

Proline Care Limited

Proline Care Limited - 4th Floor

Inspection report

4th Floor, 21 Bennetts Hill
Birmingham
West Midlands
B2 5QP

Tel: 01216878871
Website: www.proline.org.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 24 September 2018 and was announced. Proline Care Limited are registered to provide the regulated activity of personal care. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults. There were 78 people using this service at the time of our inspection.

Not everyone using Proline Care Limited receives the regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At our last inspection in February 2018 we identified improvements were needed under the key questions of 'Is the service safe, effective and well-led. We identified two breaches of the Health and Social Care Act 2008. We found under the key question is the service 'safe' that the registered provider was not ensuring the safe care and treatment of people through appropriate management of medicines and this was a continued breach of Regulation 12 safe care and treatment. Under the key question is the service 'effective' we found the registered provider had not consistently applied their responsibilities under the Mental Capacity Act (2005). Under the key question is the service 'well led' we found the systems and processes to monitor the safety and quality of care people received was not effective and this was a continued breach of Regulation 17 Good governance. Following our inspection, we issued a warning notice in relation to Good Governance. A warning notice is one of our enforcement powers.

This inspection took place on 24 September 2018 to follow up on our previous findings. We returned on this occasion to check whether people were safe and that the provider was taking the necessary action to improve the quality of care and reducing the risks to people. During this inspection the service demonstrated to us that some improvements have been made, further improvements were required and the service was now meeting the regulations.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's risk assessments did not consistently cover all potential areas of risk, such as skin integrity, choking and nutrition and did not consistently mitigate risks. People felt safe in the care of staff members and were happy with staffing levels. The provider had appropriate systems in place to support staff to raise any safeguarding concerns, and the provider was open in learning lessons from incidents and improving the service. People told us they were happy with the management of their medicines. Staff had access to appropriate personal protective equipment (PPE) to help prevent the spread of infection.

People told us they received effective support. Systems were in place to ensure that staff received

appropriate supervision to support them in their roles. Staff felt they were trained to the right level to effectively work with people. Checks were made on the ongoing competency of staff and staff felt they could ask for extra training and support at any time. People told us that staff sought their consent prior to carrying out care and made people aware of the actions they were to take.

People were supported to eat meals of their choosing and were supported to access health professionals when necessary.

People told us care staff were very caring, kind and compassionate. Staff enabled people to be independent and to make choices where possible. People's privacy and dignity needs were maintained by staff members caring for them.

People told us they were provided with a responsive service. People received care and support which was assessed, planned and delivered to meet their individual needs. People and families spoke about being involved in the process of writing and reviewing their care plans. People knew how to make complaints and felt confident they would be addressed.

The providers systems and processes in place to monitor and audit the service required improvement. We recognised the improvements made following our last inspection and the service demonstrated how they promoted a more person focused approach. Although we found that records management had improved further improvements were still needed regarding prescribed topical creams, risk assessments and quality monitoring of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

People's risk assessments did not consistently specify all potential areas of risks and did not always reflect how the risk was managed.

People were receiving their medicines by trained and competent staff.

People told us that they felt safe. People were looked after by staff who were recruited safely and knew how to keep them safe from abuse.

People told us there were sufficient numbers of staff to meet their needs.

Is the service effective?

Good 

The service was effective.

People felt that staff were effective and understood what care they needed to deliver.

Staff were trained to carry out their roles and worked well together to ensure they worked within best practice guidelines. Staff received an induction and had regular supervision with their managers to discuss their work.

Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them.

People were supported with their food and drink and were enabled to access health professionals when needed.

Is the service caring?

Good 

The service was caring.

People and relatives felt that staff were caring and respectful.

People were able to express their opinions about the service and were involved in the decisions about their care.

People felt that staff assisted with their independence and included them in any decision making. People and relatives developed positive relationships with staff.

People told us that their dignity and privacy were respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care. People's needs had been assessed and people were involved in planning and reviewing of their care.

People were supported to go out when they wanted.

People knew how to make a complaint and felt able to complain if they needed to.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The providers systems and processes in place to monitor and audit the service required improvement.

People's views were sought through surveys and this was used to improve the quality of the service.

The provider had a clear vision for developing the service, and had positive working relationships with other agencies.

People were happy with the service they received and felt the service was improving.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on the 24 September 2018 and was announced. We gave the service 48 hours' notice of the inspection as we needed to ensure that staff were available to support the inspection. We made telephone calls to people and their relatives on the 30 and 31 July 2018, we made telephone calls to staff on the 30 July 2018 and we visited the office location on 24 September 2018. The inspection team consisted of two inspectors for the site visit, one inspector conducting telephone calls to staff members and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of the inspection process we looked at information we already held about the provider. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and the improvements they plan to make. We took this information into account when we made the judgements in this report. We reviewed other information we held about the service to aid with our inspection planning. This included past inspection reports and notifications. A notification is information about important events which the service is required to send us by law. We also contacted other health and social care organisations such as representatives from the local authority commissioning team and Healthwatch to ask their views about the service provided. Their views helped us in the planning of our inspection and the judgements we made. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection visit, we spoke with 11 of the people who used the service. We spoke with nine

relatives of people to get their views. During our visit to the office we spoke with the registered manager, a representative of the provider, two office staff and ten care staff.

We sampled care documentation for eight people, medicines records, three staff files, staff supervision and training records. We also looked at other records relating to the management of the service including audits, quality monitoring systems and action plans; accident and incident records; surveys; meeting minutes and complaint records.

Is the service safe?

Our findings

At our last inspection in August 2017 we rated the registered provider as 'Requires improvement' in this key question. The provider was not ensuring the safe care and treatment of people through appropriate management of medicines. The provider had failed to ensure people received consistently good, safe care that was compliant with the legal regulations and was in a continued breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made so that the service was now meeting the requirements of the above regulation, however some further improvements were still required.

Risks relating to people's care and support had not always been identified, and people were at risk of not receiving the support they needed to remain safe because of the lack of guidance for staff. People's risk assessments did not always include details on potential areas of risk such as skin integrity, choking and nutrition. For example, one person's care records highlighted that they were at risk of choking. However, the risk assessment in place did not contain specific guidance to advise staff on how best to support this person. Risk assessments and care plans did not always reflect people's wishes and rights to make unwise decisions. As a result, staff were not always given sufficient guidance to follow when people's decisions conflicted with an identified risk. There was no consistent and specific guidance to advise staff on how best to support people who they had assessed as being at risk of pressure sores. For example, one person's care record identified they were 'At very high risk of pressure sores', the risk assessment did not identify how to mitigate the risk to the person. However, during our discussions with staff they could tell us of the risks related to people. There was no evidence that this had resulted in any harm to people as there were consistent staff who were knowledgeable on people's needs. Following our inspection, we were advised that the service had commenced putting the full risk assessments and guidance in place for people who were at risk of choking and skin integrity to ensure peoples safety.

People's risk assessments highlighted any potential hazards and risks around people's own homes. One person we spoke with said, "As I am on my own they [care staff] do ensure my environment is safe as I am unsteady until I get going. They do make sure things are easily accessible for me to reach and we discuss my safety and welfare about my property. They do make sure there is nothing for me to fall over."

Care staff we spoke with understood their responsibilities to protect people from potential or actual harm. Staff were able to tell us about different types of abuse and what to look for and what steps to take to keep people safe. Staff members told us that they were aware of whistleblowing procedures [where concerns about the practice of colleagues is reported] and said that they would raise any concerns with management and would be happy to contact external agencies if no action was taken. The registered manager took positive action to work with other agencies to safeguard people. Risks of potential abuse to people were minimised because the provider made sure all new staff were checked to ensure they were suitable to work for the service. We saw reference checks from previous employers and checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. Staff told us, and records confirmed that they had not been able to begin work at the agency until all checks had been carried out. One staff member said, "I couldn't start until my DBS was cleared." This meant

the services systems and practices protected people from the risk of abuse.

People told us that they felt safe receiving care from the service. One person told us, "What I like about my safety is that in the winter months they [the staff] always let me know who is coming as it gets dark early. This is good as I can check who they are before I let them in." Another person said, "[I feel] very safe. They [the staff] help me get up as they need to support me until I can get going. They run the shower and put a mat down for me so I cannot slip. [I feel] very safe indeed with them." People told us that staff spent sufficient time with them and that they did not feel rushed. One person said, "Timing is fine, they stay and chat and ask if anything else needs doing before they leave." People told us that their care staff always turned up for their visits and most told us they had not experienced missed calls. One person told us, "I have two carers ten hours a day Monday to Friday so have the same ones except for holidays or if poorly. They have never missed coming to me." A relative said, "Mum has a total of four double up teams that cover and we know them all so know who is coming and they always do come."

All the people we spoke with told us their care staff supported them for the right allocated time. However, we received mixed views from people about staff arriving on time to support them. Comments included, "Timings are very good they are never late for me. they stay the full time with me." and "I have the same carer morning and lunch time but different ones at night. They always come to me." However, a small number of people's comments were not so positive and included, "Timing is not too good. They are sometimes late and don't call to let me know. I usually know who is coming as have same carer weekly but different at weekends." and "Timing can vary if they are held up and they don't call to let us know but had no missed calls." Staff we spoke with told us there were sufficient staff available to meet people's needs. Staff told us their calls were predominantly well managed. One member of staff told us, "I'm not rushed and have time to sit and talk with people" We were able to see how the service was continually improving regarding the visit times. We saw that the registered manager had developed audits to check times that staff attended calls and had taken action if calls were significantly late.

At our last inspection in August 2017 we found errors in the recording of medicines that meant we could not evidence that people received their medicines as prescribed. At this inspection we looked at the management and administration of people's prescribed medicines and found improvements had been made. People told us that they were happy with how they received their medicines. One person told us, "Yes they do help. They get them out all ready for me and I take them. They make sure I have taken them safely and make a note about it." A relative said, "I fetch dad's medicines and leave them with him for the carers to do. They get them and give them to him with a drink making sure he has them as prescribed and taken they safely." Care staff told us they had received training in medicines administration and their competency was assessed by the management team. This included spot checks on care staff when they were supporting people with their medicines.

The people we spoke with told us that infection control procedures were carried out by the staff visiting them. One person told us, "They [the staff] always wear gloves and are in uniform." Staff told us that appropriate gloves and aprons were always worn and that they had received training surrounding infection control. The use of personal protective equipment was included in the spot check observations of care staff to ensure they were demonstrating good infection control processes.

Staff were aware to report any incidents or accidents that occurred. The registered manager maintained an incidents and accidents log and confirmed they reviewed the details with a view to reducing the risk of repeat occurrence. Records we reviewed confirmed this.

Is the service effective?

Our findings

At our last inspection in August 2017 we rated the registered provider as 'Requires Improvement' in this key question. We found that the provider had not consistently applied their responsibilities under the Mental Capacity Act (2005). At this inspection we found improvements had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. During this inspection we looked to see if the service was working within the legal framework of the MCA. People told us that care staff gained their consent prior to assisting them. One person said, "They [the staff] never do anything at all without asking me first." Staff were trained to ensure they understood the importance of the MCA in their work. We saw that capacity assessments had improved and were completed, when necessary, to determine what capacity people had to make decisions for themselves. People's records showed that the MCA was considered along with what support to give people to enable them to consent to their care. Although improvements had been made around MCA, we did identify one person's care plan was conflicting around their level of capacity. We saw from records that a relative had given consent on their relations behalf for the use of bed-rails. MCA assessments and best interests decisions had not been undertaken where required to comply with MCA guidelines. The registered manager was aware that relatives cannot make decisions on behalf of their relation unless they have the appropriate authority to do so. On this one occasion the registered manager had not taken steps to assure themselves that the relative had the legal authority to consent to the use of bedrails.

People we spoke with were very happy with the service provided. One person told us how they thought staff supported them effectively and said, "Very good all of them [the staff]. They know exactly what I need help for."

People's needs and choices were assessed in line with current best practice. Prior to using the service detailed initial assessments took place to ensure they could meet people's needs. This included people's perceptions of their needs and those of their family members, their current physical wellbeing, past and present medical history and the information about their living situation and personal history. This was always undertaken with the person and their representatives, where required. This provided a smooth transition to start using the service.

People told us they had their needs met by staff that were effectively trained and knowledgeable. One person told us, "Very well trained I am satisfied with all of them. It is easy to see by the way they have to hoist me that they know what they are doing safely." A relative said, "They [the staff] are all absolutely brilliant. Training is first class. They know how to turn [my relative] safely and use the riser chair." Staff told us that they received adequate training and we saw certificates that they had achieved. A member of staff said, "I get all the training I need to do my job." There was a training matrix in place so that management were clear on who had attended training and which training was due. We saw from records staff had received training

to be able to fulfil their roles and responsibilities. Staff we spoke with confirmed this. Staff were supported by a system of supervision and spot checks to ensure their ongoing competence. Staff saw this as positive and described being able to get support if needed. A member of staff told us, "I have regular supervision and can raise concerns."

People were supported by staff that had undergone an induction programme which gave them the skills to care for people effectively. Staff who were new completed an induction to the service and had the opportunity to shadow more experienced staff members. The registered provider had ensured their induction processes were in-line with the principles of the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.

Some people told us that they received support from staff with their meal preparation. Where staff were responsible for people's food and hydration, people were happy that this was carried out well. One person told us, "I have cereal for breakfast with a cup of tea, meals on wheels for lunch which they [the care staff] ensure I have eaten and then get me some tea whatever I choose to have." Whilst records did not consistently give staff guidance about people's dietary needs the staff we spoke with had a good understanding of people's dietary needs, including their preferences, cultural and religious needs.

People all felt that staff would act if they found they were unwell or were concerned about them. People felt with their consent, relatives, their GP or the district nurse would be contacted. One person said, "I am able to make my own [health appointments] but I know they [the staff] would do so if I asked them." People's care plans were detailed about the support they required to stay healthy. For example, when a person was living with diabetes their plan clearly stated the actions that care staff were required to take if they appeared to be hypoglycaemic and what action to take in the event of a health emergency. Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. A relative described a recent health emergency when care staff were supporting their relation and said, "They [the staff] immediately called 999 and got the paramedics out. They also then called me."

Is the service caring?

Our findings

At our last inspection in August 2017 we rated this key question as 'Good.' At this inspection the rating remains unchanged.

People felt that they were well cared for by the staff that supported them. One person told us, "I am satisfied with all of them [the staff]. They always stay and chat with me and are all kind and caring with what they do for me." A relative said, "Brilliant all of them. They chat, are kind, friendly and polite could not have any better." The registered manager, co-coordinators and care staff we spoke with spoke about people in a compassionate manner. They clearly knew the people who used the service well. Staff used their time with people to get to know them and their hobbies, likes and dislikes. One staff member said, "I enjoy getting to know people." Staff were positive about the people they cared for and what the role meant to them. One staff member said, "When I'm working, I always put the customer [people who use the service] first."

People felt more at ease with the regular members of staff that supported them. Most people received care and support from a consistent staff team, which they all said was very important to them. One person told us, "Monday to Friday I have the same ones [staff] but different at weekends. However, I do know them all so no problem. The service told us how they tried to provide people with a consistent service with the same care staff supporting them. This was confirmed by records and discussion with people who used the service. The service told us how they matched people with their care staff, such as personalities and interests. People told us they were introduced to new staff which meant they could meet them and this helped good communication and positive relationships. One person told us, "Any new ones [staff] coming to cover my regular ones for holidays are always introduced first." However, some people did tell us they did not always have a consistent staff team at weekends, but did add that although they got different staff they were all very good.

People told us they were supported in line with their needs and wishes. We found people were supported to express their views and make decisions about their care as far as possible. One person said, "All staff are nice and friendly and very methodical with what they do for me. They know my likes and dislikes too." Another person told us, "I make my own decisions about my life." People told us that care staff listened to them, acted on what they said and they were consulted relating to their care provision which included being involved in the planning of their care. We found that people's choice were acknowledged and recorded within the care plan. We found that it was recorded where people 'made their own decisions' and examples included, staff using people's preferred names to address them and asking people about food preferences.

People told us staff respected their privacy and dignity when they visited their homes. One person said, "When having my personal care, they are most respectful and ensure I am comfortable with what they are doing and always ask if I want to do anything myself." A relative told us, "Mum has a full wash and they [the staff] keep the door and curtains closed. They even wash her hair and also ensure the door is closed when [supporting with continence needs]." Staff we spoke with described ways how they promoted people's dignity. For example, curtains were closed and towels used to discreetly maintain people's dignity. People were encouraged to do things for themselves and staff then only stepped in to help or complete the task if

the person could not do so for themselves. People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation. We saw that people's confidential private information was respected and kept secure. For example, people's care plans were securely stored and information held on computers and mobile phones were password protected.

Is the service responsive?

Our findings

At our last inspection in August 2017 we rated this key question as 'Good.' At this inspection the rating remains unchanged.

People we spoke with told us that staff provided personalised care and support that was responsive to their individual needs. One person said, "They [the staff] are friendly and talkative and flexible when I need to make changes." People said that they were happy with the care and support provided, one person said, "All the carers are lovely and know what I require to have done. They are aware of my problems and are very respectful toward me." Staff we spoke with were very knowledgeable on people's needs and understood what care and support was required.

People's cultural needs and religious affiliations had been recorded within care plans. One person's care plan identified that their faith was of importance to them. Staff were able to tell us how they supported people to ensure they were not discriminated in any way due to their beliefs, gender, race, sexuality, disability or age. Staff told us they had received training around equality, diversity and human rights and it was expected that they would not discriminate against anyone. They understood how to protect people from any form of discrimination and were knowledgeable about equality and diversity with regard to the protected characteristics. We also saw the service's Statement of Purpose and Service User Guide documents told people how the service aimed to respect people's privacy, dignity, and their diversity and human rights. One person told us, "'I think they [the staff] are all excellent and [I've] never encountered any discrimination at all." Another person said, "Very good all of them and fully aware of my condition which they are respectful of."

From April 2016 all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, so that they can communicate effectively. Care plans we reviewed contained some information about how to support people, for example, ensuring they were wearing their glasses or hearing aids. The provider was aware of the accessible information standard which affirmed their commitment to ensure people were provided with information about the service in a format which met their needs. This included for example, providing information to people in large print or pictorial formats.

People told us they felt involved with their care and were aware they had a care plan. One person said, "I have full input into my care plan and it is reviewed every six months with the company and twelve months with Social Services." Care plans were written in a personalised way and included information about what and who was important to the person. We saw that care plans were available for staff guidance surrounding a person's social history, their personal profile, religious and cultural needs. We also saw that people's personal care plans detailed choice, capabilities and dignity. Reviews on the care provided was undertaken to ensure people received care that reflected their current needs. People had received reviews in the past year to make sure their care was still suitable. One person told us, "It [care plan] was reviewed only last week.... I have a copy." These checked whether there had been any changes to people's needs, whether a

change in the service was requested and any further comments. One relative we spoke with told us, "We do dads [care] plan but he does have input and we always include dad in decisions." We saw examples of people's care times being changed in response to their views, and packages were changed in order to meet people's needs. Care staff told us they found the care plans useful. Staff said that communication on changes in the care plan were good and they were informed if they need to do something differently. People told us that regular reviews on their care plans were completed and where appropriate, with their relatives. One person told us, "I've had a meeting to talk about if I'm happy, my daughter came as well."

Some people were supported to engage in a range of activities which reflected their likes and interests. One person told us, "They [the staff] take me out and know what activities I like to go to and where to go like shopping, day centre and the pub on Fridays for a drink."

People told us they would know how to make a complaint if necessary and that they had received information on the procedure to take. One person told us about a complaint they had raised with the service and said, "They [the registered provider] acted very quickly." One relative shared their experience of raising a complaint to the registered provider and said, "[It was] sorted out fairly and quickly by them [registered provider]. There was a complaints folder in place and most were investigated in detail and a response provided to the complainant to their satisfaction. Systems were in place to make sure people's concerns and complaints were listened to and acted upon. We did note that some minor complaints had not consistently been followed up to ensure actions taken had resolved the issues raised. We brought this to the registered managers attention who advised us that they would address this following our inspection.

Although no one was in receipt of end of life care at the time of our inspection, we found that care plans did not include information related to people who wished to continue receiving care at home towards the end of their life. No discussions had taken place between management of the service and people receiving care. The registered manager told us that this is not something they had previously considered, but it was something which they felt could add to the care given and they would look to consider it in due course.

Is the service well-led?

Our findings

At our last inspection in August 2017 we rated the registered provider as 'Requires improvement' in this key question. We identified on-going concerns regarding good governance of the service. The provider had failed to ensure people received consistently good, safe care that was compliant with the legal regulations and was in a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvement and the legal requirements had been met, however some further improvements were needed.

The providers systems and processes to monitor and audit the service required improvement. The provider's audits of care plans, including risk assessments had failed to identify they lacked specific details about some service users' conditions and how staff were to mitigate against associated risks. Some people were at risk of not receiving the support they needed to remain safe because of the lack of consistent guidance in records for staff. We identified some care plans were conflicting. For example, if people had capacity or not to give consent and if people required their food to be mashed or pureed. The management of prescribed (topical) creams required further improvement. There was not enough detail in people's care plans and records to determine who was responsible for managing and administering these prescribed creams. The registered providers PIR stated, 'Each complaint, concern and investigation is handled by the manager and each outcome offers new information.' We found that complaints procedures had improved, however, the system needed further improvement to ensure actions taken for minor complaints and concerns had been followed through to people's satisfaction. Although care staff were observed in their usual work practice in 'spot checks' we found a number of spot checks were overdue.

People and relatives told us that they were happy with how the service was managed. One person told us, "[name of registered manager and office staff] are the managers both quite approachable if needed." Another person said, "Apart from the call timings. If they [the service] could get this right it would be very good." A relative told us, "It seems well led and run and I would also recommend to others." Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was able to tell us their understanding of this regulation and we saw evidence of how they reflected this within their practice.

The registered manager understood their responsibilities in relation to the service and with their registration with CQC. Organisations registered with the Care Quality Commission (CQC) have a legal responsibility to notify us about certain events that have taken place. We received regular updates with notifications and other information which meant there was evidence of transparency. In addition, we saw that the service had on display in the reception area of the office their latest CQC rating where people could see it. The registered manager actively updated their own knowledge by attending networking and best practice events.

People and their relatives told us they had been asked to express their views and experiences on the quality of the service provided for them within their own homes. One person told us, "Yes [I've] had one or two

feedback surveys.... easy to fill in." Another person said, "Yes they do ask [for feedback] and send things [surveys] which I reply to." The registered provider conducted annual satisfaction surveys of people's views to identify areas of improvement to be made within the service. The results of the recent surveys had been analysed and demonstrated people had rated the service as either excellent or very good. It was clear from records the actions, the registered provider had taken as a result of the survey to use the feedback to drive improvements for people. The registered manager told us, "We are talking to people, listening to people and listening to staff."

The culture of the service had improved. Staff told us that that the service was well-led, there was a positive culture and the team worked well together. Staff members spoke positively about the recent management changes and improvement. A staff member told us, "It's a good company to work for, I've never thought about changing." Another member of staff said, "[name of registered manager] is a good manager and treats people fairly." Staff told us they attended staff meetings that gave them the opportunity to put their views forward and helped with communication of information that affected the service. Staff felt confident they could raise any issues with the home manager and these would be addressed.

The registered provider engaged with local stakeholders and worked in partnership with other agencies such as community nurses and doctors to support care provision and development. This helped to ensure they were up to date with changes in legislation and best practice.