

Mears Care Limited

# Mears Care - Richmond

## Inspection report

Desk 4, 114b Power Road  
Chiswick  
London  
W4 5PY

Tel: 02089872350  
Website: [www.mears.co.uk](http://www.mears.co.uk)

Date of inspection visit:  
06 June 2019  
07 June 2019

Date of publication:  
02 August 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Mears Care – Richmond is a domiciliary care agency providing personal care and support to people living in their own homes within the London Borough of Richmond upon Thames. The majority of people had their care funded and organised by the local authority. They also provided short term care and support alongside the treatment provided by the health authority to people moving back home after an accident, hospital admission or operation. This type of support is known as reablement and is designed to help people to regain skills and confidence so that they can return to the lifestyle they had previously. The number of people who used the service changed regularly because the agency was one of the main providers used by the local authority. At the time of the inspection there were approximately 250 people were receiving support.

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

People using the service were supported to access the community to reduce the risk of social isolation. The registered manager had developed a system to carry out regular checks on people using to service to identify if they were at risk of social isolation and support them to access community services and groups.

Care workers administered people's medicines in a safe way and as prescribed. The provider had processes in place for the recording and investigation of incidents and accidents.

People told us they felt safe when receiving care. Risk management plans were in place providing guidance for care workers on how to minimise risks for people using the service.

The provider had a robust recruitment process in place and there were enough care workers deployed to provide support. Care workers received the training and supervision they required to provide them with the knowledge and skills to provide care in a safe and effective way.

Detailed assessments of a person's needs were completed before they started to receive visits. The care plans described the care and support a person required and how they wanted it to be provided.

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 were supported to eat a healthy diet and to access healthcare professionals when required.

The provider had a complaints process in place and relatives told us they knew what to do if they wished to raise any concerns.

There was a range of quality assurance processes in place to identify if any actions were required to improve the service. People using the service and staff felt the service was well-led.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 1 November 2018). There were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

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

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Mears Care - Richmond

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors and telephone interviews were undertaken by two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was due to the nature of the service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 6 June 2019 and ended on 7 June 2019. We visited the office location on both 6 and 7 June 2019.

#### What we did before the inspection

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. We reviewed the previous inspection report, notifications received

from the provider, the action plan and information from the local authority.

#### During the inspection

We spoke with 25 people who used the service and six relatives about their experience of the care provided. During the inspection we spoke with the registered manager, deputy manager, a visiting officer and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We contacted 32 care workers via email for feedback on the service and we received responses from nine care workers.

We reviewed the care plans for eight people and the medicines records for five people. We looked at the recruitment records for four care workers and the training for all staff. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had general risk assessments for people but where a specific risk was identified a risk management was not put in place. 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 saw when a specific risk was identified during the initial needs assessment the relevant risk assessment was completed. A risk management plan which included guidance for care workers on how to reduce possible risks when providing care was included as part of the care plan. For example, we saw a person was living with Type two Diabetes and the care plan included information on the symptoms if the person's blood sugar levels went too high or too low and what action to take. The risk management plan was signed by both the person using the service and the visiting officer who carried out the need's assessment.

### Using medicines safely

At our last inspection the provider did not ensure the safe and proper management of medicines. Medicine administration record (MAR) charts were not always completed clearly and the audits of the charts did not always identify issues with how medicines were recorded. 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 reviewed the medicines administration record (MAR) charts for five people. We saw care workers had recorded clearly when medicines had been administered. The MAR charts listed each person's prescribed medicines with the dosage and how often they should be administered as well as any special instruction as to how they should be administered.
- There was a section on the MAR chart for care workers to record if the person refused their medicines or if they had been unable to administer the medicines. The information was reviewed and appropriate action taken to ensure the person could receive their medicine as prescribed.
- We saw care workers had completed training on the administration of medicines and their competency had been assessed.

## Staffing and recruitment

At our last inspection people were not receiving care which met their assessed needs because the provider was not appropriately deploying care workers to ensure that visits took place at the stated times and care workers stayed for the agreed length of time. 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.

- We asked people if their care workers usually arrived at the time agreed as part of their care plan. Most people told us care workers arrived around the agreed time and there had been improvements since the previous inspection. They also confirmed they would be contacted by the service if the care workers were running late. Comments included "Regular, on time. Have never been without care" and "Yes 99 times out of 100 they arrive on time or they call." Some people did comment that care workers sometimes arrived earlier or later than planned but this was often due to using public transport.
- During the inspection we reviewed the electronic call monitoring system records (ECMS) for the week of 29 April 2019 for six care workers. This showed all the visits they completed during this period. We saw the majority of visits were carried out within 45 minutes of the planned start time. Where a visit was more than an hour earlier or later than planned the registered manager could demonstrate this had been identified and the reason had been recorded for example the person had requested a different time and the rota had not been updated.
- We saw all the visits were displayed on a screen which was monitored and if a visit was overdue the visiting officer would contact the care worker to find out the reason. The reason was recorded and followed up the next day to ensure the visits were completed on time.

At our last inspection we recommended the provider review their recruitment processes in line with national guidance on the safe recruitment of care staff. The provider had made improvements.

- During the inspection we reviewed the recruitment records for four care workers. We saw the provider's recruitment processes were being following including a full employment history, a record of the applicant's qualifications, criminal record check and obtained two references from previous employers. Applicants also completed a numeracy and literacy test. The registered manager told us applicants who had almost achieved the pass mark were supported to improve their score.

## Preventing and controlling infection

- The provider had appropriate procedures for preventing and controlling infection. The care workers undertook training in this. Protective equipment such as gloves and aprons were available for care workers. The registered manager told us that these, as well as spare uniforms, were also available at another site so staff could readily access them.

## Learning lessons when things go wrong

- When an incident and accident occurred, information was recorded on the computerised system. This included full details of what happened, who was involved and any relevant documents such as record of a visit which could be added to the incident and accident record. During the inspection we reviewed the incident and accidents that had been reported in 2019. We saw any action taken immediately were recorded as well as any long-term actions to reduce the risk of reoccurrence. The care plans and risk assessments were updated to reflect any changes in a person's support need following an incident and accident.



Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when they received support in their own home from care workers. The provider had a procedure in place in relation to safeguarding concerns and whistleblowing.
- During the inspection we saw that safeguarding concerns were investigated, and records included all relevant information and correspondence. Care worker completed training on safeguarding adults as part of their mandatory training and the care workers we contacted demonstrated a good understanding of the principles of safeguarding.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we saw the provider did not ensure people were supported to consent to their care whenever possible in line with the principles of the MCA. This was a breach of regulation 11 (Consent to 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 11.

- We saw, where the local authority referral had identified that the person might not be able to consent to their care a mental capacity assessment had been carried out as part of the initial assessment of care needs. This identified if the person was able to understand, retain and make a decision based on the information about their care which was provided.
- The care plan also identified if the person had a lasting power of attorney in place, what it related to and who could make decisions on the person's behalf if they were unable to. A lasting power of attorney (LPA) is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.
- We saw records indicating care workers had completed training on the principles of the MCA and care workers demonstrated they had a good understanding of MCA and confirmed they had completed training.

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

- People's care and support needs were assessed before the service started to provide support. The

registered manager explained, in addition to the referral information from the local authority, a new computer-based assessment and care plan system had been implemented which was used to carry out the initial needs assessment.

- If an issue such as a history of falls was identified during the assessment or a review of the person's care needs, the computerised system directed the care worker to a risk assessment form to ensure all the required information was recorded.

Staff support: induction, training, skills and experience

- People we spoke with told us they felt the care workers had the appropriate training and knowledge to provide the care and support they required. One person commented "I feel they have the correct training to do the job, I have no problems with this." Care workers commented that they had completed training and they found it useful in their role.
- Care workers completed a range of training courses which included health and safety, dementia, pressure care, moving and handling, stoma care and first aid awareness. We saw care workers had completed their training and there were records to indicate when a refresher course was due.
- New care workers undertook The Care Certificate and we saw copies of the completed workbooks were on the care workers employment record. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. New care workers also completed a number of shifts shadowing an experience care worker and records were on file showing how many visits were completed and feedback from the experience care worker on the visits.
- The registered manager explained staff completed three supervision sessions and an annual appraisal each year and records we saw demonstrated this. Also, they told us care workers were encouraged to progress to a level two health and social care qualification.

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

- Care plans included information on how care workers could support the person with making and eating food and drinks. Guidance was provided for care workers if the person had any specific requirement in relation to their diet for example diabetes or religious needs.
- Where care workers provided support with nutrition, the care plan included information on the person's preferences for food and drink. We saw care workers had completed training for nutrition and food hygiene.

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 access healthcare professionals if required. If care workers identified a person needed to see a GP or district nurse they contacted the office who contacted the person's relative or the healthcare professional directly.
- If a person was identified as requiring specific equipment to support how their care was provided the service made a referral to the occupational therapy team.
- The care plans included information about the person's medical history and which healthcare professionals were involved in their care. For example, if the person was visited by the district nurse for insulin injections.

# 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.

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

- People we spoke with told us they had been involved in decisions about how their care should be provided. One person said "I had input into my care plan as they asked me what I support I needed and that's what they come and do for me. Some [care workers] write notes on their phones whereas others write it in the file of what they have done." We saw the involvement of people in developing their care plan provided detailed information on how they wished their care to be provided.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us they felt the care workers treated them with respect and maintained their dignity when providing care as well as supporting them to be as independent as possible. One person told us "They always ask if they are doing things right and tell me what they are doing. They draw the curtains before they wash me and place a towel on me too. They do talk to me and tell me what they are doing."
- Care workers we spoke with demonstrated they had an understanding of the importance of maintaining people's dignity and supporting people to be independent. Their comments included "Before starting any personal hygiene activity let them know that they will receive this type of assistance and ask permission before starting to assist them Also remain covered while providing care. When giving a bath, keep the person covered with a blanket or towel. If there is a family member in the room, ask for privacy" and "Respecting their individuality. Involving people in decision making. For example, their choice for clothes and food. Allowing them to do what they can for themselves."

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

- The registered manager explained visiting officers identified the person's preferred name, religious beliefs and language during the initial assessment of their support needs. The care plan also identified if the person preferred a female or a male care worker visit them. The computer system had been developed to ensure, if a preference for the gender of the care worker had been identified, only a care worker of the preferred gender could be allocated on the rota.
- We saw care workers completed equality and diversity training and care workers confirmed they regularly read people's care plans. The care plans included information about the person's life history and their interests. Information included who and what was important to the person and what they thought their friends and family would say they like, love or admire about the person.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

At our last inspection we saw the care plans for people receiving support did not always provide accurate information about people's care needs as well as sometimes being focused on the care tasks and not people's wishes as to how they wanted their care provided. 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.

- The register manager told us a new computer-based system had been introduced for care plans, risk assessments and recording the care provided during each visit. Care workers could access the person's care plan and record the care they have provided using a mobile telephone application. The system meant that care workers could not proceed to the next visit until they had read the care plan or recorded the care provided. In addition, the information recorded was immediately available to staff in the office, so they could identify any issues requiring action as they occurred.
- The care plans were up to date and provided detailed information explaining how the person wanted their care provided. We saw information in the care plan was consistent across each section. We reviewed reablement plans for people who were receiving support for a short period of time. The records provided guidance for care workers on how to support the person to regain their independence during the reablement period.

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

- The service worked closely with people using the service and relatives to identify if people were at risk of social isolation or if they required additional support to take part in activities and be part of the community.
- The registered manager explained 25 people were contacted every week to get their feedback on the care they received and as part of this the person would be asked if they needed any support to access their community or if they had any additional support needs they need help with. People were asked if they would be interested in being signposted to other services for example day centres, arts and crafts groups, exercises and technology lessons. The service then supported them in accessing local services.
- We spoke with one person who told us the registered manager was working with staff at the service to sign the person up for community transport and was helping to identify a local day centre and other activities

they could join to prevent social isolation.

- The registered manager told us they were identifying if any of the people using the service had served in the armed forces and were putting them in touch with relevant benevolent funds or support organisations. For example, one person had been referred to the Royal Air Forces Association and Benevolent Fund which resulted in the funding being provided for the person to have a stair lift and a holiday break. This meant the person was supported in continuing to leave in their home, maintaining their independence as well as being able to have a holiday.
- During the inspection we saw the registered manager had organised a D Day party for people using the service. The event was held at an extra care scheme and invitations were sent out to all the people receiving support from the service. Transport was arranged to help people attend the event and care workers were there to support them. People who attended the event told us they had enjoyed the day and they had met lots of new people and made new friends as well as meeting people who were living at the extra care scheme. They had been able to share their experiences and felt it was a day well spent.
- The registered manager explained a person who was receiving care required the support of two care workers but the person's relative wanted to be involved in the care of their family member and to act as the second care worker. The staff at the service ensured care could be provided to meet their wishes by supporting the relative to receive appropriate training so they could help provide care for their family member.
- People using the service were encouraged to contact the office and ask for a senior member of staff to visit them for a cup of tea, so they could have a chat. The registered manager explained 'Tea for Two' had the aim of increasing social interaction and reduce isolation as the person was encouraged to talk about anything they wanted to and was not focused on their care.
- Shortly after the inspection there was an issue with the water supply in the area the service provided support to people. We spoke with a person using the service who informed us they did not have any water and we passed on the message to the registered manager. We were then contacted by the registered manager who informed us they had arranged for people to be contacted to see if they required bottled water. They had arranged for three visiting officers to run a water drop off system so people could receive bottled water if required. They had also used the computer system to identify the nearest care worker to the person we had spoken with and delivered them some water as well. The meant people were supported to have enough water to drink and staff were able to provide additional support while the water supply was unavailable.
- When we spoke with the registered manager they made it clear that they felt that it was not just the responsibility of the service to provide the physical care a person required but to also identify how their quality of life could be improved and how the service could support this. At all stages of care the staff reviewed people's needs in an all-inclusive manner.

## 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 were supported to access information in a format which was suitable to meet their needs. The registered manager told us the 'Service user handbook', provided to people when their care package started, was available in a variety of commonly spoken languages as well as large print, braille and as an audio version. The care plans could also be provided in any format required to meet the person's specific needs. If a particular language was required that was not already available, the provider would access their translation service to provide the required information in the required language.

#### End of life care and support

- At the time of the inspection the service did not provide support for people at the end of their life. The registered manager explained they discussed people's end of life care wishes during the initial assessment of care needs and this was recorded as part of the care plan. The record form identified if the person wanted to discuss their care wishes, if there was anyone they wanted to be contacted if their health deteriorated and if there was anything specific the service needed to arrange to support the person with their needs.
- We saw the end of life care record form had been completed in all care plans we reviewed demonstrating it had been discussed with the person or their relatives.

#### Improving care quality in response to complaints or concerns

- People told us they knew how to raise a complaint and if they had done they felt it had been responded to appropriately. One person said, "I do feel the manager listened to me because since I made the complaint, I have mostly regular carers now." Information on the complaints process was included in the information booklet issued when the care package started.
- Complaints could be raised through the provider or the local authority if they commissioned the person's care package. During the inspection we reviewed complaints received during the two months before the inspection. We saw copies of investigations which were undertaken, additional evidence such as Electronic Call Monitoring System (ECMS) records and the response to the local authority providing an outcome.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection we saw the provider had audits in place, but these did not provide appropriate information to assist in the identification of areas which required improvement. 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.

- The registered manager told us they reviewed a range of records to monitor the quality of information and to ensure they were completed in line with the provider's procedures. We saw the medicine administration record (MAR) charts for each person who had medicines administered were reviewed each month. The meant there were regular checks to ensure people's medicines were administered as prescribed.
- Regular audits were also undertaken of the recruitment records of recently employed care workers to ensure all the required paperwork was in place. Care plan audits were also completed regularly to ensure all relevant paperwork was in place and information was accurate in people's care plans, so they received appropriate support to meet their needs.
- We saw an audit of the care worker rotas was carried out to monitor if visits were completed at the time and for the length as stated on the rota. The registered manager told us a selection of the Electronic Call Monitoring System (ECMS) records were reviewed each month.
- The records completed by care workers after each visit describing the support provided during each visit were regularly reviewed. If any issues were identified the records were passed to the care workers line manager for review and we saw any actions were recorded.

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

- The registered manager told us an annual customer satisfaction survey was sent out to people using the service. The survey had been completed in 2019 and the analysis indicated 96% of people who responded were satisfied or very satisfied with the care they received.
- Staff contacted 25 people per week to complete a customer services engagement feedback form. The person was asked a range of questions including giving and overall rating for their satisfaction level with the service. If any issues were identified or if the person's level of satisfaction was not high they contacted the



person to discuss the issues and how it could be resolved.

- People using the service were able to access the computer-based system so they could see what the care workers had written following each visit. Relatives could also access the system with the consent of the person receiving care.
- We saw a quarterly newsletter was sent to people using the service with updates on the service and providing key telephone numbers for the office.

#### Working in partnership with others

- The registered manager told us they had worked during the last year on establishing good relationships with the local community and organisations. The service was working in partnership with Age UK to develop and identify events and activities for people using the service to access. Staff were also supporting to be involved in local charities for example clothes and supplies were collected by care workers for a local organisation for homeless people.
- The registered manager and senior staff worked closely with the local authority to identify where improvements in the service had been made and where further action was required.

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

- People we spoke with told us they thought the service was well led with one person commenting "Everything is good, I have no complaints. My family member's carers are great. I have used this service for over five years and we are very happy with everything. We have never made any complaint."
- We also asked care workers if they felt the service was well-led and for their views on the culture of the service and if it was open and staff were encouraged to be involved. Care workers were very positive about the management of the service and how it was run. Their comments included "It is a big value to have people from different countries, a different attitude, and experience which we are able to share with each other. Difference and the best experience, in conclusion, will lead us to the best solution and support for service users" and "I have worked for the organisation for 10 years. I saw lots of changes now. I am very happy and very proud to work with the organisation. Very friendly place to work. It is fair and open."

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

- The registered manager, the deputy manager and visiting officers had clearly defined roles and responsibilities. Systems were also in place to ensure each staff member had completed the required tasks. For example, when a complaint was recorded on the computer system this would be dealt with by the registered manager, but an alert was sent to a member of the senior staff if it had not been responded to within the provider's timescales, so they could check progress.
- The registered manager told us they were about to complete a Level 5 qualification in health and social care management.
- Care workers spoke positively about the registered manager. One care worker said "The registered manager is a very supportive and unique manager. The team is so friendly and supportive. Most of the service users are so delighted regarding the support received from the carers."