

# Butterfields Home Services Limited

## Kingdom House

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Kingdom House is comprised of two separate services managed from one location, Kingdom House and Butterfields Home Services. Kingdom House is a residential care home registered to provide personal care for up to three people with a learning disability and/or autism. One person lived there when we visited.

Butterfields Home Services is a domiciliary care agency. It specialises in providing end of life care services for people in their own homes across Somerset. At the time of our inspection they were supporting 45 people who were reaching the end of their lives. People are referred to Butterfields Home Services by Somerset Continuing Health Care (CHC) team following an assessment of their end of life needs. The service provides multiple day time visits and night sitting services, according to people's changing needs. The agency is in the process of moving to a new location in Wellington. The Care Quality Commission (CQC) are processing a registration application from provider to manage personal care from this new location.

At a previous inspection in November 2019 widespread concerns were identified about safety and leadership at the service. Seven breaches of regulations found relating to recruitment, safe care and treatment, staff skills, quality monitoring systems and failures to notify CQC.

Since the last inspection the operations director had taken over the role of managing and reorganising both services. They were working with the provider to reorganise the service and arrange for Butterfields care agency to move to a dedicated office, separate from the care home. They had applied to the Care Quality Commission to become the registered manager of both services. People's experience of using this service and what we found.

People, relatives, staff and commissioners all reported improvements since the last inspection. Comments included; "Its improved greatly," "We consistently receive good feedback from families about the end of life care service" and "The provider has continued improvements to deliver a service that is of a high standard." People and families praised staff and the quality of care. Comments included; "Staff are so dedicated", "You get to know them, (staff) and develop that relationship."

Key staff had been appointed to lead and support the staff teams and improve training and supervision. Improvements in recruitment had been made so people were supported by staff with the right skills and attitudes

People received a safe effective service because training, supervision and 'spot checks' ensured staff had the qualifications, competence, skills and experience to provide people with safe care and treatment. Risk management systems had improved and people's risk assessments and care plans provided staff with more detailed, up to date information about how to safely care for each person.

People felt safe with the staff who supported them and received their prescribed medicines safely and on

time. Staff understood the signs of abuse and felt confident any safeguarding concerns reported were listened to and responded to. We were assured the service were following safe infection prevention and control procedures to keep people safe with regard to the current COVID 19 pandemic. The service had ongoing monitoring arrangements to ensure all aspects of infection control followed best practice guidance.

Staff monitored people's health and wellbeing and worked with other professionals to make sure people received the treatment they required.

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 guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Improvements had been made to the environment at Kingdom House to make it more suitable and accessible to the person who lived there. Experienced staff worked with the person, family and specialist professionals to review, personalise and improve the person's care.

Staff spoke about ways they promoted the person to be more independent and try new experiences. Staff said, "We are always thinking about how we can enhance life of [Name of person]." [Person] is doing a lot now, loves their new activity room, has freedom and goes out a lot, they are happy." A relative said, I have absolute confidence with [person's] team, staff are so dedicated and meet their needs well."

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 felt well supported and reported improved communication, team working and staff morale. Where mistakes were made, staff were supported to learn lessons and improve practice through further training and support.

Improved quality assurance and monitoring systems were being used effectively to make continuous improvements and ensure the provider had a good oversight of the safety and quality of the service. All seven breaches of regulations found at the previous inspection had been addressed.

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: Requires improvement. (Report published December 2019). At this inspection the rating has improved to Good.

### Why we inspected

This was a focused inspection to check whether improvements had been made since we last visited. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the Safe, Effective, Responsive and Well-led domains only. Our report is based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the Caring key

question was not looked at on this occasion.

Follow up: We will work alongside the provider and local authority to monitor progress. We will 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?

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 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

# Kingdom House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this focused 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.

#### Inspection team

One inspector visited Kingdom House.

#### Service and service type

Kingdom House is a 'care home' and an 'end of life' specialist domiciliary care agency. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. A domiciliary care agency provides personal care to people living in their own houses and flats.

The service does not currently have a registered manager but the operations director, who manages both the care home and the agency has applied to register. Registered managers 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

This inspection was announced. We announced the inspection before we visited to plan the inspection to take account of the safety of people, staff and the inspector with reference to the COVID 19 pandemic. We visited the service on 3 November 2020.

#### What we did before the inspection

We reviewed information we had received from the provider and others since the last inspection. We sent the provider an inspection poster with our contact details to circulate to people, relatives and staff to seek their feedback. We requested a range of information from provider about the ongoing monitoring of safety and quality. We sought feedback from the local authority about their quality monitoring and from commissioners about the end of life home care services. We visited the agency's new office in Wellington,

where we met some staff there and looked at records.

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 used all this information to plan our inspection.

During the inspection

We met one person at Kingdom house. We and spoke by telephone with three other people cared for by Butterfields Home Services and with six relatives to hear about their experiences of care provided. We looked at five people's care records and at two medicine records. At Kingdom House we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the operations manager and with 12 members of staff which included a care manager, care supervisor, care and office based staff. We looked at seven staff files including recruitment records and at information about staff training, supervision and spot checks. We reviewed a range of quality monitoring records, such as audits, regular checks, policies and procedures as well as servicing and maintenance records for Kingdom House. We sought feedback from commissioners, health and social care professionals and received a response from seven of them.

# 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 Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection we found people were not fully protected from the risk of abuse because recruitment procedures were not robust enough to ensure all relevant checks were undertaken. At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 19, Fit and proper persons employed.

- Recruitment systems had been improved and staff were safely recruited. Pre-employment suitability checks were carried out before staff started working with people. For example, criminal record checks and references were obtained. Where we had previously highlighted recruitment concerns about existing staff, additional checks and assurances had been obtained to demonstrate they were suitable for the role.
- The service had sufficient staff with the right skills to meet people's needs. Comments included, "Staff stay as long as needed," "They are exceptionally good" and "They know exactly what to do."
- At Kingdom House the person had a small dedicated staff team, who knew them well, which offered them consistency and continuity of care. At Butterfields Home Service, staff worked long days to provide people with continuity of care, which minimised the amount of staff visiting people each day. Staff teams were geographically located and visited a maximum of five people each day, mostly visiting several times a day. People didn't have set times for visits, which was explained to them when the service started. This was so staff had flexibility to meet people's changing needs. For example, when a person's condition changed staff could visit for longer or do additional visits.
- People praised the service and said it was reliable. Where people required two members of staff to care for them, they were always provided. One relative said, "They tried to give family continuity, it's really good when you have the same carers."

### Assessing risk, safety monitoring

At our last inspection we found people were at increased risk because the agency had poor systems for assessing risks and were not taking all reasonable steps to mitigate those risks. The provider had not ensured staff had the qualifications, competence, skills and experience to provide people with safe care and treatment. At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 12, Safe care and treatment.

- At Butterfields Home Services, when people were referred to the service, care managers and supervisors undertook individual risks assessments of people's care and treatment needs, as well as equipment and environmental risks. Detailed risk assessments and care plans gave staff clear information about how about how to minimise risks for people. For example, relating to falls, pressure ulcer prevention and the use of



equipment.

- At Kingdom House we checked staff were skilled to use Managing Actual and Potential Aggression (MAPA) de-escalation techniques to care for a person, whose behaviours sometimes challenged the service. As yet, the service had not yet been able to access a 'train the trainer' course to replace the loss of the previous trainer due to the COVID 19 pandemic.
- To mitigate the risk, previously trained staff had done update training to support newer staff to use the MAPA techniques. The person's risk assessment and behaviour support plan had also been updated. Staff we spoke with demonstrated they understood and followed the person's behaviour support plan.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them. People and relatives comments included; "[Name of person] feels very safe in their hands," "They were very helpful to us, particularly as things got harder."
- Staff undertook safeguarding training and were familiar with how to recognise and report signs of abuse. They felt confident safeguarding concerns reported were listened and responded to.
- Where concerns about suspected abuse were raised, the manager reported them to the local authority safeguarding team and CQC. The service notified CQC about suspected abuse and worked in partnership with other agencies to develop support plans to minimise risks of abuse.

Using medicines safely

- People received their prescribed medicines safely and on time from staff who had received training and had their competency assessed. Improved medicines administration records (MAR) were introduced which meant staff kept clear records of any medicines administered. Care plans included details about people's prescribed medicines. Regular medicine audits were carried out with improvements made where issues were identified.
- Where a person's behaviours challenged the service, there was a detailed protocol in place to guide staff about the use of 'as required' medicines as part of the person's behaviour support plan. Staff were required to discuss and seek agreement for the use of these medicines from an 'on call' manager. This promoted a consistent approach and meant the use of 'as required' medicines was closely monitored.

Learning lessons when things go wrong

- Accidents/Incidents were recorded more clearly, so any learning or trends could be identified. For example, following a moving and handling incident which caused back pain, a staff member undertook refresher training. Other staff were reminded about the importance of correct bed height and the need for clear communication with the person prior to any moving and handling.

Preventing and controlling infection

- At Kingdom House, we were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely. A risk assessment about face masks showed infection prevention professionals had been consulted for advice.
- We were assured that the provider was accessing testing for staff and had agreed a best interest decision about testing related to a person.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We have also signposted the provider to resources to develop their approach
- During the COVID 19 pandemic, the provider set up a dedicated staff team to provide end of life care at

home for people who had tested positive in hospital for the virus. Staff had undergone additional training and used additional protective equipment to prevent cross infection. This meant people could be discharged home to receive end of life care.

# 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. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. At this inspection, this key question has 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 last inspection people were at increased risk of not receiving safe and effective care. This was because staff did not receive all the appropriate support, training and supervision necessary to enable them to carry out their role. At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 18, Staffing.

- Risks for people were reduced because improvements in training ensured staff had the qualifications, competence, skills and experience to provide people with safe and effective care and treatment. Improvements in staff induction, in- service training and the ongoing support and monitoring of staff through supervision and 'spot checks' had been made.
- Several senior staff had undertaken accredited 'train the trainer' courses, so they could train staff and assess their skills. For example, in medicines management and moving and handling, so they could train staff and monitor practice. This meant people could be confident staff were using safe, up to date practice.
- People and relatives reported being cared for by staff that had the knowledge and skills to meet their needs. One relative said, "Staff were well trained, they knew what they were doing." Another relative said, "Equipment was safely used."
- All new staff completed an induction period which included working alongside the more experienced staff. They had to complete a number of online courses before they started working with people. Induction records were well completed and showed all training areas covered. New staff also completed the Care Certificate, an agreed set of standards that define the knowledge, skills and behaviours expected in the health and social care sectors.
- The provider had developed effective systems to monitor that staff had completed necessary training and regular updating, which ensured they had skills to meet people's needs. Training records showed staff had received essential training such as health and safety, moving and handling, record keeping and safeguarding.
- Staff received regular individual supervision, where they could discuss their work and highlight any learning needs. Staff 'spot checks' had been introduced whereby senior staff observed staff delivering care. This ensured care was carried out to the expected required.
- Staff also undertook additional training relevant to their role. For example, staff working in Butterfields Home Services completed a six month end of life care course. Others were undertaking diploma level qualifications.

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

- Significant improvements had been made in assessing people cared for by Butterfields Home Services. Care managers and supervisors undertook initial assessments of people's care needs and wrote detailed care plans to guide staff about their care.
- Care staff and office based staff worked closely together to monitor and update people's care plans as their needs changed. A relative commented, "Staff always responded well and quickly when I rang the agency. They were able to press buttons to get others in the system to help." For example, by arranging for additional equipment to be delivered.

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

- People were supported with their changing healthcare needs. Care staff monitored people's on-going health conditions and sought professional advice appropriately from GP's, community and hospice nurses and occupational therapy services. Professional feedback showed staff recognised changes in people's health, sought professional advice appropriately and followed that advice.
- Staff encouraged people to exercise and keep moving to maintain their mobility. They also supported people's emotional wellbeing. For example, spending time with people and providing emotional support to family members.

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

- Staff supported several people with eating and drinking and made sure people were offered preferred meals, snacks and drinks. Where there were any concerns about eating and drinking, these were communicated between staff on daily record entries, so staff were aware to try to encourage the person at the next visit.
- Staff were aware of people's likes and dislikes and any preferences. For example, staff discussed with a person what they would like for lunch. When they brought the person's lunch, the person indicated they had changed their mind. Staff offered them alternatives and gave them time to make another choice.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were.

- Staff sought people's consent and involved them in day to day decisions about the care and support they received. One person said, "Staff seem to know what I want and need, they are not afraid to ask if there is a query."
- Where people lacked capacity, the principles of the MCA were being followed. Staff were aware of the Mental Capacity Act and had received training. Care records included details of court appointed deputies or legal power of attorney. Relatives and professionals were consulted and involved in best interest decisions.

For example, in relation to a decision about a person who lacked capacity having emergency dental treatment.

Adapting service, design, decoration to meet people's needs

- Improvements to the environment at Kingdom House had been made since we last visited. This included new flooring and the creation of a dedicated activity room for the person to use. Grab rails and a step had been installed in the bathroom to help person get in and out of the bath safely. Plans were underway to arrange for the person to have their own vehicle using the Motability scheme.

# 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. This meant that people's needs were not always met. At this inspection, this key question has improved 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

At the last inspection we found a lack of person centred information about people being cared for Butterfields Home Services. This meant staff did not have detailed personalised care plans about people's care and treatment needs. At this inspection, enough improvement had been made to care records and the provider was no longer in breach of regulation 17, Good governance.

- Since we last visited, an electronic care record system had been implemented. Care records had significantly improved and accurately reflected people's care and health needs.
- People received personalised care from staff who had detailed information to meet people's individual needs. One relative said, "I feel reassured they know him well and engage with him." Others praised responsiveness of staff when people's needs changed. One relative said they appreciated that staff recognised when a person needed equipment to assist them to stand and arranged for the hospice team to provide it.
- Since we last visited, the care plan for the person living at Kingdom House had been updated and covered all aspects of their care including communication, positive behaviour support, promoting and maintaining independence, nutrition/hydration, health and leisure. For example, to help person promote and maintain their independence, staff encouraged person to undertake aspects of personal care they could manage themselves, as well as encouraging them to help with regular housekeeping such as vacuuming. Their relative said, "Staff meet (person) needs so well. I feel reassured they (staff) know (person) well and engage with (person)."

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 person who lived at Kingdom house participated in a range of activities and enjoyed accessing their local community for walks and liked shopping. During lockdown, staff supported them to plant flowers and vegetables and photographs showed how much they enjoyed watering their plants and spending time in the garden.
- People cared for by Butterfields Home Services appreciated that staff quickly got to know people and families and established a rapport with them. Comments included; "[Person] was fiercely independent and they supported her to do as much as possible," "Their time here was quite hilarious at times."

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's care plans included information about support people needed with any sight or hearing impairments. Also, about ways in which staff could communicate information effectively. For example, one person's care plan said, '[Person] can communicate verbally but finds it hard to understand if too many people talk. Can assist carers when given clear instruction.
- For a person with autism, a comprehensive communication care plan included a range of phrases and non-verbal communication the person used and what they meant. These were well understood and staff demonstrated they knew how to respond to reassure and distract the person if they were becoming anxious.

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

- People knew how to raise a concern or complaint if they were unhappy about anything. A person and a relative told us about an occasion where they had raised a concern and said they were very satisfied with how the agency had dealt with it.
- We followed up another complaint that was raised with us. We found the complaint had been thoroughly investigated in accordance with the providers complaints policy and procedure. The manager had also consulted commissioners in agreeing the best way forward for the person's care.

#### End of life care and support

- People were supported to have a peaceful, comfortable and dignified end of life. Staff worked with local community nurses, GP's and the hospice at home team to ensure people were supported to remain at home with their family.
- End of life care plans captured people's advanced decisions about end of life care and what was important to them. For example, the presence of family members or any religious or cultural preferences.
- Relatives feedback on end of life care included; "[Name of person] was well looked after, she was so comfortable she changed her mind about place of death," and "They were there full time at the end. They were concerned about the family as well and provided emotional support."

# 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 Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. At this inspection the service had improved 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection people were at increased risk because quality monitoring systems previously in place had lapsed. This meant the provider had not sufficiently mitigated risks relating to the health, welfare and safety of people using the service. At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 17, Good governance.

- Since our last inspection, the operations director had taken on the role of managing both services and had applied to register with CQC. The provider and manager worked together to reorganise the service. They identified Butterfields Home Services needed a dedicated office, separate from the care home, which was also being registered.
- A new leadership team had been recruited to support carers working in Butterfields Home Services and at Kingdom House. They included care managers, supervisors, co-ordinators and dedicated staff to support recruitment and running the agency's office.
- Quality monitoring systems had been reinstated and strengthened. They included more robust systems for staff recruitment, induction, training and for ongoing staff support and development. A care record system had been introduced.
- Regular audits of health and safety, medicines management and care records were undertaken. For example, where feedback about poor infection control practice was identified about two members of staff, this was dealt with through retraining and 'spot checks' to ensure practice had improved.
- People, relatives, staff and commissioners all commented positively on the improvements and praised the leadership at the service and the close working relationships. One relative said, "[name of manager] has done a good job of sorting things out." A member of staff said, "Things are looking up." Commissioners wrote, 'The manager appears to be doing a good job and improved the service in key areas.'
- The ethos of the service was based on 'delivering quality person centred care in the safest and most compassionate way possible.' This was re-enforced through values based recruitment and recognising and rewarding staff. For example, through an 'Employee of the month scheme' and by providing incentives to encourage further staff training and development.
- Due to COVID 19 restrictions staff had limited access to the office. They appreciated the provider had equipped a vehicle so managers could meet up locally outdoors with care staff for a hot drink, to chat and to distribute stocks of personal protective equipment.



- Families consistently gave us positive feedback about the quality and reliability of the service. Comments included; "What a wonderful team," "We have a chat and laugh" and "Top marks for the company, brilliant, I would recommend to everyone."
- Staff said; "There is a family feel to the service," "Everyone is very supportive, staff feel valued." Other staff said, "I definitely feel proud to work for the service," "I feel we are making a difference, people get the best care possible, we make it easier for family."

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 registered person failed to notify the CQC about changes to their statement of purpose, allegations of abuse or about deaths, as required by the regulations. This meant CQC were not aware of these, so did not seek additional information or assurances. At this inspection, enough improvement had been made and the provider was no longer in breach of registration regulations 12, Statement of purpose, 16 Notification of death of a person who uses services and 18, Notifications of other incidents.

- The manager notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. This included working with other agencies to take actions taken to further mitigate risks.
- Staff were encouraged to raise concerns in confidence through a whistleblowing policy. For example, a staff member raised concerns about poor practice and were satisfied their concerns were addressed.
- Where mistakes were made, people said the manager was open and honest and made improvements. For example, through staff retraining and additional spot checks.
- Where ongoing concerns about staff skills, performance attitudes or performance were identified, these were dealt with in accordance with the provider's policies and procedures.

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

- People were consulted and involved in day to day decisions. They received a call once a month to ask for feedback and check how things were going. One person said previously the agency did not let them know if staff were running late but after feedback do so now. The service had a social media page which shared information with people and staff.
- Staff understood their roles and responsibilities and were accountable for their practice. They were encouraged to identify further training needs and share good practice ideas through regular supervision, online groups and staff meetings.

Continuous learning and improving care; Working in partnership with others

- People benefitted because staff worked in partnership with health, social care professionals and family members to make sure people received the care and support they needed. A relative said, "The agency always responded well and quickly when I rang. They were able to press buttons to get others in system involved."
- Weekly management meetings were held, which the provider attended regularly. These provided opportunities to review and discuss progress, highlight emerging issues and plan ahead. The service had an improvement action plan. For example, they had plans to introduce a five day induction course for new staff using a new training suite, so they could train and practice using equipment before working in people's homes.
- The service kept up to date with best practice guidance through regularly updated policies and procedures. The manager was a member of a local provider group and worked with local health and social care professionals. Professionals said, "The manager has reached out and asked for advice to make sure they are getting it right" and "Whenever I've made a suggestion, they are very open and accepting of that,

which I welcome."