

Medacs Healthcare PLC

# Medacs Healthcare - Croydon

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Medacs Healthcare Croydon is a domiciliary care agency providing personal care and support to 311 people living in their own homes at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

At our last inspection, we found systems to manage risks and staffing were inadequate and the provider was in breach of the regulations in relation to safe care and treatment, staffing, receiving and acting on complaints and good governance. At this inspection we found the quality of the service had improved significantly. Some improvements were still required, but the provider was no longer in breach of the regulations.

People felt safe using the service. Each person had a detailed risk management plan which was personalised, although these did not always consider how some health needs were connected and might increase risk.

We have made a recommendation about the use of standardised pressure area risk assessment tools.

There were enough staff to safely cover all care visits, which usually happened on time although some improvements to punctuality were required. The provider used safe recruitment systems to help ensure people only received care from suitable staff. There were effective systems in place to protect people from risks associated with abuse and neglect, infection and the unsafe management of medicines.

Improvements to the provider's quality assurance system meant the registered manager was already aware of and was working on several areas they needed to improve. This included communication between care staff and office staff, which people felt was not always good. Leadership was visible and the provider was open and honest when things went wrong, making sure they learned lessons and acted to prevent things going wrong again. The provider sought and acted on feedback from people, their families and staff.

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. The provider assessed the capacity of people to make decisions about their care in line with relevant legislation.

Staff knew how to provide appropriate care at the end of people's lives and listened to what people said

they wanted at this time. We have made a recommendation about exploring and recording these preferences in advance.

People had detailed assessments to allow care to be planned and delivered in line with guidance. Staff worked well with other agencies to do this and made sure people had the support they needed to stay healthy and eat well. Staff received the support and training they needed to care for people effectively.

The provider had improved their systems for responding to people's complaints and concerns. People were satisfied with how their complaints were handled. The care and support people received was personalised and met their needs, and people were generally happy with it. People received information in suitable formats so they understood it. The provider took steps to protect people from the risk of social isolation.

The provider had made improvements to how staff were deployed, meaning people were more consistently supported by the same staff and were able to build good relationships with them. People and their relatives were involved in planning care and their views were listened to. People received the support they needed from kind, caring and respectful staff who promoted dignity and independence.

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 18 July 2019).

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. This service has been rated requires improvement for the last two consecutive inspections.

This service has been in Special Measures since 10 January 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**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 not always well-led.

Details are in our Well-led findings below.

**Requires Improvement** ●

# Medacs Healthcare - Croydon

## **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 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 because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before 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 information we held about the service, including previous inspection reports, feedback from people and their relatives and information the provider was required to send to us including notifications of incidents that took place within the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 18 people who used the service and 17 relatives of people who used the service. We also spoke with six members of staff, the registered manager and managing director. We looked at eight people's care records, three staff files and a selection of records relevant to the management of the service such as service audits and staff training records.

#### After the inspection

We looked at further records we had asked the registered manager to send to us. These included satisfaction surveys the provider had carried out and a selection of additional care records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant although the provider had made improvements, some aspects of the service were still not always safe.

### Assessing risk, safety monitoring and management

At our previous inspections in October 2018 and May 2019 we found a lack of detailed risk assessments and management plans for risks associated with pressure ulcers, people's health conditions and other risks specific to individuals. The provider was in 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 the provider was no longer in breach of this regulation.

- Risk assessments were improved and more comprehensive. The provider had looked at risks specific to each person and considered in detail how to manage each one. This included risks related to people's mental and physical health issues, the medicines they took, their home environment and how their personal circumstances affected their risk of self-neglect.
- People and their relatives told us staff understood their risks and knew how to manage them, and felt this had improved. A relative told us, "A year ago my [relative] felt unsafe. She needs help in transferring from a wheelchair and with walking and the carer was not attentive. Risks were not well managed in the past, but now it's much better and more responsive." Another person said, "I'm not very mobile but [the member of staff] watches me. She follows me round and she makes sure I use my stick, even if it's just from one room to another."
- However, some improvements were still required to risk management plans. They did not always consider how some risk factors interacted. For example, one person's pressure ulcer risk assessment had looked at factors such as the person's age and skin condition, but had not considered the person's reduced mobility or history of malnutrition, both of which can increase the risk of people developing pressure ulcers.

We recommend that the provider considers using a standardised pressure ulcer risk assessment tool. This would help identify where factors such as nutrition and mobility may increase people's risk of developing pressure ulcers.

### Staffing and recruitment

At our inspection in October 2018 we found serious concerns about staffing. Staff were arriving late or not arriving at all to complete scheduled visits to people. The provider was in breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our last inspection in May 2019 we found the provider had made improvements but was still in breach of this regulation because a significant proportion of visits were still not happening on time. At this inspection we found the provider had

made further improvements and was no longer in breach of this regulation.

- The provider had placed a focus on making sure staff were effectively deployed to support people safely and complete visits on time. They had carefully considered how to continue ensuring safe staff numbers and deployment as the service expanded.
- The provider closely monitored the number of missed and late visits to people. The provider's most recent data at the time of our inspection showed a significant improvement in punctuality from what we found at our last inspection.
- People confirmed the punctuality of staff had improved, although several people said they still experienced occasional lateness. One person said, "Since early 2019, I've noticed improvements." A relative told us, "Initially there were issues. I rang the office and it was ironed out but it took several weeks. But I have no complaints since then." However, another relative said, "I've had to chase a couple of times when they've been really late. It's happened a few times and it would be nice to be informed." The registered manager told us they were still working on improving punctuality of staff and explained delays had been caused by transport issues outside of their control.
- People received care and support from suitable staff. The provider had a robust recruitment process that included comprehensive screening of applicants to make sure they were fit for the role.

### Learning lessons when things go wrong

At our previous inspection in May 2019 we found there were inadequate systems to deal with and learn lessons from incidents. Actions the provider took were not recorded or followed up properly. This was part of the continuing breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities). At this inspection we found the provider was no longer in breach of this regulation.

- The provider had improved their systems to manage and follow up incidents. The registered manager met monthly with senior staff to look at incidents, complaints and concerns raised since the last meeting. They used this to identify any patterns or trends that might help them prevent things from going wrong in future, and had discussions about lessons they could learn.
- Records showed the provider took prompt and appropriate action in response to incidents, to ensure people were safe and to minimise the risk of things going wrong again.

### Systems and processes to safeguard people from the risk of abuse

- At our last inspection in May 2019 we found the service did not always keep clear records showing the outcome of safeguarding investigations, so we were unable to confirm the provider responded appropriately to alleged or suspected abuse.
- At this inspection records showed the provider did respond appropriately when such concerns were raised. This included involving people and staff in investigations, reporting to the local authority and CQC and making changes to people's care plans where necessary to reduce the risk of concerns arising again.
- People told us they felt safe with the staff who visited them. One person said of their regular member of staff, "She's a nice person and I feel safe and secure." A relative told us, "I am 100% confident with them. I don't have any worries if I know Medacs is with [relative]." Staff understood how to recognise and report abuse.

### Using medicines safely

- Staff had the information they needed to administer medicines safely. People's care plans contained detailed information about when and how to take their medicines. For medicines that were applied to the skin, there were body maps showing staff exactly where to apply each medicine.



- People told us they were happy with the support they received to take their medicines.
- Records showed people received the medicines they were prescribed. Staff felt the standard of record keeping for medicines had improved recently.

#### Preventing and controlling infection

- People told us staff followed appropriate procedures to prevent the spread of infection. This included washing their hands before and after providing care or preparing food, and using protective equipment such as gloves.
- Staff were aware of the service's infection control policy and received suitable training so they were aware of how to prevent and control infection.

# 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.

Staff support: induction, training, skills and experience

At our previous inspection in May 2019 we found staff were not always receiving yearly appraisals when they were due. The provider was in breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found staff were suitably supported in their roles and the provider was no longer in breach of this regulation.

- Staff were now receiving yearly appraisals and regular one to one supervision to discuss their progress, training needs and any issues they faced at work. Staff told us they were happy with the support they received and felt their achievements were recognised.
- People and relatives told us staff were knowledgeable and well trained, although one relative said there were sometimes delays in staff receiving the training they needed. They said, "I've raised the issue of the need for hoist training. Medacs do respond to things but they don't do it very fast." Records showed staff received a comprehensive programme of training that was relevant to the needs of people who used the service. Staff told us they were happy with the training they received.

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

At our last inspection in May 2019 we found there was a risk that people were not always supported to eat and drink enough. This was part of the breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 we found at that inspection. At this inspection we found the provider had made significant improvements to how they monitored people's food and drink intake and they were no longer in breach of this regulation.

- Where people were assessed as being at risk of malnutrition or dehydration, their care plans contained extra measures to protect them from these risks. For example, one person had a history of becoming ill through not eating enough and staff were instructed to contact their healthcare provider immediately if they refused to eat on two consecutive visits.
- For people who were at risk of not eating or drinking enough to stay healthy, there was detailed information about how much they needed to eat and drink each day. Staff recorded this so the service could monitor whether people had enough.

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

## Supporting people to live healthier lives, access healthcare services and support

At our last inspection in May 2019, we recommended the provider took appropriate steps to ensure they were aware of any support people using the service may need to access healthcare services at the point of assessment. The provider had made improvements.

- Assessments covered people's medical history, eating and drinking needs, personal care and other support needs and preferences and details of healthcare services they used. This meant enough information was gathered to plan and deliver personalised care to people.
- The provider assessed people's healthcare needs in detail so staff knew when to call on healthcare professionals and what support they should provide themselves. This included how staff should support people with mental health needs as part of their day-to-day care.
- The provider made sure staff knew how to deliver care in line with standards and guidance. They gave staff regular updates at staff meetings and discussed these to make sure staff understood procedures.

### 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA. At the time of our inspection nobody using the service had a Court of Protection order in place to deprive them of their liberty.

- At our last inspection in May 2019, we found the provider was not always following the correct legal procedures to make sure any decisions about the care of people who did not have capacity to consent were made in their best interests.
- At this inspection, there was evidence that the provider understood and worked within the principles of the MCA. They assessed people's capacity to make each specific decision about their care, because people may have capacity to make some decisions but not others.
- The provider followed the correct processes to make sure decisions made on people's behalf were in their best interests. Where people did not have capacity to make a decision, the provider consulted others who were involved in the person's care, such as medical professionals and relatives. However, this information was not always clear in people's files. We fed this back to the registered manager, who told us they would improve the availability of the information so it was clear the correct processes had been followed for each decision about people's care.
- People told us staff always asked for their consent before providing care. One person said, "She always asked before she does something, she doesn't just do it."

### Staff working with other agencies to provide consistent, effective, timely care

- The service had arrangements in place to work with other providers to give people consistent care. Staff communicated well with other agencies, such as social workers and healthcare professionals. Advice and

guidance from those agencies was added to people's care plans to help staff deliver care consistently, and care plans contained details of people's care and support teams so staff could easily contact them.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- At our last inspection, we found people were not always able to build good relationships with staff because there was a lack of consistency in which members of staff supported them. At this inspection, this was not the case because people consistently received visits from the same staff. People told us this had improved since our last inspection and they were receiving visits from fewer different staff. One person said, "They have learnt that I have to have consistency and the continuity is good. Time has improved things and I have become used to them."
- People's care was designed to respect equality and diversity. During the care planning process, staff had discussions with people about any needs they had relating to protected characteristics such as religion. They then used this information to plan care that would meet people's needs. Office staff told us how they allocated staff to people based on cultural and religious needs, for example if a person required staff who were of the same gender as them or, where possible, spoke a certain language.
- People told us staff were kind and caring. One person said, "They are respectful, polite and responsive. I haven't had any reason for concern and I'd be the first to tell them if I had. They treat me as an individual and respect my wishes if I have a request." Another person said their regular member of staff was "very good and kindly, caring and respectful. I believe she makes me feel important, wanted and respected." A relative said, "I'm more than happy with the long term carers. It's a caring service."
- Staff offered people emotional support when they needed it. Staff were able to give examples of when they had done this and one person's relative told us, "They are fantastic. They are very caring. For example, [relative] outlived the rest of her generation so if she's sad, they react as one of the family would. They show her sympathy and there's lots of friendly chat. The staff are really good, they are like friends of the family and approachable and I could say anything to them. They know what she likes as an individual and chat away with her about her favourite TV shows for example."

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

- People were involved in planning their care. The provider asked people about how they would like their care delivered and what they wanted help with as part of the care planning process. People's relatives and others who were able to advocate for them also took part in the care planning process.
- People confirmed they were aware of their care plans and were involved in creating them. One person told us about a change they wanted made to their care plan and said it was due to be reviewed soon to take their request into account.
- Staff supported people to express their views about their care. One relative said, "They give [person] a voice."

- Care plans captured people's own views about how their health conditions and disabilities affected them. This information helped staff provide care that was compassionate and caring because they understood better how people felt about their conditions.

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

- The provider promoted dignity in care. They discussed this with staff regularly. One member of staff who worked at the service was the first runner-up in a borough wide Dignity in Care awards scheme for social care staff.
- People and their relatives told us staff respected people's privacy, dignity and independence. One person said, "My carers wait patiently outside the bathroom while I wash." A relative told us, "I have no concerns about anything. They help [person] make decisions to be independent and they encourage him to do as much as possible for himself" Staff gave similar examples of how they promoted privacy, dignity and independence.

# 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 people's needs were met through good organisation and delivery.

### End of life care and support

- Staff were familiar with the principles of good end of life care. They gave us examples of how they had supported people at the end of their lives to have a comfortable and peaceful death. One example was a person who had asked a member of staff to hold their hand and say a prayer with them.
- However, there was very little evidence in care plans that the service had explored people's individual preferences about the care they wished to receive at the end of their lives. This meant there was a risk that people might receive end of life care that was not appropriate for them. Although the registered manager explained this was because those people had said they did not wish to discuss this, they had not recorded this in care plans or looked at ways to help people feel more comfortable expressing their wishes about end of life care.

We recommend that the provider consults appropriate guidance on exploring and recording people's preferences around end of life care.

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

At our last inspection in May 2019 we found the provider did not always respond to complaints within a reasonable timescale and did not always record the action they took in response to complaints. This was a continuation of the breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that we identified at our previous inspection in October 2018. At this inspection we found the provider had made significant improvements to their systems to deal with complaints and they were no longer in breach of this regulation.

- The registered manager wrote letters to people who made complaints within a suitable timescale to tell them what they were doing in response. They took appropriate action, which was clearly recorded, and made sure complaints were resolved to people's satisfaction.
- People knew how to complain and told us they were satisfied with the provider's response to any concerns and complaints they had made. Although three people told us the office staff were not always polite and empathetic, they also commented that the service they received from office staff had improved since our last inspection. The provider had arranged customer service training in response to complaints about the office staff.

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

- People's care plans were personalised and considered how people's personal circumstances affected their ability to carry out personal care and household tasks. This meant people's care was tailored to their individual needs. One person told us, "The best thing is the personalised care that they give. What really impressed me was when they called to check where I am, to make sure I'm OK." Another person said, "If there are things you can't do, you are just grateful that they are there to help. I'm very satisfied."
- People and their relatives told us care plans were reviewed regularly and said the service was responsive to any changes they needed made to their care plans as people's needs changed over time.
- Records showed people received their care as planned. One person's relative told us, "Every time they come, they write down what they've done and what tablets they gave. They read each other's notes."
- People told us they had noticed an improvement in the quality of the care they received over the last few months. Although some people told us staff omitted to complete basic tasks like cleaning or notifying them when they were running out of toiletries, people were generally satisfied. One person told us, "They are good at personal care." Another person said, "They go over and above what they should do." We received particularly positive feedback about the quality of care for young people using the service who had learning or physical disabilities.
- The provider planned people's care around their preferences and wishes for the future. They asked people what was important to them so they could use this information to plan care that would satisfy people and help ensure good quality of life.

#### 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 received information in suitable formats. The service had an accessible information policy that included a process for identifying the best format for each person to help them access information as easily as possible.
- Care plans covered how to communicate with people in ways they understood, including how to make sure people who were hard of hearing could hear what staff said to them. A member of staff told us how they had worked with a person who was deaf to find the best ways to communicate with them. Another member of staff talked about learning some of a person's native language so the person felt more comfortable talking to them.

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 provider linked with other organisations to offer people social support and reduce the risk of isolation. This included a telephone befriending service and a support service for older LGBT people experiencing social isolation.
- Staff told us they usually had enough time to talk and listen to people. This helped protect people from the risks of social isolation. People's care plans contained information about their hobbies, interests and life history to help staff engage them in conversations that were meaningful to them.
- Where it was part of their planned care package, staff engaged people in suitable social activities. One member of staff told us about supporting a person to go on holiday.



# 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 remained the same. This meant although the provider had made significant improvements, leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last two inspections in October 2018 and May 2019, we found the service did not have an effective system to monitor and improve the quality of care. They had not identified serious shortfalls in the quality of risk assessments, response to incidents and complaints or records. The provider was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found managers and senior staff had a much better understanding of quality performance, risks and regulatory requirements. Although improvements were still required to teamwork and communication, we judged the provider was no longer in breach of the regulation in relation to good governance.

- People felt the quality of communication between care staff, office staff and management had improved since our last inspection but was still poor. People told us they often did not know in advance which staff would be visiting them and were not always told when staff were running late. Another example was when a member of staff frightened a person by knocking repeatedly on their front door when they should have gained entry using a key in a key safe. This should have been communicated to the member of staff before they visited.
- The quality of record keeping had improved since our last inspection. Most people's records were accurate and complete. However, one relative told us the office had failed to replace medicines administration record sheets when the supply ran out, meaning staff had to record medicines using daily log sheets instead. This was risky as it meant it would be difficult for medical professionals to determine in an emergency what medicines the person had been taking. This highlighted further the issue of poor communication between the office and care staff, as the staff should have requested replacement sheets before they ran out.
- Although we found some shortfalls in the quality of care including the above issues with communication, the registered manager had identified these and had plans in place to address them.

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

- The provider had a number of schemes designed to promote a positive culture within the staff team, including recognition of staff achievements and good care.
- The provider made an effort to ensure leadership was visible. They did this by arranging regular contact

with people and staff from senior staff and management.

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; Working in partnership with others

- The registered manager had a clear understanding of the duty of candour. They were open and honest with people when things went wrong, explaining where the service was at fault and telling people what changes they were making to ensure things did not go wrong again.
- The registered manager told us they had a good relationship with the local authorities that commissioned the care of people who used the service. They were able to have frank and open discussions with them when things went wrong.

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

- The service had begun to hold service user forums where people were invited to give their feedback and suggestions for service improvement. Feedback from the October 2019 forum was mainly positive and people commented that staff were caring and compassionate. However, people also fed back that they would like visit times to be more consistent and the provider created an action plan for making improvements based on this feedback.
- The registered manager discussed changes and improvements to the service at staff meetings, encouraging staff to feed back and using their opinions as part of planning change.
- The provider spoke with people regularly and carried out surveys twice a year to ask people and their relatives and staff what they thought about the service. The most recent survey in October 2019 showed people felt the service was improving but they still had concerns about communication from the office. Although the service received some negative feedback, the provider had responded to this by putting together an action plan to make improvements in response to what people said. By the time of our inspection they had begun to put this into practice, for example by discussing comments with staff and talking about how they could improve their practice.
- The provider also used surveys to consult people and staff about what they thought of planned changes to the service such as an electronic care records system the provider was planning to introduce.

Continuous learning and improving care

- The registered manager had a monthly quality assurance meeting with senior staff. They used these to look at any concerns that had been raised in the last month and how they could use learning from these to improve the service. For example, they had identified that communication between office staff and care staff needed to improve. They arranged to address this through staff meetings, supervision and other monitoring.
- The registered manager told us about lessons they had learned from our previous inspection where we found breaches of regulations. They also used the quality meetings to check complaints, incidents and accidents were appropriately followed up, as this was a problem we found at our last inspection.
- The provider had clear plans to improve the service. They were planning to introduce a new electronic system for planning, recording and monitoring care. The system was developed using national best practice guidance for care at home services.
- The provider carried out regular checks of the service to make sure it was complying with essential standards and following their action plans for service improvement.
- People and staff told us they had noticed improvements to the service in recent months. One person said, "I think it must be well managed because there are very few negative incidents and there have been some improvements."