

Capella Care Limited

Expertise Homecare (Ashford)

Inspection report

Williamson House
Wotton Road
Ashford
Kent
TN23 6LW

Tel: 01233229001

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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

Expertise Homecare (Ashford) is a domiciliary care service covering Ashford and the surrounding areas. It provides personal care and support to people in their own homes. At the time of inspection, it was providing personal care to 51 people. 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.

Peoples experience of using this service and what we found

People and their relatives told us that they liked the kind friendly nature of staff for which nothing was too much trouble, they felt comfortable with having them in their home and undertaking the most personal of care support for them.

Risks were managed appropriately for example risks to people's health and safety were assessed and steps taken to minimise risk levels. There were enough staff to cover calls, but the provider ensured there was ongoing recruitment to avoid developing gaps in care cover. People told us they predominantly had the same carers and that efforts were made to maintain continuity for them. People told us that calls were never missed although at times they might be later than scheduled and for which the office staff telephoned to alert them to this on most occasions. There was a safe system for staff recruitment. Staff were trained to administer medicines, and these were managed safely.

People were supported effectively by confident well-trained staff. There were appropriate arrangements for their induction and subsequent training to give them the skills and knowledge needed. Staff said they felt well supported by the management team and felt listened to and able to contribute to meetings. Staff understood people's health needs and were able to recognise signs of them being unwell and act to alert health professionals or relatives where necessary. People were supported to eat and drink enough.

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.

People told us they were treated well and with respect by staff, who they found caring and kindly in nature, and with whom they had established good relationships. People felt that staff upheld their dignity, and did not rush them during calls.

People referred to the service had their needs assessed and contributed to the development of their care plan. They spoke positively about the quality of the service they received and indicated they would be happy to recommended it to others and had done so. Staff received equalities training to raise their awareness and understanding of how to support people with diverse lifestyle choices.

People and staff told us they found the registered manager and provider approachable, and knowledgeable

about people's needs. People and staff found the management team approachable and easy to talk with, they felt confident any concerns they might have would be dealt with swiftly. Quality monitoring and audit checks were in place to ensure all aspects of the service were monitored and standards maintained. People, staff and professionals were invited to provide feedback about service quality and this was analysed and acted upon to improve the service people received.

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 awarded to this service was requires improvement (published 2 March 2019). The provider completed an action plan to show what they were planning to do to improve upon this. This inspection has shown that improvements have been made and the provider was no longer in breach of regulations.

Why we inspected

This was a scheduled 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?

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.

Expertise Homecare (Ashford)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority safeguarding and commissioning teams and other health and social care professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information the providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We used all this information to plan our inspection.

During the inspection

We met and spoke with three people who receive a service and one of their relatives. We also spoke on the telephone with a further five people about their experience of the care provided. We spoke with thirteen members of staff including a director of the company and the nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider). We also spoke with the registered manager, customer supervisor, carer supervisor, care co-ordinator, and an office administrator in addition to seven carers.

We reviewed a range of records. This included six peoples care plans, we reviewed electronic medication records. We looked at three staff files in relation to recruitment, training and supervision. We also viewed a variety of records relating to the management and operation of the service including quality audits, policies and procedures, accidents and incidents and complaints.

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 Requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we identified that understanding safeguarding processes was an area for improvement. This was because an injury during care although reported as an incident, had not been reported to safeguarding by office staff. At this inspection improvements had been made.

- Action had been taken to make office staff aware of when incidents needed to be alerted through the safeguarding process. The registered manager and office staff had developed good relationships with the safeguarding team. One of whom told us, "I have had quite a lot of contact with expertise and have found them very responsive and able to identify safeguarding issues and have reacted well when issues have arisen."
- People we spoke with said they felt safe and well cared for. One said, "My experience of this agency has been positive."
- People were protected from abuse and avoidable harm because staff received regular training updates to raise their awareness and understanding. Staff understood their responsibilities to act and report on any suspicions they may have.
- Staff demonstrated a good awareness of the types of abuse people could experience and gave examples of where they had raised alerts. A staff member told us they had raised an alert due to an abusive family member. Guidance was provided to all staff visiting the person at risk of harm which gave them confidence on how to manage the situation.

Using medicines safely

At the last inspection there was a lack of clear guidance for staff working with people who self-administered their medicines. Since then action had been taken to improve guidance for staff. This made clear if they were to assist or not assist with administration and what this entailed.

- People received their medicines safely because staff were trained to administer medicines. Before doing so their competency and understanding were assessed to ensure they understood what they had learned.
- Administration of some people's medicines was shared between relatives and agency staff; paper medicine records were in place in some homes so that everyone knew what had been administered. Most of the medicine administration was recorded electronically. Office staff could monitor this for every call and were alerted should a medication be missed. They acted to ensure people had medicines delivered by the pharmacy. One person told us, "If I need a tablet that I haven't received they will chase for me."
- People lacking capacity had their medicines administered only by relatives. People prescribed 'as and when' required medicines (PRN) were able to tell staff when they wanted these. Their ability to do so was clearly recorded in their care plans.
- An audit of medicines management was conducted to ensure all aspects were managed safely.

Assessing risk, safety monitoring and management, learning lessons when things go wrong

- People were safe because risks to their health and safety were assessed and steps taken to reduce any risks identified.
- Staff had a good understanding of each person they supported. They were aware of any risks to the person or within their property. Risk guidance had been integrated into care plans. This provided staff with a detailed picture of people's needs and risks and how support was to be delivered safely.
- The equipment people used was checked to ensure it was maintained and did not place people or staff at risk. The service had implemented a project called the violet project. This ensured that everyone receiving a service was assessed and received a smoke alarm. They were also linked into an emergency call service that checked on people's wellbeing each day. Staff did monthly checks of smoke detectors to ensure they were working. One person told us, "They do a monthly check of the fire alarm."
- Staff ensured that calls were always met even where they might be later than usual, they alerted people where their call may be late. The service had implemented checks four times each day to ensure calls had been attended and there were no missed calls. They had also introduced a monthly review system.
- People were able to speak to a staff member outside of normal office hours through the out of hours on call system. People and staff said this system worked well. One said, "Can get hold of out of hours easily."
- Accidents and incidents were recorded. These were analysed for emerging trends and patterns. Where these identified a possible gap in needs being met, referrals were made, to relevant professionals or advice and guidance sought. Any subsequent changes to support as a result of these contacts were relayed to staff, and care and risk plans updated.

Staffing and recruitment

- People experienced good continuity of carers and received support from a consistent group of staff. One told us, "The bunch of girls who come now are excellent I have continuity now which is important to me." A relative of someone who needed hoisting said, "they always send two staff."
- People were provided with a rota for two weeks, sometimes this changed due to unforeseen circumstances. The majority of people spoken with said they were kept informed of changes.
- We observed carers during visits, they consulted people about what they needed to do and there was enough time for them to chat. Staff were proactive in asking if there was anything else they could do for the person before they left. Carers were not rushed, and people and staff thought there was enough time allocated to do the things people wanted done.
- There was a safe system of recruitment in place. A recruitment checklist was placed in the front of every staff file. This ensured that all the required information had been gathered and all recruitment processes had been followed. This included obtaining for each staff member, proof of identity, a health statement, references, employment history and a check by the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions.

Preventing and controlling infection

- People were protected from infection. This was because staff had received infection control training and regular updates. This gave them an understanding of how the spread of infection occurred and how to prevent this. They wore appropriate protective clothing of gloves and aprons when carrying out personal care or cleaning tasks. We observed staff wearing these on the visits we made.
- Staff understood the importance of handwashing and use of hand sanitiser.
- Staff had received food hygiene training and understood how to prepare and present food safely.

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed prior to a service being offered, information provided by health or social care professionals was checked for accuracy with the person receiving support to ensure the service could fully meet their needs. A care professional told us "Response has been prompt and communication effective. This included a full overview of the assessment process."
- The assessment process took account of any special characteristics under the Equalities Act 2010. For example, disability, sexual orientation and any additional support people may require, and any additional training for staff.
- People who referred themselves to the service were fully assessed by a senior carer prior to a service being offered.
- People's care needs were reviewed monthly to reflect significant changes, but rewritten every six months. This ensured they remained an accurate reflection of people's needs and their preferences for delivery of support.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive three-day induction irrespective of whether they already had previous care qualifications. This ensured they had the basic knowledge and skills and learned about the vision and values of the service. The Care certificate (this is an agreed set of standards that define the knowledge, skills and behaviours expected of social care staff) was completed by those without care qualifications. We saw workbooks completed for this by new staff. Staff told us "Induction was so good they went through everything they really pushed privacy and dignity emphasised report, document, record." Another told us "Training wasn't boring."
- An ongoing programme of training updates and specialist training was provided at the head office. Staff spoke positively about the quality of training. Several staff told us about attending sepsis and dementia training and were confident that specialist training would be sourced if someone was accepted to the service with specialist health needs. For example, in the past they had supported people with Percutaneous endoscopic gastrostomy (PEG). This is where a PEG tube is passed into a patient's stomach through the abdominal wall for administration of food, fluid and medication.
- Staff said they felt supported, valued and able to express their views through supervisions which were held regularly and which they said they found helpful. An appraisal system was in place for staff. Staff told us those in post for two years received a gold metal watch to wear on their uniform which they thought was a nice gesture.

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

- Care plans made clear to staff the support people needed to eat and drink enough. Where people were assessed as at-risk food and fluid monitoring charts were implemented and kept under review. Staff took care to provide people with food in the manner they preferred. For example, one staff member said to a person, "I have even put sugar on your beetroot just as you like it." Staff acted to refer people to health professionals if a concern arose. For example, staff said one person was coughing a lot when having food and drink, they were referred to the speech and language team for assessment.
- People said they were happy with the support staff gave them around meals and drinks. One person said a staff member cooked food from scratch rather than use a microwave alternative.

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

- People's health care needs were met and understood by staff. Staff were knowledgeable about people, they were alert to changes and signs of illness. Staff were able to demonstrate how they had raised concerns in respect of people's health needs and had made referral to health professionals for assessment. For example, Speech and Language Team.
- People told us that staff had called health professionals for them on occasion when they were unwell. They told us "They encourage me to ring the doctor if I am not well," and "They have telephoned the doctor for me in the past and visited to check that I was back from hospital."
- Staff took appropriate action to inform the office, health professionals and liaised with family members to alert them, should they have concerns about people's wellbeing.
- Where people had specific health conditions or risks such as swallowing difficulties, diabetes or epilepsy clear guidance was provided to staff about how they should support the person. This ensured the person got the right support when needed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff had received training to understand mental capacity. They demonstrated an awareness and understanding of the importance of people making their own decisions where possible.
- When people were assessed as lacking the capacity to give consent the provider consulted with people who had the legal authority to do so on the person's behalf. They ensured that relatives or other people had relevant evidence of legal authority.
- On some occasions people refused support and staff respected this alerting the office staff to. Staff respected people's right to refuse support whether they had capacity or not and documented this in care notes.

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 Good. At this inspection this key question has remained the same. 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 and their relatives spoke positively about the kindness of staff and how well they were supported by them. People received continuity of support from a group of carers who they were familiar with. New staff shadowed experienced staff to ensure people received care from someone they knew. One person told us, "I have regular carers, I can't say a bad thing, they are approachable you tell them how you feel they have all been great, another told us, "They treat me well exactly what I want."
- people receiving a service for the first time were given a 'meet the team' leaflet. This contained pictures of every carer and a brief profile about them. This helped people familiarise themselves with the carers employed by the agency. The registered manager and office staff tried to ensure the compatibility of carers with the people they supported to foster a good working relationship. This took into account peoples personal preferences for example one person told us they would not have a male carer. This was understood by the service and they respected the persons decision.
- Staff received equality and diversity training so they understood how to support and respect peoples diverse needs and lifestyle choices. This helped ensure special support needs could be taken account of when planning and delivering their care.
- Staff were guided by people in how much or how little they wanted help with. We observed on care visits that staff always asked people what else they wanted done or if they wanted something different done for them. One person told us, "Very pleased with most carers, they try to give me the same carers they do what I want them to do." Another said "She even makes me a cup of coffee before she goes."

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

- Procedures were in place so that people and their relatives were given regular opportunities to provide feedback. This was undertaken through monthly reviews with their involvement about the existing care and support arrangements and whether any changes were needed to these.
- People and relatives told us that overall communication from the office was good and they felt they were kept informed.

Respecting and promoting people's privacy, dignity and independence

- Staff told us that they were taught about protecting people's dignity and privacy as part of their induction learning. People we spoke with thought that staff did uphold their dignity when providing personal care tasks and respected their privacy. One person told us, "They all respect dignity when undertaking personal care, I had experience of one carer who I reported to the office, as they had the wrong attitude." A relative

speaking about the good relationship staff had with their family member told us, "They respect his dignity, but there are fits of giggles with him when doing his personal care."

- Staff respected the people they supported by ensuring that staff kept to call times as much as possible and where there was a change to time or carer that office staff informed the person affected.
- Assessment and care planning took account of what people could do for themselves. People told us that carers supported them to retain as much independence as they could by encouraging them to do aspects of their personal care for themselves.
- A review of compliments received by the service showed how positively people viewed the care staff gave. People had commented, "Staff are very gentle and don't mind washing (name)." (a staff member) doesn't let me get away with not doing something when I don't feel like it." Another said "Expertise is very accommodating, they move my tea call back if they know I am out, so I still get a visit."

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 Good. At this inspection this key question has remained the same. 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

- Care plans were developed from initial assessment discussions with people about their needs. These were individualised to each person to reflect their own preferences for support. Observations and discussion with staff showed that they knew the people they supported well and understood what they needed. They had built trusting relationships with people and knew what was important to them.
- Care plans contained detailed information about people's personal, medical and social needs.
- Care plans were reviewed with each person monthly and updated when people decided they wanted changes or staff had noted additional support was needed. A formal review of the care plan was carried out with them every six months. A staff member told us "It's our duty to tell the office if the care plan is not quite right." When care plans were updated staff supporting that person were informed.
- Health professionals spoke positively about the level of knowledge staff had about people they supported and how this helped them to work in a joined-up way with people. One health professional told us, "On dealing with some very complex service users in the past they have been particularly good at managing difficult situations, keeping [Name of health organisation] updated to changes and helping to problem solve using their knowledge of the service user."

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 assessed before a service was provided.
- The provider and registered manager understood the standard and how to provide information in accessible formats. For example, larger fonts could be provided on information sent to people if required. People could also be provided with a more accessible pictorial version of their care plan, and several people had these.

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 registered manager and staff ensured they marked special events for people such as sending birthday cards and Christmas cards. Everyone receiving a service received a Poinsettia plant at Christmas. Staff ensured they marked a person's passing by sending sympathy cards to relatives who they had often built relationships with.
- Some people received support to maintain their participation in social and community-based activities.

Where this was the case, their care plans included guidance for staff on ensuring these activities were actively supported.

- Peoples records contained information about the activities they participated in so staff knew what interested people and could engage with them about their interests. Office staff supported some people they were aware of who were lonely or feeling anxious by visiting them and having a cup of tea and a chat.
- Staff were responsive to peoples changing circumstances. For example, one person had to get up at 5.45 am so they could be ready for an early hospital appointment. Office staff arranged for carers to be available to support this, so the person could get to their hospital appointment on time.

Improving care quality in response to complaints or concerns

- People were issued with copies of the complaints procedure when they began being supported by the service.
- A log of complaints received showed these had been dealt with appropriately and resolved to people's satisfaction. People felt confident of approaching office staff with any concerns and felt these would be acted on. People told us "I feel able to talk to the girls and can say anything if I don't like it I tell them." Another said, "I have never had to complain but I know how to if I needed to." A care professional told us "I have also been promptly informed from Managers at Expertise of any concerns identified to action."
- A record was also maintained of the positive compliments received from people using the service or their relatives. The registered manager ensured that staff were kept informed of any positive comments received about them individually from people receiving the service.

End of life care and support

- At this inspection no one was currently receiving end of life support. Staff had received training in end of life care and had experience of working on a short-term basis with people referred to them via health professionals.
- Peoples care plans contained basic information regarding whether they had completed a non-resuscitation form and evidence seen for this. Information about any specific cultural or religious needs they wished carried out in the event of their death were clearly recorded.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now 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; Continuous learning and improving care

At our last inspection the provider had failed to notify the Commission of an incident referred to and investigated by the police. This was a breach of regulation 18 of the Registration Regulations 2009.

An action plan was completed and since then improvements have been made to ensure all office and management staff are fully aware of the processes for sending notification to CQC, laminated copies of the notifications that must be made are located around the office. There had been no further incidents, the service was routinely notifying both CQC and other relevant agencies of events as they arose. The service was no longer in breach of regulation.

- There was a culture of continuous improvement. The provider had invested in new technology both in the office and electronic tablets for care staff to use when on visits. These improvements cut down on paperwork, gave staff more time with people during the call, and enabled office staff to remotely monitor that calls and tasks were completed.
- Software used by the service was constantly updated to ensure it remained compliant with legislation and national standards, this included changes required in respect of the General Data Protection Regulation (GDPR).
- The provider made use of an external human resources organisation to manage their recruitment and staffing issues and ensure they kept updated regarding current employment legislation changes.
- A range of regular checks and audits were undertaken daily weekly and monthly. For example, call visits were monitored four times each day to ensure none were missed. Medication administration was monitored daily to ensure people received this as per their care plan. Where paper Medication records were maintained these were monitored to ensure signatures were not missed and medicines were given. Peoples care records were reviewed monthly.
- The registered manager and registered provider also undertook their own monitoring each month and developed an action plan for any shortfalls to be addressed. As a franchise the provider received one monitoring visit annually from the franchiser to ensure they were complying with required standards and identify areas for improvement. A good relationship existed with the franchiser who the provider and registered manager found supportive, and available to provide advice and guidance
- Unannounced quality checks of care delivery by staff were undertaken by carer supervisors to ensure staff were delivering care in line with care plans and policies and procedures.

- Staff were kept updated with changes to policies and procedures, these were cascaded to them through email and discussed at staff meetings. The provider used an external service that provided the service with policy updates; these were adapted to suit the service needs. Staff were required to read updates to understand how changes could impact on their support of people.

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

- People, their relatives and health and care professionals were invited to give feedback about the service quality each year. This information was analysed and used to inform service improvement. Currently this was not published. The nominated individual and registered manager thought this might be good to include in the monthly newsletters people received, and planned to implement this.
- Through much of their work with people with palliative needs, staff had developed good working relationships with local community nursing staff. They also spent time liaising and working with Occupational Therapists including those associated with a local hospice
- A health professional told us "I have observed the support provided in the persons home which is at a required standard. I have also observed effective communication between the staff and the person, both of whom have a good rapport and cooperative relationship." Another said "Feedback from service user's and relatives has been very good regarding the level of care provided and support. On rare occasions timing of calls has been mentioned as an issue." And "I can honestly say I find this provider easy to deal with, provide a high standard of care and I rarely receive any negatives from the service users."

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

- Since the last inspection there had been a change in registered manager and some office staff. The provider and registered manager promoted an open-door policy for staff and people using the service. An organisational chart had been developed so that staff knew who did what and who to direct their queries, concerns or complaints to if they had them.
- Staff told us that they felt well supported, valued and listened to. They had opportunities for career progression. Office staff told us they started as carers before promotion to office roles. Office staff were able to undertake management or other vocational qualifications relevant to their role. The provider had enabled staff to enrol in a private health care plan if they wished. One staff member commented, "They (management) are good at supporting us around personal stuff." Staff told us those in post for two years received a gold metal watch to wear on their uniform which they thought was a nice gesture.
- Staff felt supported by the out of hours arrangements and were confident of getting advice and guidance if needed. They thought this system worked well.
- Staff commented about how staff who were in hospital were visited by staff from the service. How the provider supported staff through regular staff meetings, and provided opportunities for social gatherings such as a summer barbeque. Staff told us "I would recommend this agency as a place to work and have done so to others." Another said, "I do feel Expertise is a workplace where your opinion is very much listened to, the office team are constantly monitoring staff morale and welcoming any feedback staff may have to make the necessary changes, I feel able to raise and discuss any concerns I may have with my leadership team."

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 provider and registered manager understood that they were required to display their current inspection rating both in the office and on their website which they had done.
- The registered manager analysed all accidents and incidents for trends and patterns that may require

reviews of support plans and risk assessments. They were therefore able to determine if any accidents or incidents were required to be reported to CQC under the duty of candour requirement.