

Third Hand Healthcare Ltd

# Third Hand Healthcare Ltd

## Inspection report

Suite 4, Unit 9  
Romans Business Park, East Street  
Farnham  
GU9 7SX

Tel: 03331234558  
Website: [www.thirdhandcare.co.uk](http://www.thirdhandcare.co.uk)

Date of inspection visit:  
16 December 2019

Date of publication:  
27 January 2020

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

Third Hand Healthcare Ltd is a domiciliary care agency providing personal care to people with a range of needs such as dementia and Parkinson's disease. 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, 13 people who were using the service received a regulated activity.

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

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. Risks to people were appropriately recorded and managed. Staff were aware of their responsibility to safeguard people from abuse and how to report concerns. Medicines management and infection control practices were safe. There were a sufficient number of staff to meet people's needs and people told us staff called them if they were running late. Any accidents and incidents were recorded and actions taken to mitigate any further occurrences.

People and relatives told us they felt staff were competent at their job and were well trained. Staff confirmed this and said they had received a thorough induction after a safe recruitment process. Staff supported people with their nutritional and hydration needs and referred people to healthcare professionals where needed. Communication between staff was effective and had led to good outcomes for people.

People and relatives told us staff were kind and compassionate towards them, often referring to them as 'friends'. People felt that staff knew them well and treated them with dignity and respect. People were encouraged to maintain their independence and make day to day decisions around their care where safe to do so.

Care plans included information around people's backgrounds and end of life wishes so staff could deliver personalised care. People received care that was flexible to their needs. Complaints were dealt with appropriately and in line with the provider's policy.

A large amount of improvement had been made since our last inspection, and staff and the manager were keen to ensure the new policies and practices were fully embedded in to the service. People, relatives and staff members felt the management team were approachable and honest and were often asked for their feedback so further improvements to the service could be made. Quality audits were also completed to identify any issues and ensure they were resolved in a timely manner. The manager was aware of their regulatory responsibility and had informed the CQC and other relevant authorities of notifiable incidents.

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 6 September 2019) and there were multiple 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 in most areas and the provider was in breach of one regulation. We have given recommendations to the provider health care plans for people.

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

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Third Hand Healthcare 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 Care Act 2014.

#### Inspection team

The team consisted of two inspectors on site at the office, and a further inspector who called people who used the service to gather their feedback.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager who was in the process of registering with the Care Quality Commission. The manager was also the provider of the service. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 16 December 2019 and ended on 17 December 2019. We visited the office location on 16 December 2019.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at our inspection. We used all of this information to plan our inspection.

#### During the inspection

We visited and spoke with one person who used the service about their experience of the care provided. We also spoke with a further person who used the service and a relative by telephone. We spoke with four members of staff including manager and quality compliance manager. We reviewed a range of records. This included four people's care records and multiple 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.

#### After the inspection

We spoke with a further relative of a person who uses the service by telephone. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant people were safe and protected from avoidable harm but further work was required to ensure new policies and practices were fully embedded.

### Learning lessons when things go wrong

At our last inspection, people were at risk of receiving unsafe care due to lessons not being learned from accidents and incidents. This was a breach of regulation 12 (Safe care and treatment) 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.

- At our previous inspection, action was not being taken to prevent the reoccurrence of accidents and incidents. However, at this inspection we found accidents and incidents were recorded, including information around what action was taken to prevent reoccurrence. Records also included incidents where no harm came to people, such as a person trying to give a staff member money as a Christmas present which they politely refused.
- The provider had not implemented a monthly analysis of accidents and incidents. As the service was small there were not many accidents and incidents occurring so there was little impact to people currently. However, this would need to be implemented as the business grows in order to ensure future reoccurrences of accidents and incidents were prevented where possible.

We recommend the provider implements a monthly accident and incident tracker to analyse records and identify where future occurrences can be prevented.

### Assessing risk, safety monitoring and management

At our last inspection, people were at risk of receiving unsafe care due to risks to people not being identified and recorded appropriately. This was a breach of regulation 12 (Safe care and treatment) 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.

- Risks were now appropriately recorded and managed. One person was able to self-medicate but required staff to put their medicines in front of them. This included staff leaving a medicine in front of them on their last call of the day which the person would take later in the evening. When we visited the person, they confirmed to us staff always remembered to do this.
- Another person was still driving their car although staff felt the person did not have the cognitive ability to do this safely anymore. The manager informed relevant agencies in order to reach a joint decision to review whether this was appropriate. Relevant documentation around this was in place.
- Care plans included environmental risk assessments. This informed staff if there were any trip hazards or

other risks within the home environment they should be aware of and where to find the main utility points within the house, such as the stopcock and boiler.

- We observed staff members ensured that a person was wearing the community pendant alarm when finishing their call. This allowed the person to call for help in between care calls if there was an emergency.

### Using medicines safely

At our last inspection, people were at risk of receiving unsafe care due to poor medicine administration and recording practices. This was a breach of regulation 12 (Safe care and treatment) 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.

- Medicine recording practices were now safe. Electronic medicine administration records (MARs) were completed and explanations recorded where the person had not taken their medicine. People's care plans included a list of their prescribed medicines, how they should be taken and any known side effects.
- Staff were competent in administering medicines. The quality compliance manager completed regular spot checks on staff when they were delivering care to people. This allowed them to observe and ensure staff were safe when administering medicines and recording them.

### Preventing and controlling infection

- People were cared for by staff who adhered to safe infection control practices to stop the spread of infection. One person told us, "They are very good with washing their hands." A relative said, "They wear gloves every time they come." We observed staff wearing aprons and gloves when preparing to help the person we visited in their home with their personal care.
- Staff received training and spot checks from the manager and quality compliance manager to ensure safe infection control practices were being followed. The manager told us, "We observe staff wear it [personal protective equipment] and we've also trained them on infection control issues. We give them a booklet about infection control for them to answer questions and then we mark it."

### Staffing and recruitment

At our last inspection, the provider had not completed the appropriate checks to ensure that staff were recruited safely in to the service. This was a breach of regulation 19 (Fit and proper persons employed) 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 19.

- People were now cared for by staff members who had been recruited safely. The manager had now ensured recruitment files included references full employment histories, references and a Disclosure and Barring Service (DBS) check. A DBS check ensures that potential staff members are safe to work with vulnerable people such as the elderly.
- There were a sufficient number of staffs to meet people's needs. One person told us, "They have never not turned up. If they are running late they will always let me know. They always come. I know they will come." A relative said, "They (staff) will always try and ring if they are running later. They have never not turned up." The manager told us, "We encourage staff to call us if they are going to be more than fifteen minutes late. We then call the person to say if staff are going to be late. If they are going to be really late then we (the manager and quality compliance manager) can dash there and help." There was a call monitoring system in place which ensured that staff arrived for care calls.
- Staff were given adequate traveling time between care calls. This was reflected on rotas we observed. Staff sickness was covered by staff picking up additional calls or the manager completing them. The manager



told us, "We always have someone on standby. We've also got part time staff."

- People were supported by the same consistent staff members as much as possible. One person told us, "I usually see the same carers, unless they have a day off or are on holiday." The manager said, "We have regular staff looking after people with dementia. For example, one person has two staff members who help her regularly so we can monitor her condition."

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

At our last inspection staff and management were not following correct safeguarding procedures meaning that people were left at risk of abuse. This was a breach of regulation 13 (Protecting people from abuse and improper treatment) 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.

- Records confirmed safeguarding concerns were now appropriately reported with the local authority. Where required, thorough internal investigations had taken place, such as gathering witness statements.
- Feedback on the safety of the service from people and relatives had improved since our last inspection. People and their relatives now told us they felt safe with the care staff members provided them with. One person said, "I feel very safe with them, they wouldn't do me any harm." A relative told us, "They are the best carers we have ever had. I feel [my family member] is very safe with them."
- Staff were aware of their responsibility to safeguard people from abuse. A staff member told us, "We can whistle blow if we don't think the manager is dealing with things appropriately." A staff member asked to see our ID badge when we arrived to visit someone in their home to ensure the person was safeguarded from potential abuse. The manager said, "Staff know how to raise safeguarding concerns. Whenever there are issues they have come to us. We have distributed the safeguarding policy to them so they know the procedure."

# 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 Inadequate. At this inspection this key question has now improved to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection, the service did not comply with the principles of the Mental Capacity Act 2005 and therefore, people's rights were not protected. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In our inspection, we found improvement had been made in this area, but further work was required to ensure documentation around the Mental Capacity Act 2005 was clear and in line with its principles.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- People's legal rights were still not always protected in line with the principles of the MCA. Mental capacity assessments were not decision specific. One person's care plan included a mental capacity assessment around consenting to care, consenting to staff administering their medicines, and whether they were able to drive their car safely. These decisions were not assessed separately in line with the MCA.
- Outcomes to mental capacity assessments were contradictory to the findings of the assessment. For example, one person's mental capacity assessment stated they could not weigh up, retain or understand information to make a decision. However, the manager had written "I think he has the capacity to make the decisions" as the outcome of the assessment. Therefore, the outcome opposed the findings of the assessment of capacity.
- However, staff asked for consent from people before carrying out their care. We observed staff members

asking a person if they were happy for them to remove her shoes before assisting her to be hoisted on to a commode. The person told us this made them feel that they still had control over aspects of their care.

- Staff were also knowledgeable around the principles of the MCA. One staff member told us, "We had training on mental capacity. We learnt everyone has capacity until proven otherwise."

People's rights were not always protected in line with the principles of the Mental Capacity Act 2005, as mental capacity assessments were not decision specific and reached contradictory outcomes to the findings of the assessments. Therefore, this a repeated breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff were kept up to date with national guidance and standards. The manager told us, "I get CQC newsletters and the local authority heatwave notifications. We're a member of Surrey Care Association and UK Home Based Care Association. We normally disseminate that information to staff by email and in the group [electronic] chat."

- Staff had access to an online system on their mobile phones which stored the provider's policies. If any of the policies were updated, staff members would receive an alert that they needed to read and review the information. The system would then inform the manager which staff members had read the updated policies so they could follow up with staff members who had not.

- People's assessed needs were recorded in their care plans. This included the service's own assessments of needs as well as assessments carried out by the social care team. The provider had not taken on any new packages of care since our last inspection. Therefore, we did not check for any new pre-assessments, as these were in place during our last inspection.

Staff support: induction, training, skills and experience

At our last inspection, a lack of training meant that staff were not adequately trained to do their job effectively. 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. .

- Levels of staff mandatory training completion had improved since our last inspection. The manager had created incentives to encourage staff to complete their training as soon as possible. They told us, "Not all staff are up to date with it as some are slower. We give them a £30 incentive to do three courses within a couple of days. This has encouraged others to do it. But they know that if they aren't Parkinson's trained they don't go to [a person who is diagnosed with the condition], and actually, they want more work so this makes them do it."

- People felt staff were well trained. One person told us, "Staff know what they are doing." A relative said, "They do their job very well." A staff member told us, "I've 100% had enough training. We have refresher training to keep us up to date, and things like moving and handling training are always face to face."

- Staff were put through a thorough induction process to ensure they had the knowledge to fulfil their role effectively. Staff completed an induction checklist which included finishing training modules and ten hours of shadowing another more experienced member of staff.

- Staff had regular supervision and appraisal meetings. These allowed staff to discuss their performance and any concerns with their manager, as well as their own learning and development.

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

- People were supported with their nutritional and hydration needs. People's nutritional preferences were

recorded in their care plans so new staff would be aware, especially if the person was unable to always communicate this due to a cognitive impairment.

- Care plans included details of what support people needed to eat their meals. For example, one person's care plan stated they were able to eat independently, whereas another person required for their food to be cut up. We observed staff ensure a person was able to eat the food they had prepared due to only having mobility in one arm.
- Staff prepared people's choices of food and drink when requested. We observed staff give people options of what was available for lunch before preparing their choice. One person told us, "Staff always ask me what I would like to drink and make it for me before they leave."

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

- There were effective communication systems within the service. Staff informed us of a group chat on an electronic app. They felt it was a useful tool which allowed them to communicate with each other quickly and provide updates on people where needed. For example, one staff member described how they had informed that staff on the group chat that they were running late for their next call due to needing to call an ambulance for a person. A staff member had stepped in to cover the staff member's call to ensure people still received the care they required.
- Relatives were given access to people's electronically stored daily notes, with the person's consent. This allowed families to keep up to date with their loved one's health and condition if they were not able to visit regularly. Records also demonstrated where the manager and quality compliance manager had updated relatives following appointments with healthcare professionals.
- Appropriate referrals were made to healthcare professionals where required. Care plans documented where staff had contacted people's GP with concerns around people's health and the subsequent action that was taken by the GP. The manager told us, "The carers take it upon themselves to call a GP if needed, and we've called the mental health team too where needed."

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved 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

At our last inspection, we recommended the provider ensured staff were treating people with dignity and respect. We found this was now being done.

- People and relatives told us staff treated them with dignity and respect. One person told us, "They have to put me on the commode and they are very polite with it. They shut the door to give me some privacy and they always knock first to see if I have finished. They don't take me for granted." A relative said, "They treat [my wife] with dignity. Although we have been married [a long time] they still close the door when they are giving her a wash." Another relative told us, "They are always very respectful. He is quite fond of them."
- New staff members were informed of the importance of treating people with dignity and respect during their induction. A staff member said, "When new staff start, we always make sure they know they are entering people's homes and therefore they treat it with respect. They should always introduce themselves too."
- Staff respected people's privacy. We observed staff members knock on a person's door when arriving for their care call and call out to make them aware who it was as they entered the property.
- People were encouraged to maintain their independence where possible to do so. Care plans included information on what people were able to manage independently so staff only assisted them with the areas they required support in. For example, one care plan read, 'I need minimal support with having a wash in the morning because I try to do as much as I can by myself'.

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

- People and their relatives felt staff were kind and compassionate towards them. One person said, "They are so lovely, it's like having friends coming to see me. We have a laugh and a chat." A relative told us, "They are caring. Each individual is different. I'm quite pleased with them. They talk to [my wife] and explain what they are doing." Another relative told us, "The carers are marvellous. Always very polite. They have brought a breath of fresh air into my house. Sometimes they bring me a cup of tea as well and I'm quite chuffed at that."
- We observed kind interactions between staff and a person we visited in their home. Staff spoke to the person in a caring manner, checking they were happy and felt safe throughout being hoisted.
- The manager told us they felt certain their staffing team were caring to people. They told us, "I know because of the feedback that I've been getting from clients. If I got any negative feedback I would of course investigate it."

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

- People were involved in day to day decisions around their care. One person told us, "They ask me and all do exactly as I ask. They treat me like I am important." A relative explained that their loved one experienced pain when mobilising due to a medical condition. They told us, "They know her pain threshold and will stop when she asks them." This meant the person was in control of their care.
- People and their relatives told us they were now involved in reviews of their care plans. A relative told us, "They talk to my husband and include him. They laugh a lot." The manager said, "We involve people. I've gone to everyone and reviewed their care with them." Documents we reviewed confirmed this.

# 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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant people's needs were met through good organisation and delivery but further work was needed to fully embed new practices in this area.

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

At our last inspection, people's records lacked personalised information and consequently a lack of personalised care being delivered by the service. 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. .

- Care plans now included information around people's background and life histories. This enabled staff to know more about people and therefore provide personalised care to them. We observed staff members asking a person how each person in her family was and if they had enjoyed their recent holiday. The manager told us, "I think they do know people are well. We're a small team, the clients will tell you things about staff, staff will tell us about things people have told them that they didn't tell us during the assessment. We add it to their care plan if it's relevant."
- People's individual routines were recorded in their care plans. However, staff ensured call times were flexible in order to meet people's personal requests. One person told us, "They get me up early on a Sunday so that I can go to church. It means such a lot to me." Another person said, "They come to me at a time I prefer."
- Care plans did not include specific care plans around people's health conditions. For example one person had a diagnosis of Parkinson's disease, but there was no care plan around this to explain how the condition affected them personally. However, people and relatives told us they were happy with the level of detail in care plans. A relative told us "We have a folder with all the information in there of what staff need to do. We are quite satisfied with that."

We recommend health care plans are introduced to people's care plans to provide staff with information on how to support people with their medical conditions.

### 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 communication needs were recorded in their care plans. For example, one person's

communication care plan highlighted the need for staff members to 'speak slowly and quietly' due to the person's medical condition. This information helped staff communicate effectively with people.

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

At our previous inspection, we recommended that complaints were dealt with in line with the provider's complaints policy. We found this was now common practice.

- People told us they had never had to raise a complaint, but they felt confident their concerns would be addressed if they needed to do so. One person told us, "I haven't had to complain but If I did I would go to the manager." A relative said, "We haven't had to make a complaint. I would contact the agency [if I needed to]." A copy of the provider's complaints policy was stored in each person's care file within their home so they could refer to it if required.
- Complaints had been resolved in line with the service's complaints policy. For example, one person had raised a complaint after a carer had accidentally broken their lamp. An apology was given straight away and the cost covered of replacing the lamp. The person and their relative were happy with the outcome.
- The service had received compliments from people, relatives and professionals. This included praise for the management team's attitude and support, and the care staff were providing to people.

#### End of life care and support

- No one was receiving end of life care at the time of our inspection. However, end of life care plans had been completed in preparation of this. These contained information of how people would want to be supported during this time in their lives, such as one person's wish to see a spiritualist.
- The service had respected the wishes of people who had not wanted to discuss their end of life care at this time. Instead of creating end of life care plans with people, staff had recorded the person's request not to discuss the matter at this moment in time, but that they would review this with the person in the future.
- Staff were now receiving end of life care training. This provided them with the skills and knowledge required to meet this need for people when it was required.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. However, further was needed to fully embed the new policies and practices.

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

At our last inspection, the lack of robust quality assurance and record keeping meant people were at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. 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.

- People, relatives and staff told us they felt the service had improved since our last inspection. One person said, "I don't think there is anything left they can improve." A relative told us, "The care has improved a lot since the last inspection. It's a lot better care." A staff member said, "A lot of things have changed for the better. [The management team] made an action plan after the last inspection. We can be good but we always want to be better and challenge ourselves." As confirmed throughout this report, we also found the standard and safety of care had improved since our last inspection. Further work was required to ensure that new policies and processes were fully embedded to ensure the standard of care did not deteriorate when the service grows. The manager was aware of this, telling us, "We have improved a lot. I don't really feel we are there yet though. Everything is a learning curve. We have systems we are putting in place which when they are fully functioning and we know how they work, they are tools that will help us understand."
- People felt the manager and quality compliance manager were approachable. One person said, "[The manager] is a nice man. Very polite and amiable." A relative told us, "The manager is very nice and approachable. A cheery man." Another relative said, "[The quality compliance manager] is alright. She turns up from time to time."
- There was a positive working culture amongst staff members in the service. A staff member said, "They are the first managers I've had where they talk openly to you about issues but there is no blame culture." Another staff member said, "At the end of the day we're encouraged to tell them we're home safe and the managers thank us every day for our work," The manager told us, "I feel supported by [the quality compliance manager] 100%. She's brilliant. I think the staff feel valued and appreciated. The staff tell us we deal with them differently [from other employers]. We're a team in this building."
- There was an employee of the month incentive for staff in which they were rewarded for providing good quality care. People, relatives and staff members were able to nominate staff members for the award. A relative had emailed the manager stating, "Mum says [the nominated carer] never complains and is always

happy and smiling. We think she deserves it."

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

At our last inspection, the provider had failed to make us aware of notifiable events that had occurred in the service in line with their registration requirement. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Registration) Regulations 2009. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The manager had been open with people and their relatives about the findings from our previous inspection. We observed letters addressed to people and their relatives from the manager informing them of the outcome of our previous inspection and what action they planned to take to improve the service.
- A full and thorough review of every person's care plan and medicines had been completed since our last inspection. This allowed the management team to ensure the relevant paperwork was in place and consequently the correct care was being provided to people. As previously covered in this report, the management team were aware that documentation around people's mental capacity and health care plans required further work and were working towards completing this.
- Monthly quality audits were being completed to assess the standard of care being delivered to people. This included checks around medicine management, infection control and moving and handling safety.
- Staff received monthly observations to check the care they delivered was of a high level. Where improvement that could be made were identified, recommendations to resolve this were made and completed, such as additional training.
- The registered manager was aware of their responsibilities in ensuring that CQC were notified of significant events which had occurred within the service. They had also ensured the service's last inspection report was displayed on their website.

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

- People and their relatives were asked for feedback on the service. One person told us, "I am every so satisfied with the care and they know that." A relative told us, "I filled in a survey last week. The manager often phones to see if things are alright." Feedback received from telephone calls to people and their relatives included, ", 'great company", "love the carers", "carers go above and beyond'" and, "I wouldn't have a life now without Third Hand Care. Carer's first class." Where negative feedback had been received, review meetings were being held with people and issues raised would be discussed with them within these.
- Staff were now engaged in the running of the service through regular staff meetings. Topics discussed in meetings included safeguarding, infection control and training. Staff were also asked to complete a satisfaction survey. Responses received showed that staff had a clear job description, understood their responsibilities and felt they could ask the management team for support and advice.
- The manager, quality compliance manager and senior carer met on a monthly basis. The manager told us, "We discuss events of the week and if we think anything needs addressing. [The senior carer] interacts with the carers and feeds back to us. We allocate actions to staff members and then when we meet back we check that the action has been completed." Meeting minutes demonstrated that the management team had discussed incidents that had occurred in the month, policies and procedures, and training.
- The provider was looking to introduce a new electronic MAR system to the service next year. The compliance manager had been asked to test several systems and voice which one they felt would be most suitable for staff members.

Continuous learning and improving care; Working in partnership with others

- The manager and quality compliance manager had been working closely alongside a variety of organisations. This included occupational therapists and social workers from the local authority. The manager told us, "I'm part of Surrey Care Association (a not for profit company which works to support social care providers). I go there for meetings. I'm also registered with the Social Care Institute of Excellence so I get a lot of literature from there."
- The manager had plans to further improve the service other than fully embedding the new systems in place. They told us, "I have invested a lot for the future. I'm looking for an administrator. I want everything flowing flawlessly."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider failed to ensure people's rights were protected in line with the principles of the Mental Capacity Act 2005.</p>