benefit from further detail to provide clearer guidance to staff such as; stoma care, dementia care and Parkinson's care. This was discussed with the registered manager and company secretary during the inspection.
- The company secretary had completed a train the trainer course in moving and handling. This enabled them to provide training to care staff. They told us "I go through the person's needs with the occupational therapist and then I provide person-centred training to the staff. I then go two or three times with the staff, they assist me and then I watch them." A person's relative told us they were 'confident' about the staff

supporting a person using a hoist and said, "They have very clear guidance."

- The registered manager was using a system whereby all incidents and concerns reported by care staff were recorded on a 'daily communication record' sheet. This detailed the information of concern, the action taken and the outcome. From the records we reviewed we saw information about risks to people had been acted on. For example; risks to people from not eating, injuries and skin discolouration.

Using medicines safely

- The registered manager was clear about their responsibilities and role in relation to people's medicines. People's care plans accurately described the support people needed with their medicines and how they preferred this to be carried out. For example, '[person] likes tablets on a saucer as he feels he can see them better'.
- Medicine Administration Records (MAR) were kept, recording each medicine administration and those we viewed were accurately completed. These records were checked monthly by the team leader.
- People's care plans included details about the medicines they were prescribed and the prescribers' instructions for their use. This included medicines taken 'as required' and staff confirmed they knew how to manage these medicines safely.
- Staff completed training in safe medicine administration and their competency was checked to ensure they continued to practice safely.
- Detailed records were kept of creams and patches applied to the skin. This included a risk assessment to identify any creams which may present a risk such as, paraffin-based creams and ointments.

Staffing and recruitment

At our last inspection the provider had failed to ensure the safe recruitment of staff. This was a breach of regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- Staff were safely recruited. Staff files were organised and contained all the information required to check staff were safely recruited.
- A system was in place to obtain Disclosure and Barring Service (DBS) checks for staff prior to them working with people. References were obtained from previous employers and those who could confirm the person was of good character. Application and interview records were fully completed and any gaps in employment were explained in writing.
- There were enough staff to meet people's needs. People and their relatives we spoke with told us their calls were mostly on time and no one reported a missed call.
- Staff arrangements had been improved to provide a more reliable and consistent service. Staff rotas were prepared each month in advance and staff were consulted about their availability which meant people's care was more organised and reliable. The registered manager was now mostly office based, rather than delivering care, which had improved the time allocated for the management of the service.
- One person's relative told us although they mostly experienced a consistent service in terms of staff, they would appreciate having a rota, so they knew who to expect in advance.

Systems and processes to safeguard people from the risk of abuse

- Since the last inspection the registered manager had completed training in safeguarding. They told us they had been supported by the local authority safeguarding, quality and governance team to be clear about their responsibilities in this respect. Concerns were being raised and investigated with the appropriate local

authority safeguarding teams.

- Staff we spoke with were aware of their responsibilities to report abuse and knew about the types of abuse and who to report any concerns to.
- A staff member said, "Safeguarding is all about protecting people from possible harm, if I have any concerns I should tell my supervisor and if they don't do anything I have to tell the manager and if they don't I go on and call the safeguarding team."
- People were given information about safeguarding and who to contact if they had concerns.

Learning lessons when things go wrong

- Following a recent safeguarding concern, the registered manager had applied learning to prevent a reoccurrence. This had resulted in the introduction of daily communication records so that issues of concern were raised, acted on promptly and monitored through to outcome.
- Records of a team meeting showed the safeguarding had been discussed with staff and the importance of documenting 'all and any changes' to people's needs.
- Following a concern about a person's dignity, the company secretary told us how all staff were being signed up as 'dignity champions' to ensure dignity was promoted and to prevent a reoccurrence.
- Improvements had been made in the safety of people's care and support based on the findings of our previous inspection and the findings of the local authority safeguarding, quality and governance team.

Preventing and controlling infection

- People's care plans included information about how to protect people from infection.
- Staff completed training in infection control and told us about how they used personal protective equipment such as gloves and aprons to prevent the spread of infections. A staff member said "I wash hands thoroughly and use hand sanitizer and gloves and do not use these same gloves in the kitchen to prevent cross contamination. Yes, you have to wear an apron as well."
- Spot checks carried out on staff by the team leader did not include observation of infection control practice which would help to monitor staff practice in this area. The team leader told us they would add this.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. The effectiveness of people's care, treatment and support had improved. The service was working to embed these changes into practice to ensure people were effectively cared for.

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

At our last inspection the provider had failed to ensure care and treatment was provided with the consent of the relevant person and in accordance with the mental Capacity Act (2005). This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11. However, some improvements were still required.

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.

- An informed consent form was in use. This included; consent for administering medicines, sharing relevant information with appropriate health and social care professionals, agreeing to times of care calls, agreeing to care plans, use of photographs and using a key safe. However, the service was not assessing people's mental capacity to make these particular decisions as required by the MCA. This supports people to have maximum choice and control over their lives.
- For two people, we saw their consent form had been signed by their relative who had the legal authority to do so as they held a Lasting Power of Attorney (LPOA) for health and welfare. A record was kept of this authority. However, a mental capacity assessment had not been carried out with these people to determine if they did have the capacity to make any of the specific decisions in their consent form.
- Although the registered manager had completed training in the MCA and had improved their understanding of the requirements further knowledge was required.

We recommend the registered manager seek advice and guidance from a reputable source about obtaining people's consent in line with the MCA and updates their practice accordingly.

- Staff had completed training in the MCA. Staff we spoke with demonstrated they knew how to apply the principles of the Act in their work with people. This included; assuming people had the capacity to make their own decisions and obtaining their consent before providing care. A staff member said, "It's about respecting people's wishes and making sure you do what people want you to do instead of what you think is best for them."
- A person's relative said "If [person] says they don't want a shower they [staff] respect their decision."

At our last inspection the provider had failed to ensure staff were suitably trained, competent, skilled and supported to carry out their role and meet the needs of the people they supported. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- Staff new to care were enrolled on Care Certificate training. The Care Certificate is a set of standards that sets out the knowledge, skills and behaviours expected of care workers in their role. Records showed staff had begun to complete this training provided by a local college.
- Staff we spoke with told us how the training and support available to them had improved. A staff member said "We have more training than we had and more supervision and checks. Now we have more information."
- A staff member who had recently joined the service told us about their induction and said, "I am quite confident because everyone has helped me." They went on to tell us about the period they spent shadowing more experienced staff and the training they had completed to meet the needs of the people they supported such as; stoma care, catheter care and moving and handling training. They had been observed in delivering these interventions to check they could do this safely.
- A training programme for staff was in place which consisted of e-learning and classroom-based sessions. Records showed staff had completed training in a range of topics including; safeguarding, safe medicine administration, identifying service users at risk and moving and handling. Staff we spoke with told us about some of the training they had completed and how this had supported them to provide effective care. For example; what risks are associated with catheter care, their safeguarding responsibilities and the importance of recording medicines.
- Staff were receiving supervision, appraisal and observed spot checks and records confirmed this. A staff member said, "I have supervision with [team leader], yes it's helpful you are asked about the stuff you are not sure about and you see if there is anything you need to adjust, and you get some feedback."
- Staff attended group supervision sessions where topics such as; the protected characteristics, which protect people under the law to prevent discrimination on the grounds of their; age, disability, sexual orientation, race religion or belief, sex, marriage or civil partnership, pregnancy and maternity and gender reassignment status. The prompting of medicine administration and delivering care in a service users' home were also discussed. Competency checks were carried out for medicine administration and moving and handling.

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

- A person's relative told us their relative was happy with the support provided to them with their food. Staff we spoke with knew what people liked to eat and care plans included this information.
- We saw a concern had been raised when a person had stopped eating regularly and this was acted on.

- People's care plans included information about their nutritional and hydration needs and risks.

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

- People's needs had been assessed and care plans developed to meet these. Information about people's choices and preferences were included to support staff in providing person centred care.
- The service had developed an initial client needs assessment. This had not yet been used. We noted the assessment did not include information about people's protected characteristics under the Equality Act. This is important to ensure care and support is delivered in line with legislation and helps prevent discriminatory practice. We have discussed this with the registered manager to ensure this is included prior to use.
- Improvements had been made in the delivery of care, so practice reflected current evidenced based guidance. For example; people were receiving medicines support in line with the registered manager's policy and the NICE guidance for 'Managing medicines for adults receiving social care in the community'. Staff new to care were completing an induction based on Skills for Care guidance. The application of the Mental Capacity Act (2005) had been improved to ensure people were asked for their consent and evidence of those with the legal authority to make decisions on behalf of people had been obtained. Some further improvement was required which we have described above.

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

- A person's relative said "They [Jaysh Care] have certainly improved their health monitoring so if they notice there is sediment in the [catheter] bag they report to nurses and they reported an additional sore on his back."
- This person's relative went on to tell us about an initiative taken by the service to communicate with the district nurses so they could coordinate the person's personal care needs with wound dressings.
- Staff we spoke with told us who they would contact if a person had health concerns and this included community and emergency services.
- The service had improved their recording of people's health needs so there was a clear record of who had been contacted, the action taken and the outcome.

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 Requires Improvement. At this inspection this key question has now improved to 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 and their relatives we spoke with told us staff were kind and caring. A person's relative said "Some [staff] are exceptionally kind. They are always present yes generally kind - I listened in on visits and they were professional no concerns." Another person said, "Oh yes, they are caring they can talk you round and are really friendly."
- Staff spoke about their role in a caring way, a staff member said, "I just enjoy meeting new people, connecting with people and building relationships and trust to help them with their routines and make them laugh and have a conversation that can change their mood just having general conversations is very lovely."
- People's care plans identified people's age, disabilities, religion, ethnic origin and language; however, we did not see people's diverse needs were considered in relation to all the protected characteristics in the planning of their care. This is important to ensure people's diversity, values and beliefs are explored in relation to how they want to receive their care. The registered manager told us they would address this.

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

- People and their relatives told us they were involved in making decisions about their, or their relatives care, and people's care plans evidenced this.
- Staff told us they supported people to make their own decisions and a staff member said, "I listen to what the person is saying and do what they want, and not try to do it in the way you think is better, so they can be happy and with the way they like it."
- People were asked about their preferences for the gender of their care staff and this was adhered to by the service.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with knew how to provide dignified and respectful care. The team leader checked staff treated people with dignity and respect during observed spot checks. A person's relative said "If I come up when they are doing care they say 'stop' so they can cover [person] up."
- People's care plans included what people could do for themselves, so staff were aware of supporting people's independence. A staff member said, "Let people do things for themselves and ask if they need help to empower them."

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 Inadequate. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had failed to assess, plan and provide care and support that met people's needs and preferences. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

End of life care and support

- At our previous inspection we found people's end of life care needs had not been assessed and a care plan was not in place to provide guidance for the care of a person with a life limiting condition. At the time of this inspection the service was not supporting anyone on end of life care.
- A 'death, dying and bereavement' on line training course had been completed by the registered manager, company secretary and team leader. Care staff had not completed training in end of life care or palliative care. Although the company secretary told us they had identified a training resource from a local hospice, but this had not been organised yet.
- A policy was in place to guide staff, and this stated staff would receive regular training about end of life care.
- An end of life care plan was available which included people's preferences and priorities for their care. However, this did not explicitly include asking about people's preferences relating to protected characteristics, culture and spiritual needs.

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

- People's care plans were person-centred and included information to guide staff as to how people wanted to receive their care. For example, guidance for people's calls explained what people preferred to do for themselves, how people's moods may affect their communication and their preferred routines.
- A person's relative said "There was a care plan previously now they are improving the folder they have been pretty radical, the day to day diary was a blank paper with lines on. Now there is a tick box to check [task]" This referred to daily reports staff filled in to check all care tasks had been completed and any actions or follow up were noted.
- People and their relatives told us care was delivered to meet people's needs. A person said "They [staff] are a lot better now, they have had a lot of training now they tend to know what to do. I have no grumbles about it and no scary moments! They know the things I like."
- People and their relatives told us staff communicated with them about people's needs and they were involved in planning their care. A person said, "They meet what I need and how I want it done - they do what I ask them to and they know me and automatically do it now." People's relatives told us when they had

asked for information or suggested a change this had been met by the service. For example, a person's relative told us how the 'little things' were now part of the person's planned care such as making sure the person had access to their drinks, telephone and walkie talkie.

- People and staff told us they were not rushed during care calls and they had enough time to meet people's needs.

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.

- The registered manager was not aware of the AIS; however, people's care plans addressed their communication needs. This included whether people had a sensory impairment and wore glasses, or a hearing aid and any specific communication need staff should be aware of to assist people's understanding.
- The registered manager confirmed they would meet any requests for large print, or pictorial information if needed.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to investigate and act on complaints received and to operate an effective system for the handling of complaints. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 16.

- The complaints procedure was available in an easy read format and given to people with a stamp addressed envelope (sae) to the registered manager if the person did not want to discuss their concern with the care staff. A person's relative said "I 've got a form with an sae and I get little slips of paper to comment but I just text. I'm a big believer in if you are a little bit unhappy tell them."
- People's relatives told us that when they had contacted the service with concerns these had been addressed. We were given examples of how people's care had improved because of concerns raised.
- The service had not received any formal complaints since our last inspection. We saw that a procedure was in place to manage and monitor complaints.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. Whilst improvements had been made, further time was required for the registered manager to fully embed and sustain the changes made to consistently 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; Continuous learning and improving care

At our last inspection the provider had failed to ensure an effective system was in place to assess, monitor and mitigate risks to people and to improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Our previous inspection found widespread and significant concerns with the leadership of the service. Since that inspection the registered manager had been supported by the local authority and an external consultant to improve the service. As a result, the registered manager and company secretary told us, and evidenced they had improved their understanding of their regulatory requirements. No breaches of the regulations were found at this inspection.
- The service was currently supporting five people with personal care. This was a small number of people and more time was required to embed and sustain the improvements made over a longer period.
- The registered manager told us they would continue to work with the external consultant to provide support and auditing to sustain the improvements they had made.
- The registered manager was now office based and not routinely delivering care. This had enabled them to focus on and improve the governance of the service.
- Audits were being carried out monthly of medicines and daily records and actions were taken as a result.
- A comprehensive action plan was in place which showed what improvement actions were planned, by whom and by when. This showed actions were regularly reviewed for updates and monitored for completion.
- The registered manager had acted promptly on feedback by the local authority during a recent quality team visit to make the suggested improvements.
- A staff member said, "I think it is well-led everyone has clearer roles, so you know exactly who to go to so that things can get resolved and the processes are clear now, you know how it's supposed to be."

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 a policy was in place the registered manager did not understand the duty of candour. This regulation requires providers to be open and transparent with people and others in relation to their care and treatment including when things go wrong.

We recommend the registered manager reviews the requirements under the duty of candour to ensure their knowledge and processes are up to date and fit for purpose.

- The registered manager told us that following the last inspection they "Went and apologised to each and every person that we had let them down and that we want to work to be compliant."
- The registered manager was aware of the requirement to notify the CQC of significant events that occur in the service. Guidance about this was available in the service.

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

- The registered manager had introduced fortnightly team meetings, and group supervisions which enabled key messages about delivering person-centred care to be discussed and embedded. Staff told us there was improved communication between the team and the managers which supported them in delivering good care.
- People and their relatives told us they were 'happy' with the care delivered and the service was responsive to people's needs and feedback. A person's relative said "I do think that they are genuinely trying. I've never felt like they don't care but it lacked a level of professional knowledge. But they have become more professional and quite a lot of improvement now they are getting in the expertise."

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

- The team leader was visiting people monthly to complete a quality check questionnaire, however the form used was found to be too onerous and this was being reviewed. The team leader told us they were focused on building relationships with people and relatives "So they know that whatever they discuss will be heard by us. At the moment we are getting all positive feedback." The feedback we received during the inspection and the compliments we saw confirmed this.
- Comments forms were available for people to complete and we saw some of these which showed people were satisfied with the service.
- Although staff had not been asked to formally feedback on the service, the registered manager and company secretary consulted staff through meetings and the appraisal process and staff told us they felt listened to by the registered manager. In addition to team meetings, the staff were invited to meet socially on Sundays to have a meal at the registered manager's home. The registered manager said, "We have realised that when we meet as a team it brings team spirit."
- Staff with English as a second language were offered support to attend English lessons.

Working in partnership with others

- The service was working with the local authority and an external care consultant to make improvements to the service and to provide training for managers and staff.
- The registered manager and company secretary told us they met with other care providers and attended care provider forums and associations to share information and support service development.
- The service worked with healthcare providers such as community nurses to deliver joined up care.