

Wealden Community Care Limited

# Wealden community Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Wealden Community Care Limited is a domiciliary care service providing care and support to people living in their own homes. People supported were older adults some of whom lived with dementia and others with specific health needs associated with living with, for example, diabetes, Parkinson's disease and reduced mobility. 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 the inspection the service was supporting 116 people, 114 of whom received personal care.

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

People were protected from harm and people told us they felt safe when being supported by the service. Risks to people had been identified and documented with clear guidelines for staff to follow in the event of an incident. Staff had been recruited safely and there were enough staff available to support people. Some people needed support with their medicines. Medicines were stored safely in people's homes and were administered and recorded by trained staff. Medicine competency checks were regularly carried out by managers. Infection prevention and control measures were in place and staff continued to follow government guidelines following the recent pandemic. Accidents and incidents were recorded and analysed by the registered manager with any learning shared with all staff.

Most new referrals to the service were for people leaving hospital and a thorough pre-assessment process was carried out to ensure the service could meet people's needs. Following induction staff were supported with regular supervision and appraisals and refresher training in all areas. Some people were supported with their nutrition and hydration needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service this practice.

People were treated with respect and dignity and people's privacy was respected. People's cultural and faith differences and needs were considered. People's independence was encouraged safely, in all aspects of the care and support provided.

Care was person-centred and care plans were developed to suit people and their needs, likes and dislikes. The registered manager was aware of accessible information standards and each care plan had a section relating to people's communication needs. People and their loved ones told us they knew how to and were confident in raising issues or complaints. Staff had received end of life training and were able to tell us about the important aspects of care provision at this important time in people's lives.

People, relatives and staff all spoke well of the registered manager and the wider management team. There were clear roles for staff dependent on geographic areas covered and the registered manager oversaw a robust auditing process. Everyone was given opportunities to feedback about the service and feedback was

recorded and where necessary action taken to improve the service. The registered manager had a clear vision of continuous improvement and had established positive working relationships with other health and social care professionals.

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 requires improvement (published 4 March 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We found no evidence during this inspection that people were at risk of harm. Please see the safe, effective, responsive and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wealden Community Care Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Wealden community Care Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was to give enough time for people to be contacted by the service to consent to CQC calling them.

Inspection activity started on 12 January 2023 and ended on 25 January 2023. We visited the location's office on 12, 13 and 25 January 2023.

#### 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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 9 people who used the service and six relatives. We spoke to 11 members of staff including the registered manager, 3 care-co-ordinators, 3 supervisors and 4 care staff. We looked at 12 care plans and associated documents relating to risk management. We looked at multiple medicines records and policies and documents relating to complaints, safeguarding, auditing and quality assurance. We spoke with 3 professionals and looked at 18 staff files.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management. Using medicines safely

At the last inspection the provider had failed to ensure risk assessments were in place for people with complex health needs for example, muscular dystrophy, brain injuries and diabetes. There were no charts to show where topical creams needed applying and there were no signed consent forms for people who self-administered medicines. The provider had also failed to allow enough time for time between care calls. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people had been assessed. Risks were identified during people's pre-assessment with people and their loved ones involved. Other health and social care professionals were consulted when required. People living with complex conditions for example, muscular dystrophy.
- Risk assessments were kept in people's homes and staff were given enough time to read updates and changes to help them support people. Assessments had a section, 'what signs to look for', which listed how people may present when leading up to a health incident and, where appropriate, what triggers to consider. A section called 'remedial action', guided staff with the steps to take in an emergency.
- Everyone had an environmental risk assessment completed at their homes. These included location of gas and electricity supplies, any trip hazards or other obstacles created by furniture positions and covered the location and safe storage of medicines.
- Medicines were stored safely in people's homes. Most were dispensed from blister packs and for people living with dementia these were kept locked away.
- Some people needed support with the daily application of topical creams. Care plans contained body maps clearly indicating where to apply each cream, with space on the people's medication administration records (MAR) to show the date and time of application and the staff member concerned.
- The level of support people needed with medicines varied with some being able to self-administer and others having the support of their families. Care plans kept in people's homes clearly showed the level of support needed with an appropriate risk assessments where needed. A person told us, "I take my own tablets but the carers always ask me if I have taken them which is good of them. I have never forgotten yet but one day I might."
- We saw records that confirmed that all staff had received medicines training. Staff confirmed with us that

this formed part of their initial training and that competencies were regularly updated and checked. The registered manager carried out 'spot checks', unannounced visits to supervise staff administering medicines. These were recorded and any concerns resulted in staff having to re-train.

- There had been some medicine errors recorded. These were all minor and involved missing signatures or incorrect dates or times recorded. These had been investigated by the management team during monthly medicine audits, with re-training given to staff if required.
- A separate protocol was in place for people requiring PRN, 'as and when required' medicines, for example, pain relief. Staff were aware of the protocols and how to record any PRN medicines administered.

## Staffing and recruitment

At the last inspection the provider had failed to ensure recruitment checks had been fully completed. Some staff files had no references to provide evidence of previous satisfactory conduct and no further checks had been made by managers to establish evidence of previous staff character. This was a continued 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.

- Staff had been recruited safely. We looked at multiple staff files and each contained documentation that confirmed that recruitment checks had been completed. For example, files contained references, interview notes, employment histories, and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff rotas confirmed that the service employed enough staff to cover all care calls safely. Staff were split into teams that covered three geographical areas and each team had senior carers and field and area coordinators. Contingencies were in place for staff to move between areas to cover leave and staff sickness.
- Several staff had worked for the service for more than 20 years. The registered manager told us the service maintained a steady, continuous recruitment of new staff to ensure there were enough or slightly over the number of staff needed. Managers attended recruitment fairs and used social media job pages as well as potential staff being referred to the service by word of mouth.

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

- People were safe and were protected from the risk of abuse. People and their loved ones told us they were safe. People told us it was comforting and reassuring to know carers were visiting each day. A relative told us, "We have only been using the care company for about a month but already life is easier. I have regular calls from the office to check all is ok."
- Staff had received safeguarding training including regular refreshers and were able to tell us the steps they would take if they had concerns about a person. Comments from staff included, "I'd report issues to the relevant person and keep a record" and "I'd report to my manager but if getting nowhere would call CQC." A manager told us, "Staff do report issues if concerned. I do not know anyone who would be uncomfortable and they can approach a range of managers."
- The registered manager had established positive links with the local authority and discussed concerns and seek advice if needed. Safeguarding concerns had been reported appropriately to the CQC.
- Staff were aware of the service whistleblowing policy which enabled staff to raise concerns anonymously. Staff told us they were confident to use this process if needed.



### Preventing and controlling infection

- The registered manager had ensured staff had complied with the government guidelines throughout the recent COVID-19 pandemic relating to the use of personal protective equipment (PPE). Staff had received training in infection prevention and control and the donning and doffing of PPE. The registered manager carried out regular spot checks on staff and this always included ensuring they were wearing the correct PPE.
- People confirmed that staff wore PPE all of the time when visiting and that they changed aprons and gloves between tasks and disposed of used PPE appropriately. Some people told us they wished it was no longer necessary but did understand why staff still had to wear masks. Staff told us they sometimes lowered masks when talking with people to help communication but that safety was never compromised.

### Learning lessons when things go wrong

- Accidents and incidents had been reported and recorded. Original copies of documents were kept at the main office with copies being added to care plans and details kept in files within people's homes for staff reference. Forms contained detail of the staff member reporting, initial action taken and outcomes.
- There had not been many reports made but they were subject to monthly reviews by the registered manager. Themes and trends would be looked for and if there was any learning from incidents then this was shared with all staff using an 'opportunity to learn' form. These were shared with the staff member concerned and shared more widely with staff if learning were identified.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection the provider had failed to ensure that staff had received the training necessary to support people with complex health needs, for example, muscular dystrophy and people living with brain injuries. For training that had been completed there was no evidence of any refresher training being provided. Records of staff supervision meetings and spot checks were inconsistent and some staff were unaware of the service whistleblowing policy. 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.

- A comprehensive induction was provided for all new staff. This involved a minimum of 2 days of classroom work and beginning the Skills for Care booklet. Skills for Care is a recognised induction program for staff new to adult social care. New staff then shadowed more experienced staff for as many shifts as needed until they felt comfortable and confident to work alone.
- Staff completed training in all areas needed to enable them to support people safely. We saw training records that confirmed this and saw details of regular refresher training. A staff member said, "It feels like it's constant with refreshers. We do get a choice as well if there is a subject that interests us."
- The managers regularly carried out spot checks on staff. A staff member told us, "It's very regular. They focussed a lot on PPE during the pandemic."
- Ongoing support was provided to staff through 6 weekly supervision meetings and annual appraisals. Most staff told us that these meetings were regular and provided an opportunity for them to raise issues as well as review their performance.

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

- Pre-assessments of people's care and support were carried out by the registered manager or by one of the other senior managers. Most referrals to the service came following a hospital visit and as well as the paperwork received, other professionals for example, doctors, physiotherapists and social workers were consulted. The person and where appropriate their loved ones, were at the centre of the assessment.
- A comprehensive checklist was used by managers to ensure all health and social care needs were assessed. Managers would then ensure that staff had the correct skills, training and experience to be able to support people safely.

- The pre-assessment checklist formed the basis of each care plan from which any risk factors were considered relevant to people. Staff were given time to familiarise themselves with care plans and to meet new people before starting care calls. A member of staff told us, "I have time at the start of every care call to look through the notes to make sure there have not been any important changes."
- The registered manager told us that people were contacted and reviewed after two weeks giving people and their loved ones an opportunity to confirm the calls were meeting their needs and to suggest any changes if needed. Care plans were then reviewed after 3, 6 and 12 months, dependent on any emerging risks or changes to people's needs.

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

- Most people were able to make food and drink for themselves or had the support of relatives or loved ones. Some however did require support, details of which were recorded within care plans.
- Some people lived with diabetes or had other health conditions that affected their nutrition and hydration. For some people staff monitored weight to make sure people were not losing or gaining weight too quickly. Some people were very frail when returning home from hospital and part of their care plan involved ensuring they received regular food and drink. These details were recorded in people's daily notes and we saw that advice had been sought from people's GP's and the SaLT team when needed.
- Staff knew about the risks associated with diabetes and had received training in how to support people. Staff were able to tell us the signs that people may display when experiencing periods of high or low blood pressure. They told us the correct actions they would take in these circumstances.

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

- Most people were either supported by relatives to make health and social care appointments or were able to make them for themselves. People and staff both told us that support would be provided if needed. A member of staff said, "We help them make appointments if they need help. I've called their GP a few times."
- Staff worked well with other professionals. A person told us, "I only have one call a week and sometimes I need to cancel this if the district nurse is coming. They all liaise well and I usually get a call the next day to check all is ok. I think that is going above and beyond as technically they only need to come the following week."
- The registered manager and the management team had developed a positive working relationship with other health and social care professionals. A professional told us, "The service works well with us and is constantly making improvements to the way they work."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- All care plans made reference to mental capacity but only people who lacked capacity to make certain decisions contained assessments. Assessments were decision specific for example, consenting to personal care, taking medicines and making food and drink.
- Most people could make their own decisions or were supported by relatives. Staff knew people well and knew the importance of gaining consent from people. Comments from staff included, "Always ask, maybe explain with relatives, if any doubt about understanding back off, maybe call GP," "I build relationships with people, build trust and do what is best for them" and "It depends on the person involved, sometimes I use different words to explain and that helps with understanding."

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with respect and people's preferences were taken into consideration and actioned. We were told that people received the same small group of carers and were always told in advance if a new member of staff had started work. Some people had requested either male or female carers and this was always respected. A person told us, "I have a really good relationship with my carers, nothing is trouble to any of them."
- Relatives told us that they were confident that their loved ones were supported well, with staff being caring, attentive and nothing being too much trouble. Comments from relatives included, "As a family member you want to have peace of mind that they are looked after properly and with Wealden I know that my father is certainly receiving the best care possible" and "I am extremely happy with the care company. The staff are efficient, nothing seems to be a trouble for them."
- Care plans recorded details of people's social, cultural and health backgrounds. This provided a holistic picture of people and gave staff an insight into people's preferences, likes, dislikes and if they had any cultural or faith needs. A staff member told us, "You build a relationship with people developing trust and best practice for them."

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

- People were given daily choices about the care and support they received. Staff told us they always provided choice and options for example whether they wanted to shower, bathe or just wash, what clothes to wear each day and what food and drink they wanted. We looked at daily care notes and these options and choices were recorded.
- People's care provision was regularly reviewed. There were monthly reviews of care plans overseen by the registered manager but staff would highlight and report any changes that might be needed to people's support on a more frequent basis if needed.
- People and relatives told us they were involved in reviews of care plans and decisions relating to any changes in support provided. A relative said, "I've met all of the carers and they are extremely nice. I have also had regular phone calls and reviews for the office to check all is ok." Similarly, professionals were consulted when necessary. A professional told us, "The care agency were proactive in supporting the client and accessing our service. They arranged a regular care to be present to reassure the client."

Respecting and promoting people's privacy, dignity and independence

- People told us the carers treated them with respect and dignity and that their privacy was respected. Staff told us that they had enough time at each call and enough travel time in-between calls. If a call over ran there were contingencies in place to ensure people were told and other staff deployed to help. A person told us, "I fell one and the care stayed with me for 4 hours till the ambulance arrived. They sat with me all of the time to reassure me."
- All staff had received training in mental capacity and the various forms of dementia. They understood the importance of taking their time with people and explaining carefully why they were there and that they wanted to support them.
- Personal information was kept secure either on password protected computer programmes or with paper files, kept in locked cabinets within a locked office.
- People were encouraged to be as independent as possible. Most people began their support package following a stay in hospital and staff were aware of people's rehabilitation needs and encouraged people to do as many tasks for themselves without compromising their safety. A staff member said, "I encourage independence when safe and explain to them if not. We work a lot with family members who can tell us what they can do." Care plans clearly documented what people could achieve themselves and what tasks they needed support with.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's needs were met through good organisation and delivery.

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

At the last inspection the provider had failed to ensure that care plans were person-centred. Care plans contained generic information about some health conditions which were not specific to the person concerned. There were some inaccuracies in care plans relating to specific health conditions that had not been recorded correctly. The provider had also failed to ensure people received their care calls within an agreed time period and were not always told when care calls were running late. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care plans were person-centred. People living with health conditions such as diabetes, Parkinson's disease and dementia, did have generic fact sheets of information with details about the different conditions. However, there were also specific details about how those conditions affected and presented in people. For example, a person living with Parkinson's disease would sometimes experience a type of fit associated with the illness. There was guidance in place for staff and the steps they should take depending on when the fits occurred.
- We looked at 12 care plans and associated risk assessments and there were clear and specific links between the documents and the people concerned with up to date information, evidence of reviews and no inaccuracies. Staff had time at the start of their visits to people to read any highlights or important changes to people's care plans.
- People and their relatives told us that they received their care calls within agreed time frames and that calls were seldom late. Comments from people included, "I have a rota with the times the carers are coming which works well for me" and "My carers come at the same time each day, I can't ever remember them being late for calls." A relative added, "I can't get to visit my mother all the time. I know that someone is going in to her home 3 times a day at about the same time."
- Policies were in place in the event of staff being delayed and calls over running. Staff knew about the policies and worked well with managers to make sure calls were still covered. A staff member told us, "We do have the right amount to time at calls but some people naturally work quicker than others and sometimes we do get held up. We just call the office or the 'out of hours' number and the calls are re-allocated. We also call the next person to let them know."

## Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of their responsibilities under the Accessible Information Standard (AIS) and a policy was in place. No one using the service at the time of the inspection had specific communication needs that required specialist tools or support. The registered manager told us that they have used communication aids for example, picture cards and writing tools in the past and that these were available if needed again.
- Some people lived with dementia and others had sensory support needs. Staff told us how they spent time with people living with dementia explaining carefully the tasks they needed to carry out and making sure people fully understood before beginning any support. Similarly, people who lived with poor hearing required staff to spend more time with them. Staff told us how they sometimes lowered their masks, from a safe distance, momentarily to help people understand what they were saying to them.
- Care plans had a section relating to AIS and considerations relating to communication formed part of people's pre-assessment.

## Improving care quality in response to complaints or concerns

- The service had a complaints policy that was accessible to people and their relatives. People told us they were confident to raise complaints or concerns to staff and to the managers and they knew that issues would be dealt with in a timely way. A person told us, "Yes I know how to make a complaint but I can't imagine having to make one as they are all so good."
- A log of complaints raised was kept which had the date, time, people concerned and the issue itself recorded. Each entry had an outcome section and the log was overseen and audited by the registered manager. Most complaints were minor and were quickly resolved. A few were more complicated and we saw details of communications between the registered manager and the people concerned which had been made within the time limits imposed by the service policy.
- Overall the number of complaints made about the service was small. No trends or patterns had been identified through the auditing process that resulted in changes to service practice however this was considered as part of the managers audit.

## End of life care and support

- The service was supporting people living towards the end of their lives and staff had received training in end of life care. Staff were able to tell us some of the important aspects of looking after people at this important time of their lives. Comments from staff included, "Important to keep clean and comfortable and make sure meds are given" and "Liaise with family, friends and GP if needed."
- Care plans had a section for future planning of care. If Lasting Power of Attorney or Respect forms were in place they were referred to in this section. End of life considerations were highlighted in care plans but not everyone was prepared to discuss this issue.



# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant the service was consistently managed and well-led.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At the last inspection the provider had failed to embed systems for improving quality monitoring and governance of the service. Systems were either not in place or not robust enough to assess and monitor the quality and safety of the service. This placed people at risk of harm. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection risk assessments were missing and care plans were not person centred. This inspection found risk assessments were in place for people that were relevant to their health and social care needs. Staff were aware of specific risks to people and were able to tell us the steps they would take if risks were presented. Care plans were person-centred and people and their relatives told us they were involved in care planning and reviews.
- At the last inspection staff supervisions and spot checks had not always been completed and auditing processes were not robust. This inspection found Staff had regular supervision meetings and staff told us the meetings provided an opportunity to feedback about the service and that they felt listened to by managers. Spot checks were carried out regularly by the registered manager and the supervisors.
- Auditing processes were now in place and were overseen by the registered manager. Care plans were audited monthly to make sure all information was up to date and correct. For example, people's mental capacity was reviewed with any changes being documented. Similarly, people's mobility and nutrition was reviewed.
- Since the last inspection a process for alerting people if their care staff were running late had been developed. . Phone calls would be made to people as soon as delays were known about and contingencies were in place to deploy other staff to cover calls. People and their relatives told us that the communication with staff and the main office was good.
- Systems were in place to capture feedback from people and their relatives. People spoke well of the registered manager. People told us they had regular contact through visits or telephone calls and this had

increased during the recent pandemic. A person told us, "Yes I get a call regularly to check I'm ok from the managers. I like that, it makes me feel the company care about me as a person."

- Staff told us of a positive culture that existed at the service with the registered manager being approachable and available to support them when needed. Comments from staff included, "They are serious about their job, they care for everyone," "100% approachable and available" and "Very supportive. I rarely have to call in but when I do they always answer, could not ask for a better boss."
- The service covered a wide geographical area which was split into sections, each having its own dedicated staff team with supervisors and care co-ordinators. This meant staff got to know people in their geographical area well which in turn improved the care provided.
- Care plans were recorded and updated on paper but computer systems were used for some aspects of the service for example, training and staff records. All aspects of the service were audited and if any issues or gaps were identified these were immediately addressed by the registered manager. For example, a recent audit had highlighted updates were needed for some environmental risk assessments.
- Business continuity and contingency plans were in place. The registered manager had made significant improvements to the service since the last inspection and told us that they had plans for further improvements to the quality of care provided.
- During the recent pandemic the registered manager had followed government guidelines and kept up to date with bulletins circulated by the local authority, CQC and the UK Health Security Agency. Key messages were shared with all staff.
- At the last inspection people and staff had not been asked their views. This inspection found people and staff were regularly asked for their views about the service. This took the form of conversations with staff, telephone calls and visits from the managers and regular written questionnaires. A person said, "I sit with the manager and fill in questionnaires about my care and anything that could be improved." A relative added, "I have regular phone calls from the office to make sure everything is ok."
- Staff had opportunities to provide feedback through supervision and appraisal meetings and through regular team meetings. We saw minutes from these meetings which recorded any action points raised if needed. Staff told us team meetings were an environment where they felt confident to raise issues or concerns if needed.
- People's equality characteristics were acknowledged and recorded in care plans. People with cultural or faith needs for example, had reference to these in their plans and any adjustments to care calls were made if needed for example, relating to diet or religious observance.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At the last inspection the provider had failed to display the most recent CQC inspection ratings on their website. This was a breach of regulation 20A (Requirements as to the display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 20A.

- The most recent CQC inspection report was accessible from the service website homepage.
- The registered manager was aware of their responsibilities under the duty of candour and were open and honest with us throughout the inspection. Registered managers have a legal obligation to report significant events to the local authority and CQC. This obligation had been met.

### Working in partnership with others

- The registered manager had developed positive working relationships with other health and social care professionals. Contact had been recorded and referrals made for example to speech and language therapists, occupational therapists and social workers. Regular contact had also been maintained with GP's and community nurses where additional support had been required.
- Professionals told us of good communications with the registered manager which resulted in good outcomes and good support for people. A professional told us, "My impression from the interaction I've had is that the managers know people well and care about their well-being. They had identified risks to the client's health and was taking steps to help them access services they required, taking into account their individual needs."