

Horizon Homecare (Southern) Ltd

# Horizon Homecare (Southern) Ltd

## 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

Horizon Homecare (Southern) Ltd is a domiciliary care service providing a regulated activity of personal care. The service was providing care and support to people in their own homes. 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. At the time of our inspection there were 217 people receiving personal care from the service.

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

Significant improvements had been made within the service. Systems and processes had been introduced and existing ones strengthened to ensure safety, quality and oversight. Improvement work was ongoing, and some systems needed to embed through the service.

People and their relatives told us Horizon Homecare (Southern) Ltd was a safe service. Staff told us overwhelmingly that improvements had been made to all aspects of the service especially in the past six months and they had confidence in the management team.

Medicines were managed safely, and people received their medicines as prescribed. Recording and staff training around medicines safety was improved. People's risks had been identified, assessed and steps taken to mitigate harm. Staff knew people well. Work to improve the detail and quality of assessments was ongoing.

The service had reduced its care hours to ensure it had enough staff to complete visits to people safely. The introduction of an impact risk assessment, which was completed before a decision was made whether to accept or decline a new person to the service, meant this was only done when safe. A detailed pre assessment was completed for each person prior to the service starting and this ensured the service could meet their needs. Staff were safely recruited and there were many new roles introduced to strengthen the service and improve safety. Infection prevention and control procedures were clear, and staff followed them.

Improved staff compliance with the electronic care planning system meant that management staff had better oversight and information about people's care and support needs were up to date. Frequent spot checks and supportive supervisions were held to maintain quality of service. Staff told us they felt supported and had access to a wide range of training and guidance in order for them to carry out their role well. The service was supported by a reliable out of hour on call service, staff told us this was an improvement in the past few months.

Where people were supported with food and drink this was done as planned and detailed records meant intake could be monitored where necessary. People had access to healthcare services as required and the service worked well with external professionals. People knew how to make a complaint and records showed

complaints and concerns were dealt with.

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. Staff received training in the Mental Capacity Act 2005 (MCA) and understood the importance of gaining consent before supporting people. People's communication needs were known and recorded in their care plans. Care plans were detailed, person centred and in line with their specific individual health needs.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic. We found that Horizon Homecare (Southern) Ltd was working within the principles of, 'Right support, right care, right culture.'

Governance systems had been established and were operating effectively and the service was working on ensuring the improvements were embedded. People, relatives and staff knew the registered manager and felt confident any concerns raised would be dealt with. Staff were clear on their role and responsibilities. The registered manager kept themselves up to date and had a clear plan for the service. People had been asked for their input and feedback on the service.

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 inadequate (published 29 March 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 29 March 2022. 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 inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 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** ●

# Horizon Homecare (Southern) Ltd

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by two inspectors and three Experts by Experience who made calls to people using the service and their relatives. 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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.

Inspection activity started on 13 October 2022 and ended on 19 October 2022. We visited the location's office on 13 and 19 October 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and safeguarding teams. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 21 people who used the service and nine relatives about their experience of the care provided. We spoke with and received feedback from 19 members of staff including the registered manager and deputy manager.

We reviewed a range of records. This included 20 people's care records and 10 medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last inspection the provider had failed to recruit enough staff to meet the care needs of people and that had placed them at risk of harm. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Improvements had been made to staffing levels and the service had significantly reduced the number of people using the service. However, people told us visits were not always delivered on time as planned. The registered manager told us they were working on improving visit times and this was the focus at the time of inspection.
- The service had introduced an impact risk assessment, this meant that the service could be sure they were able to meet the needs of the person before accepting them.
- Horizon Homecare (Southern) Ltd were experiencing recruitment challenges as with all other health and social care services due to the national shortage of workers within the care sector. Staff told us staffing had improved but unplanned sickness and absence was a challenge.
- Recruitment processes were robust. The necessary checks to ensure safe recruitment had taken place and a dedicated member of staff was responsible for compliance. Staff had previous employment checks, references and a certificate from the Disclosure and Barring Service (DBS). The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

At our last inspection the provider had failed to follow safeguarding procedures to protect people from harm or abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Improvements had been made in managing safeguarding procedures. A robust system had been

introduced and was effective in identifying and monitoring safeguarding concerns. All referrals had been made as appropriate. The service was working to embed the changes.

- The service had a safeguarding tracker which clearly showed details, actions taken and the outcome to each concern raised. The registered manager and deputy manager were confident concerns would be raised by staff.
- People told us they felt safe with the service they received. Comments we received were: "I feel safe with the care I get as I have a regular carer", "They [staff] make me feel safe", "My current carers are very helpful and I feel very safe with them", "I always feel safe, the carers are good people", "Yes, I feel relaxed and safe."
- The service had a safeguarding policy and procedure in place and staff knew how to raise concerns both internally and externally. One staff member told us, "Keeping people safe is very important to us, we are always kept up to date." Another member of staff said, "I would go straight to my manager with concerns."

### Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely which had exposed people to harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made and people received their medicines as prescribed. The introduction of an electronic medicines system meant that the management team could have oversight of medicines in the service.
- Medicines were managed safely. The service had introduced a dedicated team called, 'Welfare administrators' who managed medicines alerts and queries daily. Their responsibilities were to liaise with GP's, pharmacies, the person and relatives where appropriate to ensure enough stocks and people received their medicines as prescribed.
- Medicine administration records (MAR) were completed and if a person had not taken their medicine there was a reason recorded and this had been followed up to conclusion. People's MAR were clear and could be updated immediately meaning staff had the most accurate up to date instructions.
- People had medicines care plans which showed a list of their prescribed medicines including information about what the medicine was used for and any potential side effects. This information helped staff to explain why the person was taking the medicines if asked.
- There was a medicines policy and procedure in place which was followed by staff who had received training in giving and supporting people with medicines. Staff competency was checked regularly.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure risks to people were effectively assessed and mitigated and that had placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements made showed people had risk assessments for all their care and support. This included where a person had risks associated with a health condition such as epilepsy or diabetes. Assessments were



detailed and clear instructions guided staff to work in safe ways.

- Risk assessments had been completed and linked to people's care plans. The registered manager told us they were in process of reviewing and updating people's assessments and were on track to meet the deadline they had set for completion.
- Staff knew people well and they told us the information available to them was of a good standard.
- Environmental risks had been assessed, this included the location of utilities within the person's home, how to leave the home in the event of an emergency and if there were any risks to staff.
- Improvements had been made to the management of accidents and incidents within the service. Records clearly showed all actions taken and who was responsible for their completion. Analysis had taken place in order to identify trends and themes.
- Learning from events within the service were valued and shared with staff to improve their systems and processes.

### Preventing and controlling infection

At our last inspection the provider had failed to assess the risks associated with avoidable infections in order to detect, control and prevent the spread. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made within the service. Risks to people from avoidable infections had been considered and assessed by the service, in particular those related to COVID-19.
- Staff had access to personal protective equipment (PPE). Stocks were plentiful and staff compliance with PPE was monitored by the service. People told us staff wore their PPE when delivering their care and support.
- The service had an infection prevention and control policy in place and staff had received training in the correct procedures.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure the nutrition and hydration needs of people were met which had placed people at risk of harm. This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- Improvements had been made and people's needs regarding eating and drinking were identified, assessed and met by the service.
- People had individual nutrition and hydration care plans, and these were detailed and clear. Staff were given instructions on what support a person needed and records showed involvement by health professionals were necessary.
- People who were supported by staff with their meals were complimentary about the support but acknowledged visit duration restrictions meant choices were limited, this was not the fault of the service but a wider issue nationally within social care. Comments were: "The carers encourage me to eat fresh prepared food, the carers encourage me to eat well", "In general I do my own food but the carers will help and also often volunteer to help more and will do me a lovely breakfast", "They [staff] seem to do a good job, my relative hasn't said otherwise", "They [staff] will do my relatives [name] breakfast and if they haven't done their own tea they will help them with that."

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

- Improvements had been made to the process for accepting people into the service. Once the service assessed it was safe to provide the care for the person a full assessment of their needs was carried out.
- The service worked with people, their relatives and outside agencies such as social services and the local authority in order to plan, safe care.
- People's outcomes were identified and guidance on how staff met them was recorded within their care plans. Records demonstrated plans had been created using evidence-based practices. This was in relation to medicines, nutritional needs and diabetes care.

Staff support: induction, training, skills and experience

- Staff told us they felt supported in their role, through induction to working alone they felt there was

enough training and guidance. Some of the comments were: "Keeping people safe is very important so we are always kept up to date with online training courses", "I believe that I receive enough training", "Horizon is doing more and more, I do feel supported when doing my job and we do have plenty of training, always looking to improve our care."

- Formal staff supervisions had taken place and were two-way conversations which gave the staff member an opportunity to seek support if needed. Staff had checks while out delivering the service. One member of staff told us, "Spot checks are happening quite often."
- The service had an induction in place which combined face to face and online learning as well as supporting staff to shadow more experienced members of the team before working alone.
- Staff who were new to the care sector undertook The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff training included mandatory subjects such as; safeguarding, medicines, infection control and moving and handling. People and their relatives told us staff were trained and thought they had the necessary skills to care for them or their loved one. One person told us, "The majority of the carers are trained to do my tasks very well."
- The service had introduced specialised training for staff in order for them to meet people's needs. An example was working with people who have a learning disability and autistic people.

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

- People were supported to access healthcare and specialist support when needed. Records showed referrals were made in a timely manner. Staff understood the procedure for reporting health and well-being concerns.
- People and their relatives were positive about the support staff gave them with accessing healthcare services. Some comments we received were: "The carers always pick up when I'm unwell and talk to me in a very kind and compassionate way", "They [staff] do pick up when I'm unwell", "One carer called the GP for my relative [name] and had to call an ambulance, they stayed until the ambulance came", "The carers always help with the doctor or getting to the hospital, they are good in that way and always listen."
- The service had a dedicated team known as wellbeing administrators who were a point of contact for staff and dealt solely with medical, health and medicines queries. The registered manager told us the team was vital in ensuring people's healthcare needs were met.

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 MCA 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.

- People told us staff were respectful and asked for their consent before supporting them with their care. One person told us, "They [staff] do ask what I want done or how I want it done."
- People's rights were respected. Records clearly showed decisions made involving people and those important to them. Where people had given others legal authority to make decisions on their behalf, the correct documentation was in place.
- Staff had received training in MCA and staff told us they understood the importance of gaining consent. One staff member told us, "It is very important people consent to their care because they need to feel safe and aware of what is happening." Another staff member said, "I make sure people understand all the procedures, I keep talking with them and explain all the time what is going to happen next and ask them if they are alright with that."

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. Some of the comments we received were: "The carers are respectful", "I feel respected and can chat to them [staff]", "Absolutely first class when it comes to respect and protecting my dignity", "Staff show dignity, care and listen."
- People's privacy was observed and respected. Improvements had been made and gender preferences of carers were documented, people told us these were respected.
- Staff promoted independence for people within their care and support. Records clearly detailed what people could do for themselves and what they needed support with. One person told us, "Yes they encourage my independence. I am trying to do more for myself and they only help with things I can't do." Another person said, "The carers encourage and listen."

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

- People, their relatives and professionals told us staff were kind and caring and they received the support they needed. Some comments we received were: "They are very kind to me", "The carers I have are kind and compassionate", "Staff are polite and respectful", "Carers really care", "Carers are absolutely lovely", "Friendly, patient and has a good understanding of my needs."
- People's cultural and spiritual needs were respected. People and their loved ones were asked about their beliefs and practices during their assessment. These were recorded in their care plans.
- Staff had received training in equality and diversity, they told us this was important to them and included this training in the care they provided.

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

- People and their relatives told us they were involved in care plan creation and felt confident in giving their views to the staff or calling the registered manager. A person told us, "I was involved with setting up of my care plan and changes have been made after a member of staff [name] called to reassess my needs."
- People were involved and asked about their views in formal reviews of care and informal telephone reviews. Records showed this information was used to make changes within the service.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had failed to ensure the care and treatment of people reflected their needs and preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Improvements had been made and care plans were personalised and detailed, work was ongoing to ensure information was up to date. The development of an electronic care planning system meant the service could make changes instantly to plans. Staff told us the information about people had improved.
- Care plans explored all of the person's physical and emotional needs. Plans were clear, structured and gave the staff information to be able to support the person, including the person's goals and desired outcomes.
- People had additional specific care plans and assessments for their medical needs such as diabetes and lung conditions. Plans gave staff symptoms to watch out for and were specific to the person.
- Plans were reviewed regularly and involved all relevant people, including an initial six-week review. The deputy manager had oversight of the assessments and care plans.
- People were given the opportunity to discuss their needs and wishes at the end of their life. People had end of life care plans in place and, where they had made advanced decisions, the correct legal documentation was in place.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

At our last inspection the provider had failed to ensure the care and treatment of people reflected their needs and preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 9.

- Improvement had been made and people's communication needs were identified, recorded and highlighted in detailed care plans. These reflected people's needs and were shared appropriately with others including external professionals when needed.
- Staff had good knowledge of people's aids to communication such as spectacles, environmental factors and personal preferences.

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

At our last inspection the provider had failed to ensure a complaints procedure was in place. People were not made aware of how to complain and concerns had not been acknowledged, investigated and responded to. This was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- Improvements had been made and everyone we spoke with was aware of the complaints process. They knew to contact the service office and felt comfortable to do so. Overall, people and their relatives were satisfied when they contacted them. One person said, "I have had to raise concerns a few times, but the office has been responsive."
- We reviewed complaints documentation, and this showed complaints had been dealt with in line with the provider's policy.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. 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; Continuous learning and improving care

At our last inspection the provider had failed to ensure systems and processes were in place or operating effectively to monitor the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made to the governance systems within the service. They had been established and were operating effectively. The registered manager told us they were working to embed the changes into the service.
- Significant investment had been made into new processes and personnel to improve oversight and safety. Staff understood their responsibilities in their specific area such as oversight of medicines and well-being.
- The registered manager and deputy manager were confident they had complete oversight of the service. This had been made possible by the introduction of various electronic reporting systems.
- A range of audits assessed the quality and safety of the service including medicines, accidents and incidents. Information from audits were used to drive improvements throughout the service.
- The service had been providing a report to the Care Quality Commission once a month since the last inspection giving an overview of progress.

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

At our last inspection the provider had failed to ensure systems and processes were in place or operating effectively to monitor the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff overwhelmingly told us the service had improved within the past six months. Some comments were:



"Better communication between the office and field staff, effective and immediate actions are taken when concerns are raised", "Management have been more available to talk to. They all regularly check in on staff that are visiting clients", "A lot has improved, more communication, more support and training", "They are trying their best to make the clients and employees happy", "We are having more meetings", "We are improving every day, looking to create a good and safe environment for the carers and service users."

- Staff felt the support they received had improved and all spoke passionately about the care they provide. They felt proud to work for Horizon Homecare (Southern) Ltd, some of the comments were: "Yes, I am very proud", "It makes a huge difference to a vast amount of people on an hourly basis, 24 hours a day, 7 days a week, 52 weeks of the year, who wouldn't be proud of that", "It's rewarding and satisfying and you make a difference in people's life."
- People, their relatives and staff were complimentary about the management of the service. Some of the comments were: "The management is very good, improving", "The registered manager [name] is a very good manager who is very understanding and supportive of any personal issues you have or need to talk", "The registered manager [name] is there all the time to solve any problems", "Something I like about the registered manager [name] is they are not afraid to work, if needed they do come out and help out", "I think everyone who works at the office is doing a good job."

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

At our last inspection the provider had failed to ensure systems and processes were in place or operating effectively to monitor the quality and safety of the service. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- Improvements had been made and the provider had submitted all statutory notifications as required. The law requires providers to notify CQC of certain significant incidents, such as serious injury, deaths and actual or suspected abuse. This assists CQC to monitor the service and take any action needed to support people's health, wellbeing and safety.
- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies and showed us records where they had done this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People views were important to the service. Satisfaction surveys were sent out and results used to make improvements. The registered manager told us they used every opportunity to gain feedback either through the staff or office staff making telephone calls to people regularly.
- Staff felt appreciated by the service, the management team and office staff. One member of staff said, "I feel very appreciated. They always let me know when they have good feedback from clients." Another staff member told us, "They appreciate my work and always try and make my job easier. Sometimes they call me and ask how I am feeling, it's really good communication between me and the office."
- The service worked well with a variety of professionals to support people to live well in their own homes. These included nurses, social workers and therapists.