

Metro Homecare Ltd

Metro Homecare Ltd

Inspection report

Business Point Stratford, Level 4, Office 14
44 Broadway
London
E15 1XH

Tel: 02080374616

Website: www.metrohomecare.co.uk

Date of inspection visit:

08 March 2023

09 March 2023

14 April 2023

15 May 2023

Date of publication:

08 September 2023

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Metro Homecare Ltd is a domiciliary care service providing personal care to people in their own homes. At the time of this inspection, 63 people were receiving a service. 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

Right Support:

The model of care maximised people's choice, control and independence. People lived in their own flats and houses where they felt safe and comfortable. Staff supported people to in line with their preferences and wishes. People were protected from the risks associated from the spread of infection. People were encouraged to make choices and decisions in accordance with their level of understanding.

People were supported by enough appropriately skilled staff to meet their needs and keep them safe. People's risks were assessed in a person-centred way. Care plans and risk assessments were regularly evaluated, involving the person, relatives and other professionals as appropriate. Systems were in place to report and learn from any incidents or accidents. Staff were recruited safely and there were enough staff on duty to meet people's needs.

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.

Right Care:

Care was person centred and promoted people's dignity, privacy and human rights. People were protected from abuse and poor care. Staff understood how to deliver a kind and compassionate care service. People and relatives told us care staff were caring and office staff were as kind as care staff. People were supported to maintain their privacy, dignity and independence by staff who knew them well.

People's communication needs were met and information was shared in a way that could be understood. Staff supported people with activities of their choice as appropriate. People were supported to maintain links with their culture and their spiritual needs were met. Support focused on people's quality of life and

followed best practice.

Right Culture:

The ethos, values, attitudes and behaviours of leaders and care staff ensured people using the service lead confident, inclusive and empowered lives. The registered manager had an open door policy and people, relatives and staff spoke positively about the management of the service. People, relatives and staff told us they felt comfortable raising concerns and making suggestions to enable improvements to be made to the service.

Managers ensured staff had relevant training, supervision and appraisal. Governance systems ensured people were kept safe and received a high quality of care and support in line with their personal needs. The provider asked people, relatives and staff about their opinions of the service. Staff worked well with other professionals to improve outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 5 June 2019) 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.

At our last inspection, we recommended the provider consider current guidance in relation to record keeping in line with the MCA. At this inspection we found the provider had acted on our recommendation and had made improvements.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This inspection was carried out to also 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Metro Homecare 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

This inspection consisted of an inspector and an Expert 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.

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 1 days' notice of the inspection. This is 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 8 March and ended on 15 May 2023. We visited the location's office/service on 8 March 2023.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 8 people who used the service and 6 relatives. We spoke with the registered manager, senior field care supervisor and communicated electronically with 6 care staff. We looked at a range of management records including medicines, quality audits and staff training. We reviewed 7 people's care records including risk assessments and 6 staff recruitment records. The registered manager sent us documentation we asked for and clarified any queries we had.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to consistently manage medicines safely. This was a breach of regulation 12(1) 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.

- People's medicines were managed safely. A person told us, "I am responsible for my medicines, but the care staff always give me reminders to ensure I have taken them." A relative said, "[Staff] give [person] medicines from blister packs and I see the administration records in their home."
- Care plans detailed if a person was able to self-medicate or needed support. People had a medicine risk assessment which listed each medicine, what they were prescribed for and gave guidance to staff about how to administer them safely.
- People who were prescribed 'as needed' medicines, such as pain relief, had guidelines in place to advise staff when and how to administer these.
- Staff received training in the safe management of medicines. The registered manager told us new staff had their competency checked after completing medicines training. Records confirmed this.
- Medicine administration records were completed appropriately and checked by office staff during monthly audits.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to consistently assess and manage the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) 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.

- People were kept safe from the risks they may face. At people's initial assessment the provider completed a fire action plan. Care plans included a reminder for staff to regularly check the batteries in the smoke alarm if one was fitted.
- A person using the service told us, "The hoist is serviced twice a year, but between times the carers will notify the office if they notice anything wrong, and it gets referred for attention. They did a risk assessment of

my kitchen in the initial assessment visit."

- The registered manager explained, "First of all we do an initial comprehensive risk assessment then we mitigate [the risk] in the individual support plan." This meant staff would know what steps to take to minimise the risks to people.
- Individual risk assessments included the environment, medicines, health, eating and drinking, financial, mobility and transfers. For example, a person's risk assessment for eating stated, "Carers to ensure food is bite size. Food to be cut up into bite size portions."
- The provider had a finance policy in place which gave clear guidance to staff about how to safely support people with their finances. There was a system in place for staff to complete a transaction record when they handled anybody's money.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Comments from people and relatives included, "There are good arrangements all round for safety", "We feel very safe" and "I've always felt safe in their [staff's] care."
- Staff knew what action to take if they suspected somebody was being abused including what and who to escalate any concerns they may have. A staff member told us, "I will report immediately to the office. However, if the officer is the abuser, I will report to the council or CQC."
- The provider notified the appropriate authorities about any safeguarding concerns.

Staffing and recruitment

- The provider had a safe recruitment process in place. They carried out relevant recruitment checks before employing new staff to ensure suitable staff were employed. These included proof of identification, references and the right to work in the UK.
- Disclosure and Barring Service (DBS) checks were carried out for new staff and regular updates obtained for all staff. DBS checks provide information including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions.
- There were enough staff employed to meet people's needs. People said the service was very reliable. A person told us, "The carers have only been late two or three times in four years, and each time have let me know they were delayed."
- Relatives told us visits were never missed and on the whole staff arrived on time. Comments included, "Timekeeping is very good. They let us know if they are running late" and "Timekeeping is always good."
- Staff told us they were given enough time to travel from one person to another. Comments included, "I am always given enough time to travel; a minimum of 20 minutes per call" and "I have plenty of time to travel."
- The provider used an electronic call system where staff logged their arrival and leaving times for each visit. This enabled lateness to be identified and reasons for this to be explored with the individual staff member concerned.

Preventing and controlling infection

- People were protected from the risks associated with the spread of infection. The provider had an infection control policy which gave guidance to staff about how to reduce the spread of infection. Staff had received relevant training in this topic.
- People told us staff protected them from the risk of infection. A person said, "They have always made full use of PPE [personal protective equipment] and kept to the requirements around Covid."
- Staff understood how to protect people from the risks associated with the spread of infection. Comments included, "I need to make sure I wash my hands then put appropriate PPE on" and "I clean and wash my hands all the time. I take a mask and don't work if infected."

Learning lessons when things go wrong

- The provider kept a record of accidents and incidents and used these to learn lessons so improvements to the service could be made. Staff confirmed lessons learnt from incidents were shared with them.
- The registered manager told us they had meetings with small groups of staff weekly to work through key issues and discuss any incidents that had happened.
- The provider had notified CQC appropriately of incidents that had occurred.

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.

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.

At the last inspection, we recommended the provider consider current guidance in relation to record keeping in line with the MCA. The provider had made improvements.

- People had mental capacity assessments where appropriate to check their capacity to make decisions. For example, a person had an mental capacity assessment in place for their family to support them with making decisions.
- People signed to agree to receiving care. Where appropriate, records confirmed if a person had a power of attorney who could sign consent on their behalf.
- Staff understood the need to obtain consent before delivering care. Comments included, "I get consent for everything I do" and "I ask what they want and it is their choice." Staff had received training in the principles of the MCA.

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

- People were supported with nutrition and hydration. At the last inspection, care records did not always reflect people's food and drink preferences. The provider had made improvements and care plans now detailed people's support needs and preferences around this. For example, a person's care plan stated they liked a cup of tea and a named breakfast cereal both with milk and sugar for breakfast.
- People told us staff supported them with their meals. A person said, "[Staff] do lunch and breakfast for me and ask me what I'd like to eat. The teatime carer prepares a meal for me following my vegetarian choices."

- Relatives explained how staff supported their relative with food. A relative said, "We do the shopping, and the carers use the microwave to provide the meals."
- Staff explained how they supported people with nutrition and hydration. Comments included, "I give [person] fluids and food when there. I also leave snacks and drinks close to hand" and "I always check food and drink stocks. If they are short, I tell the office and [relative] to buy more."
- Staff told us they gave people choices of food and drink. A staff member said, "During mealtimes, I would bring out different meals from the fridge and ask the [person] what they would like."

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

- People's care needs were assessed before they began to use the service so the provider could be sure they could meet the person's needs.
 - Assessments included physical and mental health support needs, domestic task needs, support and preferences around dietary requirements and if equipment was used for transfers and mobility.
 - Care plans detailed what support a person needed, and when and how they needed it.
- Assessments contained the person's background information, details of other involved services and support provided by family.

Staff support: induction, training, skills and experience

- People were supported by suitably qualified and experienced staff. A relative said, "[Staff] show good understanding of [relative's] condition including what it means for me. They show skill in providing the care."
- People confirmed staff had the necessary skills. A person said, "Over 3 years [staff] have built up an understanding of me and how to make the most of their time with me." Another person said, "Staff have a good understanding of my condition. We have conversations about it."
- Records confirmed staff were offered induction and refresher training. Comments from staff included, "I have training and find it useful" and "I have a lot of training each year, [including] some special training like dementia and outcome-based training."
- Staff were required to complete 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.
- The registered manager explained new staff received an induction which included shadowing experienced staff, a verbal interview to check understanding and a spot check to observe how the staff member worked before they could work unsupervised.
- Records confirmed staff were supported with regular supervision and appraisal. A staff member told us, "The supervisions in the past have identified areas I can improve in, my wellbeing is also discussed and I am informed about things happening within the care sector."

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

- People's healthcare needs were met. Care plans detailed people's health support needs including whether support was needed to make and attend appointments including hospital attendance.
- Relatives confirmed their relative's health needs were met. Comments included, "I've seen the service exchanging information efficiently with the district nurses and GP" and "I am very confident in the service. Carers have had cause to call an ambulance for [person] a few times and each time the service as a whole has been involved and supportive."
- Staff told us, where appropriate, they supported people with their health needs. A staff member confirmed they assisted a person with hospital appointments.
- Care records confirmed the staff liaised with other agencies to ensure consistent care was provided. For

example, a person's relative was admitted to hospital, so the service liaised with social services to increase the care package to meet their needs during the relative's hospital stay.

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 good. The rating for this key question has remained 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

- People spoke positively about the culture of the service. Responses included, "Staff are kind and caring and fit around my choices. They show full respect to me and my home" and "I'm very happy with the caring approach they all have."
- Relatives told us staff were caring. Responses included, "(Relative) is happy with the carers and I have seen them as very helpful, kind and good at what they do" and "We both find the carers show 100 per cent respect."
- Staff described how they got to know people and their support needs. A staff member said, "I read the care plan in their folder. This is often very detailed and has a lot of information about the [person]. I also ask open ended questions and engage in conversation with them about their preferences and needs."
- A relative told us people's cultural needs were met and said, "I had to explain some things about [relative's] preferences from a cultural point of view, which they have taken on board and respected."
- The registered manager told us how they ensured people's cultural and spiritual needs were met. They said, "We make sure everyone is treated fairly and equally. We do matching of carers. We have one person where the carer takes them out for Friday prayers."
- Staff explained how they treated people fairly and equally. A staff member said, "I recognise that all individuals are different and have different needs. I do not discriminate and provide the same quality of care regardless of the individual's sexual orientation or religion."

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

- People were supported to give their views about the service and were involved in decision-making about their care. For example, people told us they received calls from office staff asking if the service was meeting their needs and if any changes were needed.
- Relatives confirmed their views and needs were included in the care provision. A relative told us the senior field care supervisor had supported them to link with other agencies regarding a housing repair, "To make sure a very difficult situation was sorted out."
- The registered manager explained how people and relatives were involved in decision making. They said, "We promote independence so we make sure there is an outcome from the package. We take feedback from the person and the family and make sure if they want anything added to the package we actively take that on board."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. A person told us, "One of the strengths of their [staff's] care is

the respect and provision for my privacy and dignity."

- Staff explained how they promoted people's privacy and dignity. Comments included, "I always protect [people's] privacy and dignity by not talking about anything I do for them to anyone except professional people like office or ambulance" and "When I give [people] a strip wash on the bed, I would cover up the private areas until ready to wash."
- People confirmed their independence was promoted. A relative told us, "It is a great reassurance to me that [relative] has regular care and that it enables them to keep trying to help [themselves] as much as they can."
- Staff explained how they promoted people's independence. Comments included, "I encourage [people] to participate in their care rather than doing everything for them" and "I always ask if [person] needs any help or what they need and I help in any way I can."
- The registered manager explained how they ensured people's privacy, dignity and independence was promoted. They said, "We always talk about these basic standards in our weekly meeting. Everybody is trained regularly and this is reinforced."

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.

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

- People's care was delivered in line with their preferences. Care plans were reviewed regularly. People and relatives confirmed they were involved in the review process and they could request changes to their care at any time.
- At the last inspection people did not always receive personalised care from staff. The provider had made improvements and people confirmed they were supported in a person-centred way. Responses included, "My care plan stresses my need for flexibility and my care absolutely fits with my wishes" and "My hair is looked after as I choose and they follow my choices of clothes."
- At the last inspection some care plans lacked detail. The provider had made improvements and care plans were now detailed, personalised and included people's preferences. A person's care record stated, "[Person] will choose [their] outfit with some prompting. Carer to ensure any zips and buttons are done up."
- Relatives told us care was delivered in line with people's preferences. A relative stated, "It's the same carer every day. It has to be a male staff as [relative] doesn't wish to undress in front of a female and they have always respected that."
- Staff demonstrated they understood how to deliver a personalised care service. Responses included, "I present multiple options to [person] and ask them what they prefer" and "I give care to [people] how they want by listening to their wishes."
- The registered manager explained how people received care in line with their preferences and said, "We visit this in meetings. If a particular carer is allocated and [person] likes them, we don't change that. If [person] wants us to change the carer we don't send that carer back."

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.

- People's communication needs were met. Care plans included people's communication needs including, "Carer to encourage [person] to wear their glasses" and "Carer to speak loudly and clearly to reduce the risk of miscommunication."
- The registered manager understood what was required under the Accessible Information Standard and explained, "We can find innovative ways through working with them to find better ways. For people with a learning disability, we can make use of pictures and we can take a yes or no answer through that."

- The registered manager explained how they could give information to people with other communication needs and said, "For people with sight needs, we normally try to get the format in braille or we can read it out to them. For people with hearing needs, we can make sure they have the information written down. The carer can go close to them and speak in the ear that can hear."

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

- Where appropriate, people were supported to participate in activities socially and culturally relevant to them. The support needed with this was detailed in people's care plans.
- A staff member told us they supported a person to go food shopping and to deal with official people around their money and utilities.
- A care plan detailed the activity staff should support the person with and the reason why. It stated, "Carer to take [person] out for a walk in the garden and 3 times a week the walk would be outside in the streets for 15 or 20 minutes. This is essential for [person] to get some exercise."
- Staff explained how they supported people with their spiritual needs. A staff member said they supported a person to their preferred place of worship weekly. Another staff member told us they supported a person to their place of worship when they wished and also helped them to decorate their home during a festive period.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and a system in place to record complaints and concerns.
- People and relatives knew how to raise a concern if they were not happy with any aspect of the service. A person told us, "I have clear information about how to make a complaint, but haven't needed to."
- We reviewed the record of complaints and saw these had been dealt with appropriately to the satisfaction of the complainant. The provider recorded lessons learnt and followed up with the complainant to assess if there were any further concerns.

End of life care and support

- The provider had an end of life care policy which gave clear guidance to staff about how to provide this type of care sensitively.
- Where appropriate, people had end of life care plans which detailed their end of life care wishes, how those wishes would be met and who would help meet them.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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's quality assurance systems did not always evidence how concerns raised by people about the care were clearly recorded or addressed. We were unable to fully assess the quality of care plans because the provider was in the process of updating them. 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.

- The provider had a system of quality audits in place to check on the quality of the service. The registered manager explained how they ensured people received care in accordance with their preferences. They said, "We regularly do spot checks and get feedback from families on the phone."
- Records showed spot checks included, if the staff member looked at the care plan and visit notes on arrival, if they sought consent before delivering care and if they followed correct infection control processes. Feedback from the person using the service and the relative at these checks was also documented.
- People and relatives confirmed the provider sought feedback from them. A person told us, "The company asks for our opinions and experiences. In fact, I have a questionnaire to complete at the moment." A relative said, "Sometimes someone from the office rings to see how things are."
- Audits of care plan and visit notes were carried out monthly. We noted any issues identified were discussed with the staff member concerned.
- Staff were clear about their roles and were comfortable with seeking support or raising concerns with managers when needed.

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

- The service had a positive culture that was inclusive, open and empowering. This meant people, relatives and staff felt they had a voice and were listened to.
- People told us they felt the service was well managed. Comments included, "The office [staff] are very helpful. I feel [they] are as caring as the care staff" and "I get a well-managed service which makes a huge difference to me."
- Staff spoke positively about the management and office staff of the service. Comments included, "I feel

very supported by [registered manager]. Other staff around the office are very nice and helpful" and "They are a great team who are willing to support at all times."

- The registered manager explained they gave staff paid time off if they were emotionally overwhelmed and had a system of rewarding staff if they achieved 'carer of the month'. They said, "If [staff] need to speak to somebody in the office, they are welcome and we make time for them."

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

- The registered manager understood their responsibility under duty of candour. They told us, "Duty of candour is when things go wrong, we have to be very open and transparent. We need to make sure things are put right, we apologise and make sure it does not happen again."
- The provider had notified the local authority and CQC of concerns appropriately.

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

- The provider obtained feedback from people and relatives. We reviewed the analysis of the 2022 survey and saw there was a 93% response rate. People indicated they were overall satisfied with the service, with everyone feeling safe with skilled staff who treated them with dignity and respect.
- The provider had regular meetings with staff to ensure they were kept updated on service developments. These included regular meetings with all care staff, monthly office staff meetings and weekly meetings with small groups of care staff.
- Staff told us they felt comfortable with making suggestions to improve the service. A staff member said, "I feel I can give suggestions and I feel the office takes it on board."
- The registered manager explained why weekly meetings were introduced and said, "I started the regular meetings so whatever feedback staff give us, we take that on board. They can contribute to improvement in the care."
- Staff told us they felt treated fairly and equally and everyone worked well as a team.

Working in partnership with others

- The provider worked in partnership with other agencies to improve outcomes for people. The senior field care supervisor gave us lots of examples of joint working with other professionals including social workers and district nurses.
- The registered manager told us and records confirmed they worked with occupational therapists, GPs, mental health professionals and district nurses to ensure people received joined up care.