Comfort Call Limited

Comfort Call Nottingham

Inspection report

Unit E2 Southglade Business Park
Cowlairs
Nottingham
Nottinghamshire
NG5 9RA

Tel: 01159751441
Website: www.comfortcall.co.uk

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Comfort Call Nottingham, is a domiciliary service providing personal care to vulnerable older people and younger adults in their own home. The service is run from an office located at Southglade Business Park, on the north-western outskirts from Nottingham.

Not everyone using the service received a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; such as help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of the inspection there were 216 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run

At our last inspection in June 2016, the service was rated as Good. At this inspection, we found the service rating as Requires Improvement. This is the first time the service has been rated Requires Improvement. This was because the provider had not operated effective governance and quality monitoring arrangements to ensure people were consistently protected from risks associated with unsafe or ineffective care. People had not always received safe or timely care and their medicines had not always been safely given when required.

Risks to people's safety had not always been identified or managed in a timely way to keep people safe. The provider had also not told us about safeguarding concerns relating to some people's care when required, to help us ensure people's safety when they received care from the service. Following local authority safeguarding investigations, care improvements were now being made at the service, with revised management monitoring and provider oversight arrangements established, to fully ensure this. However, the provider had not yet demonstrated their ability to fully ensure and sustain the service improvements required for people's care.

Staffing and deployment arrangements for care calls had not been effectively managed, monitored or acted on, which had resulted in late or missed care calls. This placed people at risk of unsafe or ineffective care. Management safety checks, including for people's medicines, were also revised to help ensure people's safety at the service.

Risks to people's safety from their health condition, environment or any care equipment they needed to use, were assessed before people received care, but not always consistently reviewed to help inform any care changes needed when required. Remedial action was in progress to address this in consultation with local care commissioners. Staff knew how to keep people and themselves safe and to report any related safety concerns or health incidents. Relevant systems, procedures, training and equipment were in place to enable

this. This helped to protect people from the risk of harm or abuse.

People's care plans had not always been maintained or reviewed with them in a timely manner, to help accurately inform people's care. The provider's remedial actions in progress helped to fully ensure this. Recent introduction of an electronic care planning system was imminently due to go live, to enable staff to ensure the timeliness and effectiveness of people's care.

People often spoke positively about their care experience and felt most staff understood and followed their care needs and knew what they were doing. Staff supported people to help ensure their healthy nutrition and hydration and followed any instructions from relevant community health professionals concerned with people's care when needed.

Staff understood and followed the Mental Capacity Act 2005 (MCA) to obtain people's consent or ensure people received care that was rightly agreed, in their best interests when required. Staff had not always received training or supervision in a timely manner, but were satisfied this was now being addressed by the provider, which related records showed.

People received care from staff who were kind, caring and ensured people's dignity, choice and rights when they provided care. Staff often knew people well and had established good relationships and supported people to be as independent as possible when they provided care. All of the staff we spoke with understood the importance of and how to ensure this. Action was either completed or in progress to improve staffing continuity and to consistently ensure timely care calls and people's involvement in their individual care plan reviews.

People were provided with service information before they received care, to help them understand what they could expect from the service. Service improvement planning showed the provider planned to fully ensure this information was provided in a way that people could understand.

Complaints and concerns were accounted for. Although not without some delay complaints, and also recent feedback the provider has obtained from people regarding their care experience, was being used to inform and help make service improvements needed.

The provider's care policy, systems and related staff training helped to ensure people would receive timely consistent and co-ordinated personal care as agreed with them at the end stage of life, when needed.

People, relatives and staff felt the service had not always been well managed or led. Most now felt more confident this was improving, following management structure changes. This had resulted in increased visibility and access to registered and senior managers; and their subsequent consultation with all parties, to help inform and improve people's care experience.

Partnership working was often sourced and implemented by staff at the service, to help further and improve people's care experience and to support their independence and wellbeing.

Safe and lawful information handling and data management systems were operated to protect the confidential personal information of people receiving care and staff employed at the service.

The provider had visibly displayed their most recent inspection rating of the service where required to do so.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always Safe.

Risks to people's safety, mainly associated with unsafe staffing, medicines, communication and incident reporting procedures, had not always been identified or managed in a timely way to keep people safe. Related care improvements, agreed with relevant parties concerned with people's care, were in in progress. This included significant improvements to staffing and care planning systems, recently introduced. This helped to reduce the risk to people from receiving unsafe or ineffective care, but this was not yet fully demonstrated as effective or sustained by the provider.

Is the service effective?

Requires Improvement

The service was not always Effective.

The provider had not always ensured people would receive effective care that was accurately recorded and regularly reviewed with them. Staff were not always trained or supervised in a timely manner. Action had commenced to fully address and manage this within reasonable timescales.

People were often positive about their care experience and felt most staff understood their personal care needs, health conditions and knew what they were doing when they provided care. Staff supported people to help ensure and maintain their healthy nutrition and followed any instructions from relevant community health professionals involved with people's care when needed. Staff followed the Mental Capacity Act 2005 (MCA) to obtain people's consent or ensure they received the right care, agreed with relevant parties in their best interests, when required.

Is the service caring?

Good

The service was Caring.

People received care from staff who were kind, caring and ensured their dignity, choice and rights when they provided care. Staff knew how to communicate with people and understood the

importance of the provider's published care aims concerned with people's equality and rights, and they strove to consistently promote this. Service information was provided before people received care to help them to understand what they could expect from their agreed care. Action was in progress to audit the service against this, to make sure information was provided for people, in accessible formats they could understand.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People felt their individual views and wishes for their care were often taken into account and followed by staff who knew them well and as agreed with them before they received care. Staffing continuity and timeliness of care calls had not always been ensured; People's care plans were not always individualised or reviewed in consultation with them and failures in staffing continuity did not always fully ensure this. Management action was either made or in progress to rectify this and to ensure people received care that was timely, consistent and responsive to their individual needs. The provider understood the accessible information standard.

Is the service well-led?

Requires Improvement

The service was not always Well Led.

People were not always protected from the risk of unsafe or ineffective care. This was because the service had not been well managed and the provider had not operated effective governance and quality monitoring arrangements, in relation to their oversight and management of the service for people's care. Most people, relatives and staff were confident this was now improving because there was visibility, access to and consultation to help inform and improve people's care experience

Following local authority safeguarding investigations, care improvements were now being made at the service, with revised management monitoring and provider oversight arrangements to help fully ensure this. However, the provider had not yet demonstrated, fully completed or sustained service improvement where required for people's care and safety.

The provide and staff often worked in partnership with relevant external authorities and agencies to help improve people's care experience, or to enable their independence and wellbeing.

Comfort Call Nottingham

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive, announced inspection, which took place on 3, 4, 5 and 15 October 2018. The inspection was announced because we wanted to make sure the registered manager, a representative for the provider and staff were available. The inspection team consisted of two inspectors and an assistant inspector. There were 216 people using the service. Most were older people including some living with dementia, mental health or physical disability needs. Three people were younger adults receiving either personal care or support to access identified daily living activities outside their own home; including some who also received domestic and shopping support.

The provider sent us their completed Provider Information Return (PIR) in February 2018, when we asked them to. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. Before our inspection, we spoke with the local safeguarding authority and care commissioners concerned with people's care at the service. We also looked at all the key information we held about the service. This included written notifications about changes, events or incidents that providers must tell us about.

We spoke with 18 people and four relatives, 12 care staff, including two care co-ordinators and a team leader. We spoke with two senior managers for the provider, including a regional manager. We also spoke with a director for the provider and the registered manager. We spoke with two community professionals concerned with people's care at the service. We looked at seven people's care records and other records relating to the management of the service. This included staffing, medicines, complaints and safeguarding records; the provider's checks of quality, safety and their service improvement plan in progress. We did this to gain a representation of views about people's care and to check whether standards of care were being met.

Requires Improvement

Is the service safe?

Our findings

Before our inspection, whilst no serious harm resulted to any person; local authority safeguarding investigations relating to missed or late care calls found that recognised internal and joint agency safeguarding reporting procedures had not always been followed. At this inspection, management were able to demonstrate lessons learned and related service improvements were either made or in progress, to help prevent any further re-occurrence. Revised management and communication procedures were introduced, in consultation with staff. This included reporting and ongoing monitoring and analysis of any safety incidents concerned with people's care at local and provider level. Further safeguarding training was also planned, for all staff to complete and staff we spoke with understood this. This helped to protect people from the risk of harm or abuse, although the efficacy of the provider's revised arrangements was yet to be fully demonstrated and sustained.

Some people said they had frequently experienced missed or late calls, which they felt was unsafe. One person said, "The service used to be good and then it got bigger and bigger; I don't think there was enough staff; I would have to keep ringing the office when they didn't turn up." Another person said, "Staff started turning up at all times not agreed. It's important they come on time because I must have my medicine and meals at set times to keep well. All people we spoke with said staff stayed for the agreed duration of their care calls and supported them safely during this time. One person's relative confirmed they had not been happy, but now felt more confident regarding the provider's action to prevent any further missed calls, following a meeting held with them.

We found care calls had not always been effectively monitored and there had not always been enough staff to provide people's care; with a particularly high staff turnover during 2018. This meant the provider had not always ensured the safety of people using the service and of staff working there. From 20 care staff who had left the service during 2018, many had recently returned to work there following revised management, communication and staff deployment arrangements. One staff member said, "It was awful during the summer, chaotic in fact; rotas were always late or not planned effectively; It's much better now the registered manager is back; we have a better working system for care calls and are working as a team again." Another said, "We've had training for the new electronic care call system; it's safer - everyone is much happier; we are definitely getting back on track."

Records showed revised staffing arrangements, sufficient to meet routine and rapid response care calls, if required. Action was in progress to appoint additional care staff, to ensure further service flexibility for timely care calls, in the event of any staff absence. Some staff offers of employment were subject to completion of relevant employment checks. Discussions with staff and records we looked at showed the provider followed safe procedures for staff recruitment. This included checks with the governments' national vetting and barring scheme (DBS). The DBS helps employers to make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups of adults or children.

People and relatives were informed how to raise any safety concerns. People we spoke told us they felt they and their possessions were safe when staff provided their care. One person said, "Most definitely; I know

them [care staff] well; they make me feel safe." Another said, "Yes, regular care staff; I am completely safe with them." A relative said, "They [care staff] are very good; I know [person] is in safe hands.

People's experience of any medicines support which they needed, was variable. One person said, "Staff always check I've not forgotten." A relative told us, "Yes, they do [person's] medication, we've never had any problems." Another person and a relative said, "Staff help me to get them out; but it can be a problem when they are late, because I need to take them every four hours" and "They are often late, which affects [person's] day, because they have to have the tablets before their meals."
We found the provider had acted, although not without delay following recent safeguarding investigations, to ensure that people received their medicines safely when needed. Related improvements included, medicines policy review; staff retraining and instruction and revised management procedures for medicines safety checks. Most people we spoke with said they always received their medicines when they needed them. Care staff we spoke with knew how to support people with their medicines safely, when required.

Risks to people's safety associated with their health condition, environment or any care equipment they needed to use, were assessed before people received care, but had not always been regularly reviewed to help inform any care changes needed, when required. The provider had acted to rectify this and was making progress to review and update people's risk assessed needs.

Staff we spoke with understood risks to people's safety associated with their health conditions, environment or any equipment used for their care. Staff also understood the related care requirements they needed to follow, to reduce any risks identified. For example, where people were at risk from falls or infection, because of their health condition. Relevant systems and training were in place for the prevention and control of any health acquired infection. Staff were provided with personal protective clothing to use when required for people's personal care, such as disposable gloves and aprons. This helped to ensure people's safety.

Staff were provided with guidance to follow to help ensure people's safety and safe working systems, which they understood. For example, in relation to staff lone working, or in the event of any adverse weather conditions. A recognised system, with management contact details was recently introduced, which now enabled staff to access relevant external senior management, including outside of normal working hours, if they needed to.

Requires Improvement

Is the service effective?

Our findings

Before our inspection local authority safeguarding investigations found peoples care plan records were not always sufficient to accurately inform people's care. People's written care plans we looked at did not always have regularly recorded reviews to show how people's care was maintained and kept up to date. All of the people we spoke with, confirmed they had a copy of their individual written care plan, which they said was initially agreed but not always regularly reviewed with them. The provider's service improvement plan, we looked at showed the actions and timescales agreed in consultation with local authority care commissioners, to address this.

The provider's introduction of an electronic care planning system via staff training, was planned, to go live. This provided care staff with their own individual hand held electronic tablet devices, which linked to the provider's main care planning system. The system enabled care staff to access up to date care plan information at any time and to record care given at the point of delivery. It also enabled timely communication between care staff in the field, the provider's office based care co-ordinators and managers concerned with people's care. For example, if people's health or care needs changed. This helped to ensure the timeliness and effectiveness of people's care, although the effective use of the revised system, was yet to be demonstrated by the provider.

Most people we spoke with felt they received care that was agreed with them, which met their needs and from staff who knew what they were doing. Two people felt, 'continuous' or 'constant' staff changes they had experienced during 2018, often prevented staff from having time to get to know them properly. Otherwise, people commented positively about their care experience. One person said, "Staff know me well; they know what needs doing." Another person told us, "I've had a stroke, staff know how it affects me; they are very good." Another person said, "They always follow my care plan and the instructions from the physiotherapist." Another confirmed, "They [staff] have been with me for two years; they know me well."

People were supported to maintain and improve their health and nutrition when needed. Many people we spoke with managed their own appointments with relevant healthcare professionals, or their relative did this on their behalf. However, all felt staff would support their access to health professionals, if needed. People's written care plans we looked at showed people's needs were assessed and agreed with people before they received care. They also provided some information for staff about people's health conditions and how they affected them, which staff understood. This included any care instructions from external healthcare professionals, which people said staff followed. For example, to support people's correct body positioning and movement to help prevent skin soreness; or to support people to receive adequate nutrition and hydration.

Regular working links, were established with relevant external health professionals concerned with people's care at the service. For example, to enable people's timely access to relevant community occupational or physiotherapists involved in their care when required; as shown in people's individually agreed care contract arrangements

Staff felt they mostly received the training and supervision they needed to perform their role and responsibilities for people's care. Some staff felt this had not always been effective, or consistent. However, most felt satisfied this was now being addressed by the provider in consultation with them. The provider's staff supervision policy and related records, showed that although there was a system in place, this was not being effectively operated. The provider's service improvement plan identified their remedial action in progress, to ensure staff received timely and effective training and supervision. This included the timescales to be met, how progress was to be monitored and who was responsible.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions or authorisations to deprive a person of their liberty were being met. The 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

Staff understood and followed the MCA to obtain people's consent for their care and to support people in accordance with their rights and best interests. People said staff explained what they were going to do and checked people were happy before and after providing their care. People's care plans showed how people were informed and supported to agree their care; and any decision specific reasons where staff needed to encourage, prompt or support people in their best interests. Management checks were regularly undertaken to make sure staff understood and followed the MCA when they provided people's care.

Good

Is the service caring?

Our findings

All people and relatives we spoke with said staff were always kind, caring and ensured their dignity and rights in care. One person said, "Yes, especially my regular carer, who is very kind and caring, but all the carers are decent people." Another person told us, "The care staff have become like friends; they are always willing to go the extra mile; if I've run out of something, they fetch it for me the next day." A relative said, "They [staff] always shows respect and are very kind to both of us."

We received positive comments from people and relatives who felt staff knew them well, listened and acted on what they said. All said staff were supportive to ensure people could be as independent as they were able. One person said, "They know what I can do; they don't take over when it's not needed; I like to do as much as I can myself – even if it's small stuff." Another person said, "The staff are absolutely lovely; caring and thoughtful." Three people and a relative gave us particularly positive feedback regarding staff's care to ensure people's comfort, both physical and emotional when needed. For example, one person said, "They [staff] make sure I am comfortable and have my personal items to hand and a drink before they leave.

All people and relatives, felt staff ensured people's dignity, choice, independence and rights when they provided care. One person said, "They [staff] always ask me what I want; they are very respectful." Another person told us, "I walk with my frame; they help me to do that; I like to be independent."

Staff confirmed they received training and understood the provider's published care aims, to ensure people's dignity and rights when they provided care. All were able to give relevant examples of how they ensured this. For example, covering people to ensure their dignity, closing curtains and door to ensure privacy and offering and following people's personal care and daily living choices. However, we found an instance where confidentiality regarding people's care and personal information was not ensured by staff. We referred this to the registered manager, who agreed to take the action required to rectify this. Otherwise, all staff we spoke with understood the principles of ensuring confidentiality regarding people's care and personal information. All said this was covered in their training and work induction. One staff member said, "It's impressed on us how important this is; it's policy." Another told us, "It's an absolute given always to ensure confidentiality, we are told that from the start."

People said they were informed and consulted to agree their care, or their relative on their behalf. One relative told us that staff understood the person's culture and followed their related care preferences. However, some could not recall having care reviews discussed with them. The provider's service improvement plan showed their remedial action to rectify this, with timescales for achievement and who was responsible.

Management told us that people received a written 'profile' telling them about any new care staff before they provided people's care. Most people we spoke with confirmed this and knew if staff were coming to provide their care who they hadn't met before; but a few said they were not always informed. One person said, "When my regular carer is off, they usually let me know who's coming instead." Another person said, "No, they just turn up; then introduce themselves; but they have ID so I know who they are; It doesn't happen

very often." Everyone confirmed that if a care staff member was new to the job as well as them, they came with a more experienced care staff to begin. Two people told us their choice of care staff was accommodated by 'the office' when they had requested changes, which they were pleased about.

Requires Improvement

Is the service responsive?

Our findings

Information of concern shared with us by local authority care commissioners before our inspection, told us people were not always assured their care would be provided in line with their individual preferences and wishes; or that they consistently experienced continuity of staffing and timely care calls.

Two thirds felt staff understood and followed what was agreed with them as important for their care. Others felt this had been variable, because of ongoing staff changes, which they said had affected the continuity of their care. One person said, "Yes, I get regular care staff, who know me well." A relative said, "Yes, the staff know how best to support [person." Another person and relative said, "They [staff] keep changing; so they don't get to know me so well; or how I like things done; and "It's difficult sometimes when staff don't know [person]; they keep changing all the time." Many people we spoke with had experienced delays with the timeliness of their care calls during the preceding 12 months.

People's care plans we looked at were variable in terms of their content, which were not always personalised to help inform staff. The provider's service improvement plan showed actions in progress to address this, with timescales for achievement and who was responsible. Some people's care plans we looked at, which had been revised, were individualised and detailed to reflect their choices, preferences, abilities and rights. Remedial action was also in progress to ensure people received timely care calls. This included the introduction of revised management systems to ensure improved communication, planning and ongoing monitoring arrangements for people's agreed care calls.

People and relatives felt staff knew how to communicate with them in a way they understood or chose. Staff were also able to demonstrate this when we discussed some people's individual care and related communication needs with them. With one person's agreement, staff had introduced the use of a white board in their home, where they recorded relevant messages and reminders, which helped to orientate the person who was living with dementia. Along with staff support, this enabled the person to safely prepare and successfully access community transport, so they were able, to regularly visit and maintain relationships with others who were important to them. This also helped the person to maintain their independence in way that was helpful and meaningful to them.

People and their relatives were informed and confident to raise any concerns or make a complaint about their care if they needed to. All complaints received were monitored and recorded. Related management records showed the details of their handling, investigation and outcome, including any service improvements made, planned or in progress, as a result.

People and relatives were provided with key service information to help them understand what they could expect from their care, which also included information about how to make a complaint or access independent lay advocacy services if a person needed someone to speak up on their behalf. This information was provided in a standard print format, with some use of picture symbols to assist people's understanding. The registered manager was aware of the Accessible Information Standard (AIS) but said the service was not yet audited against this, although this was identified via the provider's service improvement

plan and planned with timely measures. The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS an adult social care services to comply with AIS.

Staff were trained and supported to provide personal care and support in relation to people's end of life care, when needed. Staff told us this was led by relevant external health professionals concerned with people's end of life care, when required and included their named lead medical officer. Staff received training and guidance to enable them to support people in this way; reflective of national guidance concerned with people's end of life care. Two people whose care we looked at, had recorded advance decisions relating to their care and treatment in the event of their health condition worsening or sudden collapse, which staff understood how to follow. This helped to ensure people would receive timely, consistent and co-ordinated care; through shared decision making, for their agreed care, comfort and support at the end stage of life.

Requires Improvement

Is the service well-led?

Our findings

People were not always protected from risks associated with ineffective monitoring and evaluation of the service, or from ineffective record keeping, communication and reporting systems. Provider failures in relation to their service governance and oversight meant improvements had not always been proactively identified when needed, to ensure people consistently received safe or effective care.

We found the provider had undertaken a review of their operational, management and care systems and introduced a comprehensive service improvement plan. This included targeted improvement measures, which included any related staff training to ensure their effective implementation. This was agreed and being kept under review by the provider, in consultation with local authority care commissioners, to ensure completion within agreed timescales identified.

Key service improvements, either made or in progress included revised staffing, communication, incident reporting, care planning and related keeping measures concerned with people's care and safety at the service. The safety of people's medicines arrangements had also been reviewed following local authority safeguarding investigations, which found these were not always been safely given to people when they needed them. This helped to reduce identified service risks and ensure people received safe, effective and individualised care. However, the provider had not yet demonstrated completed and sustained service improvement where required for people's care.

The provider had not always sent us written notifications to tell us about important events when they happened at the service, to help ensure people's safety. This included safeguarding concerns, which the local safeguarding authority told us about before our inspection; following complaints they had received alleging the neglect of some people's care and medicines by the service. This has now been recognised and rectified by the provider.

People and staff felt the service had not always been well led. One person said, "It's been so disorganised; they were sending people who half the time were either late, or didn't seem to know what they were doing." There was a registered manager for the service, who had recently returned to fully manage the service, following a period of planned absence. Not everyone we spoke with knew who the registered manager was. Those who did, felt the registered manager was helpful, approachable and accessible.

Overall staff said they now felt more confident in the management of the service and understood their role and responsibilities for people's care. Most said the registered and senior managers were now regularly visible, approachable and had made time to seek, listen to and act on their views and concerns about the service. One staff member said, "It's so much better, especially now the registered manager is back with us." Another said, senior managers have met with a lot of staff; many staff who left when it was awful in the summer, have returned; it's a much better place to work and morale going up; I love my job again."

The provider had recently surveyed people, or their representative for their views about the service, during September 2018 and was using the findings from this to help inform care improvements. Although people

and relatives' views about the care provided were regularly sought by the provider, they were not always acted on in a timely manner to ensure the required service improvements when needed. We looked at the provider's recent summary findings, from their care questionnaire survey. This showed people were not always satisfied with their care with some findings, which reflected both our inspection findings and also those of the local authority, from their recent safeguarding and care commissioning, quality monitoring activities of the service. Whilst not without delay, people's views about the service were accounted for in the provider's service improvement plan in progress, to help improve the timeliness of people's care and their personalised care experience. This also included arrangements for initial and ongoing feedback and consultation with people or their representatives, to help further inform and ensure this. However, this was not yet fully delivered.

The provider's senior managers had commenced meetings with staff and begun to write to people or their relatives where required; to understand and explain what went wrong; and to apologise and inform them about how they intended to make the necessary care and related service improvements. This showed the provider understood their duty of candour. The duty of candour is a legal requirement placed on any care provider, which means they must be open and honest about all aspects of people's care and treatment, including when things go wrong or any mistakes have occurred.

A range of ongoing operational policy measures were in place for staff to follow. This included personnel, care and relevant health and safety policy guidance concerned with staff roles and responsibilities for people's care. The policy guidance was overseen and regularly reviewed at provider and local level, to ensure it was kept up to date and reflective of nationally recognised guidance.

The provider ensured safe and lawful information handling and data management systems were in place. Confidential personal information about people and staff was stored safely and securely. Introduction of an electronic information and technology (IT) systems was in progress, for more timely and consistent staff deployment and shared care information, communication and reporting across the service. Care plan record keeping improvements were also in progress, to fully ensure accurate and individualised records for people's care.

The provider and staff worked in partnership with other agencies who had an interest in peoples' care at the service. This included attending care provider forums held by local authority care commissioners to share good practice ideas and support problem solving. We found good examples of partnership working by the provider with local health promotion and voluntary sector groups. For example, to help reduce social isolation or support people's independence to participate in routine daily living activities, such as shopping.

We saw the provider visibly displayed their most recent inspection rating at the local office, and also on their website, which is a legal requirement for them to do so.