

4Life Healthcare Services Limited

4life Healthcare Services

Inspection report

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21 March 2019

22 March 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

- 4Life Healthcare Services is registered as a domiciliary care service and a supported living service. At the time of our inspection the service was only operating as a domiciliary care service. It provides a service to older people, people living with dementia, people with mental health conditions and people with learning and/or physical adaptive needs. At the time of this inspection the service was providing care calls to 30 people.
- For more details, please read the full report which is on the CQC website at www.cqc.org.uk

People's experience of using the service:

- People received safe care and treatment with their care calls being reliably completed by care staff who knew how to provide the right care.
- People were safeguarded from the risk of abuse and received person-centred care that promoted their dignity.
- People were supported to safely take medicines.
- People were consulted about and consented to the care they received.
- Complaints were managed in the right way and people had been invited to suggest improvements to the service.
- People who used the service and their relatives were consistently positive in the feedback. One relative said, "This is the best care at home service we've tried by a mile. The care staff arrive on time, know what they're doing and can be relied upon."

Rating at last inspection:

The service was rated as 'Requires Improvement' at the inspection on 5 February 2018. At this inspection in March 2019 the overall rating of the service has improved to Good.

Why we inspected:

- At the inspection in February 2018 there were two breaches of the regulations. This was because the service did not operate safe recruitment practices. Also, the service did not have robust quality checks in place to ensure that people consistently received care that met their needs and expectations. This had led to shortfalls in the management of medicines and in learning lessons when things had gone wrong. We told the registered persons to send us an action plan stating what improvements they had made and intended to make to address our concerns. The registered persons complied with this requirement and at this inspection both the breaches of regulations had been addressed.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our Well Led findings below.

Good ●

4life Healthcare 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 as part of our regulatory functions. This inspection checked whether the registered persons are 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.
- We visited the administrative office of the service on 12 March 2019. We contacted by telephone people who used the service, their relatives and care staff on 21 March 2019 and 22 March 2019.

Inspection team:

- One inspector.

Service and service type:

- 4Life Healthcare Services is a domiciliary care service and a supported living service. A domiciliary care service provides personal care to people living in their own homes. A supported living service provides care and support to people living in supported living settings so that they can live as independently as possible. Under this arrangement people's care and housing are provided under separate contractual agreements. At the time of our inspection the service was only operating as a domiciliary care service.
- It provides a service to older people, people living with dementia, people with mental health conditions and people with learning and/or physical adaptive needs.
- There were 30 people using the service at the time of our inspection. Most of the people lived in Canterbury but the service also covered Faversham and Sittingbourne.
- There was 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.

Notice of inspection:

- This inspection was announced. We gave the registered persons 48 hours' notice. This was because they are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

What we did:

- We used information the registered persons sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- Reviewed other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.
- Invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes. This information helps support our inspections.

During the three days of our inspection we did the following:

- Spoke by telephone with two people who used the service and with seven relatives.
- Spoke with five care staff and the office administrator.
- Met with both the directors of the company one of whom was also the registered manager.
- Reviewed documents and records that described how care calls had been completed and personal care provided for four people.
- Reviewed documents and records relating to how the service was run including health and safety, the management of medicines, learning lessons when things had gone wrong, obtaining consent and the delivery of training.
- Reviewed the systems and processes used to assess, monitor and evaluate the service.

Is the service safe?

Our findings

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

Safe: People received safe care and treatment.

Staffing and recruitment:

- At the inspection in February 2018 there was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not have safe recruitment and selection procedures. There were shortfalls in the checks that had been completed to establish that new care staff were suitable and trustworthy people to be employed in the service.
- After the inspection the registered persons sent us an action plan describing the improvements they had made to address the breach of the regulations by operating safe recruitment procedures.
- At this inspection new and more robust systems and processes had been introduced to make safe recruitment decisions. There was a new audit tool that listed for each applicant what recruitment checks had been completed and which checks were in progress. We reviewed the checks that had been completed for two recently appointed care staff and found they had been done in the right way.
- The registered persons had made suitable provision to ensure that only fit and proper people were employed to work in the service. This had resulted in the breach of regulations being met. Therefore, the rating for this key question has increased to 'good'.
- Enough care staff had been deployed to enable care calls to be completed in line with each persons' care plan. The registered persons had worked out how many care staff were needed at any particular time to enable care calls to be completed. This had resulted in more care staff being available to work at busy times of the day in the morning and the evening when a number of people required care calls to be completed at the same time.

Supporting staff to keep people safe from harm and abuse, systems and processes:

- People were safeguarded from situations in which they may experience abuse. Care staff had received training and guidance. They knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. A person who used the service said, "Not only do I feel completely safe with the care staff, I look forward to seeing them."
- The registered persons had an audit tool that was used to list any concerns raised with them. They used the tool to ensure there was a detailed account of the action they had taken including notifying the local safeguarding authority and CQC.

Assessing risk, safety monitoring and management:

- Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected.
- Before people had started to receive care calls a senior member of care staff had visited them at home to make sure that they could safely be provided with the assistance they needed. The senior member of care staff considered whether special equipment such as hoists were needed and could be used safely given the layout of a person's home. They also considered whether a person's household appliances were safe to use.

A person said, "When they came to see me first of all they had a jolly good look in my bathroom to make sure the care staff had what they needed to help me in and out of the bath. They suggested I get a new non-slip bath mat and told me where I could buy it from which was a good idea."

- Care staff had provided people with safe care. This included people who needed extra help due to having reduced mobility. When people needed to be assisted using a hoist the care calls were completed by two care staff. This is necessary to enable hoists to be used safely. Care staff had also safely assisted people who were at risk of developing sore skin. They had noted when a person was developing red skin and had advised them to contact their doctor for advice.

Safe use of medicines:

- People who needed help with managing medicines had been given the right support in line with national guidelines. A relative said, "I know that the care staff help my mum with her medicines which is good otherwise they'd soon get into a muddle."
- Care staff had received training and had been assessed by the registered manager to be competent to safely support people to use medicines. People told us that they were given all of the support they needed so that they took their medicines in the right way. A person said, "The staff keep an eye on my tablets to make sure I don't run out and they help me get them out of the box and gently encourage me to take them."
- Care staff completed a record of each occasion on which they assisted a person to take medicines. We reviewed the records for three people who were supported to take medicines. The records showed that each person had been assisted to take the right medicines at the right times.
- The registered persons had introduced new and more robust checks to ensure that people were being reliably assisted to take medicines. This involved a senior member of care staff auditing the records completed by care staff to make sure there were no gaps and that people had been helped to take the right medicines at the right times.

Preventing and controlling infection:

- Suitable measures were in place to prevent and control infection. There was written guidance for care staff to follow in how to reduce the risk of infection. Care staff had also received training about the importance of good hygiene and knew how to put this into practice. They correctly described to us the importance of preparing certain foods separately, keeping kitchen tools and appliances clean and regular hand washing.
- Care staff had been provided with antibacterial soap and with disposable gloves and aprons. A person who used the service said, "The staff are always spotless when they arrive and they always leave my bathroom clean after they've helped me."

Learning lessons when things go wrong:

- The registered persons had introduced a new audit tool to check that accidents, near misses and other incidents were promptly analysed so that lessons could be learned and improvements made. The audit tool contained information about what had happened and the causes. This was so that trends and patterns could be seen. An example was the audit tool being able to identify the location where a person had fallen to indicating if it would be helpful to rearrange the furniture in that room to remove any obstructions.
- When things had gone wrong suitable action had been taken to reduce the likelihood of the same thing happening again. This included consulting with a person's relatives and requesting assistance from healthcare professionals. An example was care staff arranging for an occupational therapist to visit a person at home who was having trouble getting up from an old, low armchair. A relative said, "It's more than just an old-fashioned home care service - it's like having an extra pair of eyes and ears in my mother's home when I'm not there as the staff will let me know straight away if there's something that needs sorting to keep mum safe."

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.

Good: People experienced positive outcomes from care delivered in line with national guidance.

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

- The registered persons had assessed people's needs and choices before they began receiving care calls so that care achieved effective outcomes in line with national guidance. A senior member of care staff had called to meet each person before they received care calls. This had been done to ensure that care calls could be completed safely and in a way that met the person's expectations. A person said, "Before I had the first care call a senior member of staff came to see me and talked to me about absolutely everything. They told me all about the care calls, what time they would be done and exactly what help I'd get. They explained how to contact the office and how I would be contacted for feedback about the service."
- The assessment had also established what provision needed to be made to respect people's protected characteristics under the Equality Act 2010. This was so that people could experience care that met their personal preferences. An example of this was two people who had requested they only receive care from female care staff. Care records showed that this request had been honoured.

Staff skills, knowledge and experience:

- New care staff had received introductory training before they provided people with care. They had completed the Care Certificate that is a nationally recognised system to ensure that new care staff know how to care for people in the right way.
- New care staff had also completed a number of 'shadow shifts' when they could observe and learn from a more experienced colleague.
- Care staff had also received refresher training to keep their knowledge and skills up to date. The subjects covered included how to safely assist people who experienced reduced mobility, promoting people's continence and emergency first aid.
- The registered persons had provided each member of care staff with regular supervision so that they could review the person's performance and promote their professional development.
- Care staff knew how to care for the people in the right way. Examples of this was care staff knowing how to correctly use equipment such as hoists, lifting belts, height-adjustable beds, pressure-relieving mattresses and continence promotion aids. A relative said, "The care staff are very knowledgeable and this gives me confidence that my mother will get all the care she needs."

Supporting people to eat and drink enough with choice in a balanced diet:

- When necessary care staff had supported people to make sure they had enough provisions to enable them to prepare the meals and drinks they wanted. A person said, "My carer is wonderful. She goes through my larder and makes a note if I'm running low on something. More often than not she'll pop out to the shops for me if I need something and it's not what she has to do – she does it because she's kind."
- People who needed help to eat and drink enough were assisted in the right way. They told us that care staff

helped them to make the meals and drinks they wanted to have. A person said, "The care staff help me get my meals and they make them look nice so I want to eat them. They also keep a check on my larder in case I run low on something."

- Care staff had identified when a person needed to be referred to a dietitian because they were at risk of not eating and drinking enough. They had also contacted speech and language therapists when a person was at risk of choking. This had been done to establish if a person's food needed to be prepared in a particular way so it was easier to swallow.
- Care staff had received training from a nurse so that they could safely assist a person who took nutrition, hydration and medicines through a tube that went directly into their stomach. We reviewed records of the care this person had received. The records showed the care was being provided in the right way.

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

- Care staff supported people to receive coordinated care when they used or moved between different services. An example of this was care staff liaising with the relatives of a person who was in hospital. This had been done so that the person's care calls could be started again as soon as they were ready to be discharged.
- Care staff had also liaised with people's relatives if the person was unwell and needed to see a doctor.

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

- The Mental Capacity Act 2005 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 make 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 with appropriate legal authority. In care homes and some hospitals this is usually through the Act's application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- People had been supported to make decisions for themselves. When a person lacked mental capacity the registered persons had ensured that decisions were made in the person's best interests. This included consulting with relatives when a decision needed to be made about the care provided. An example of this was the registered persons liaising with a person's relatives after care staff concluded that the person needed to receive an additional care call. The relatives had agreed to the additional care call and to the extra cost it entailed. A relative said, "I know my mother can get a bit muddled with money and I very much appreciate the care staff letting me know when mother's purse needs sorting out so she has enough money to buy what she needs. I know if they need to change my mother's care calls the service will check with me first." The registered persons had also consulted with a community psychiatric nurse when a person who needed personal care had declined to accept it. This had been done so that the person could be safe at home.
- People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this are called the Deprivation of Liberty Safeguards (DoLS) with applications being made to the Court of Protection in order to legally deprive people of their liberty. The registered persons had established robust systems and processes to ensure that people only received lawful care. This included the registered persons knowing when to contact the appropriate supervisory body if it appeared likely that an application needed to be made to the Court of Protection to keep a person safe.

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People were positive about the care they received. One person said, "The care staff are very friendly and helpful. Some days I watch the clock because I like it when they arrive." A relative said, "I listen to the carers speaking with my mother and they chat away just like friends and it all feels very relaxed."

Respecting and promoting people's privacy, dignity and independence:

- People's privacy, dignity and independence were respected and promoted. A person said, "The care staff don't take over and they're not bossy about what they do. They always said, 'we're here to help you and not to take over' so I can get on with the things I can still do myself." Another person said, "From the start, the understanding has been that the care staff are visitors in my home. Even if they smoke they never do so in my house, they offer to take their shoes off before coming in and they ask before using the toilet. All the things you would expect from a visitor."
- Care staff recognised the importance of not intruding into people's private space. People told us that care staff only used agreed arrangements for accessing their homes. They also said that care staff knocked and waited permission before going into bedrooms, toilets and bathrooms. A relative said, "The care staff are always discreet and when they give personal care quietly close the door to the bedroom first."
- Care staff carried an easily recognisable identification badge so that people could be confident about the people they were inviting into their home. Also, the badges contained information about how to contact the service if a member of staff called to see them whom they had not met before. A person said, "Ninety-nine times out of a hundred I know the carer who calls to see me because they do an introductory visit first. But on the one occasion I don't know a carer it's obvious who they are because of their name badge and so I know they're okay to let in."
- Care staff were considerate and made a special effort to welcome people when they first started using the service. People described how care staff had asked them how they wished to be addressed and had reassured them that the dates and times of care calls could be adjusted to fit around their changing needs and wishes. A relative said, "The staff are very good and if we don't need a call to be done on a particular day they'll cancel it and we won't get charged for it."

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

- People had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most people had family, friends or solicitors who could support them to express their preferences. People had been asked which members of their family (if any) they wanted to be contacted if something out of the ordinary happened such as repairs being needed to the person's accommodation. A person said, "I told them to contact my daughter if they needed anything and I know that they do that quite a lot."

- For other people the registered persons had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to weigh up information, make decisions and communicate their wishes.
- Private information was kept confidential. Care staff had been provided with training and guidance about the importance of managing confidential information in the right way. Written records that contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff. Care staff knew about the importance of not being overheard when discussing sensitive information. They also knew about not using public social media platforms when speaking about their work.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

Personalised care:

- Care staff had carefully consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. The care plans were being regularly reviewed by a senior member of care staff calling to each person's home to discuss their care. This was done to make sure that care plans accurately reflected people's changing needs and wishes. An example of this was a person's morning care call being started a little later so that the person had more time to get up and be ready for their breakfast. A person said, "My carer and I have worked our own way of doing things that very much fits around the way I like things done. If I want to change something about my care calls I've only got to mention it to the office staff and they'll do it as soon as they can." Another person said, "Over time I've both increased and decreased the number of my care calls as I've needed more and less assistance and it's never been a problem."
- People told us that the care staff provided them with all the assistance they needed as described in their care plan. One person said, "My carer does a lot for me. She helps me to get up, get my breakfast and get ready for the day. She does much more than she has to and does it willingly."
- People received personalised care that was responsive to their needs including their right to have information presented to them in an accessible manner. Before starting to use the service people had been given an introductory pack of information. The pack described who was involved in running the service, how the service operated and what the person could expect to receive. The registered persons said that a large-print version was available for people who had sight adaptive needs. They also said that special arrangements would be made for a person's relatives to be involved in going through the introductory pack if the person lacked mental capacity and needed information explained to them by someone known to them.
- Records of the care delivered during each care call showed that people were receiving the care they needed as described in their individual care plan. Care staff carefully recorded each element of the care they had provided. In addition to this, they left a note if the next carer needed to check something in particular. An example of this was care records reminding colleagues about the need to check that a person's refrigerator was operating at the correct temperature after the first care staff had found the butter to have melted.
- People were supported to lead the everyday lives they had chosen for themselves including pursuing their hobbies and interests. People described how care calls had been organised to fit around them. A person said, "I go out to a day centre and have other family commitments and the care staff know that and make sure that they finish my care visits pretty sharpish on those days in time for me to be ready to go out."
- Care staff recognised the need to provide care that promoted equality and diversity. Care staff had received training and guidance in respecting the choices people made about their lifestyles. This included people who were lesbian, gay, bisexual, transgender and intersex.

People's concerns and complaints:

- People had been provided with a copy of the service's complaints procedure as part of the introductory pack. The procedure explained to people that the registered persons viewed the receipt of complaints as a positive opportunity to learn from things that had gone wrong to improve the service. A person said, "The member of staff who came to see me first of all told me about the complaints procedure. She said she hoped I never had to use it but that if I did the service would be helpful and get things sorted."
- All complaints were managed by the registered persons and there was a procedure for them to follow. This required them to clarify what had gone wrong and what the complainant wanted to be done about it. The procedure also required the registered persons to complete a thorough investigation so that things could be put right and stay right. The registered persons said that no complaint would be considered as closed until the complainant was satisfied with the conclusions reached and remedies offered.
- Since our last inspection the registered persons had not received any formal complaints.

End of life care and support:

- People were supported at the end of their life to have a comfortable, dignified and pain-free death. Care staff had received training and guidance on the contribution they could make when a person was being supported to remain at home at the end of their life.
- The registered persons and care staff had liaised with doctors, nurses and relatives to ensure that care calls were completed in a sensitive and flexible way. This included care staff checking how a person's health was progressing. This was so that healthcare professionals could immediately be notified if additional steps needed to be taken to keep the person comfortable and free from pain.

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.

Good: 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 the inspection in February 2018 there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered persons had not established suitable arrangements to assess, monitor and improve the quality and safety of the service. Quality checks had not quickly addressed problems in the running of the service.
- After the inspection the registered persons sent us an action plan that described the improvements they had made to address the breach of the regulations by strengthening their oversight of the service.
- At this inspection we found that new and more robust quality checks had been introduced. These checks included the provision already described in this report concerning the management of medicines and learning lessons from accidents and incidents. In addition to this, a new system had been introduced involving a senior member of care staff regularly completing 'audit visits' to each person using the service. This was so they could confirm that care was safely being delivered in line with people's care plans. The audits were recorded and considered a number of important things. These included whether care calls had been completed on time, had lasted for the right amount of time and had resulted in the person receiving all the care they needed and expected to have.
- The registered persons had made suitable provision to operate, monitor and evaluate the running of the service. This had resulted in the breach of regulations being met. Therefore, the rating for this key question has increased to 'Good'.

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

- When completing these audit visits the senior member of care staff also consulted with people who used the service. This was done to confirm that the service continued to meet their changing needs and expectations. People had been asked to confirm that care staff were courteous, polite and helpful. A person said, "I am asked by the senior lady how things are going and my answer is that they're going fine. I'm very impressed with the service I receive as the care staff couldn't be more helpful."
- People who used the service, relatives and healthcare professionals had been invited to give feedback about their contacts with the service by completing questionnaires. These questionnaires asked people to describe their experience of using the service. The results showed that people were consistently positive in their assessment of the service. A relative said, "I like being asked about my views of the service and I get the feeling that if I suggested an improvement it would be taken seriously."

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

- Care staff were supported to understand their responsibilities to meet regulatory requirements. They had been provided with a range of written policies and procedures to help them to deliver safe care and treatment. An example of this was a policy document that described the safeguards care staff were expected to follow in relation to managing other people's money. These included obtaining receipts for all items purchased on behalf of people. They also included clarification that care staff were not permitted to receive money, gifts or bequests from people using the service
- There was a senior member of staff on call during out of office hours to give advice and assistance to care staff. This senior member of staff had remote access to the service's electronic records. This enabled them to quickly respond if a member of staff was absent from work due to sickness so their care calls could be undertaken by a colleague.
- Care staff had been invited to attend regular staff meetings to further develop their ability to work together as a team. Care staff told us that the subjects covered in recent meetings included reminders about the need to keep sufficient supplies of disposable gloves and aprons and the importance of accurate record keeping. They had also included the steps care staff were expected to take if they were not able to complete a care call because no one answered the door. The steps included checking with a senior colleague so that enquiries could be made to ensure that the person was safe.
- Care staff told us there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. Care staff were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They also knew how to contact external bodies such as the Care Quality Commission.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered persons had established an open and inclusive culture in the service so that people, relatives and staff could raise any issues or concerns or make suggestions. A person said, "I have spoken with the owners and they are very pleasant and helpful. There's no 'us and them' and I feel confident in them." A member of care staff said, "I do think that it's a friendly service and that staff are treated well. I've made suggestions in the past and while the owners can't do everything at least they try. I said about needing more travel time to be allowed between some of my care calls and they changed my roster so it was easier for me to get to all of my calls on time."
- The registered persons understood the duty of candour requirement to be honest with people and their representatives when things had not gone well. They had consulted guidance published by the Care Quality Commission. Also, they had a system to identify incidents to which the duty of candour applied so that people could reliably be given the information they needed.
- It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating both in the service and on their website.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Working in partnership with others:

- The service worked in partnership with other agencies to enable people to receive 'joined-up' care. The service subscribed to an electronic system used by local bodies that commissioned care calls from providers. The system helped commissioners to develop an oversight of the overall number of care calls that could be delivered across their area. This helped to ensure that there was sufficient capacity to provide care calls to enable people to quickly be discharged from hospital when their treatment was completed.

- The registered persons subscribed to a number of social media platforms to receive up to date information about best-practice initiatives and changes to national guidance. An example of this was the registered persons knowing about important changes being made at a national level to strengthen the provision made to ensure people only receive care that is lawful and the least restrictive possible. This had enabled the registered persons to anticipate the changes and arrange for care staff to receive the training and guidance they needed to implement the developments.