Three Sisters Care Ltd

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Inspection report

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16 August 2022
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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

About the service
Three Sisters Care Ltd is a domiciliary care service providing personal care to people living in their own homes. 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 120 people were receiving personal care.

People's experience of using this service and what we found
People were provided with care and support from staff who were kind, respectful and caring.

Systems were in place to promote people's safety and minimise any identified risks. However, the provider did not make sure that appropriate measures were in place at a time when staff needed to test themselves twice weekly for COVID-19.

People were supported by safely recruited staff who received training and guidance for their roles and responsibilities. Staff received supervision from their line managers and the provider was working towards ensuring staff received sufficient supervision.

The service was not consistently well-managed. Although people were asked for their views about the quality of their care and support and found the office team helpful when they had enquiries, people did not receive sufficient visits to their homes to check how staff supported them. The provider's own quality monitoring systems did not always identify the shortfalls we found.

Staff received safeguarding training and knew how to protect people from the risk of abuse, harm and neglect. People received safe support when taking their medicines.

People were supported to meet their nutritional and hydration needs where this formed part of their agreed care plan.

Staff were aware of people's rights under the Mental Capacity Act 2005 and supported people to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and/or who are autistic.

People and/or their relatives where applicable were supported to take part in the planning and reviewing of their care and support, if they wished to. Care and support plans showed that people were consulted about their needs, wishes and aspirations.

People knew how to make a complaint and were confident the manager would act professionally and swiftly to investigate and resolve their concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was requires improvement (published 7 July 2021). There were no requirements or recommendations following the last inspection. The provider completed an action plan after the last inspection to show what they would do and by when to improve their rating. This service remains rated requires improvement. This service has been rated requires improvement for the last eight consecutive inspections. However, two of these inspections were targeted to check on whether the service had met breaches of regulation and did not permit for the rating to be changed.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed. We have identified a breach in relation to how the provider audits and monitors the quality and safety of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow-up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 not always safe. Details are in our safe findings below.	**Requires Improvement**
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 not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Three Sisters Care Ltd

Detailed findings

Background to this 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
This inspection was carried out by two 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 service.

Service and service type
This 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 not a registered manager in post. The manager of the service was present throughout the inspection and had applied to the Commission for registration. The provider has subsequently informed us the manager has resigned and they are recruiting for a new manager.

Notice of inspection
We gave the service 2 days' notice of the inspection. This was because we needed to be sure that the manager or another senior staff member would be in the office to support the inspection. Inspection activity commenced on 16 August 2022 with a visit to the office location and concluded on 26 September 2022.

What we did before the inspection
We reviewed the information we held about the service, for example any statutory notifications the provider is required by legislation to send to us and the last inspection report. The provider was not asked to

complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with the manager, 6 care workers including senior care workers, a care coordinator, the office manager, an administrator, the deputy manager, the operations auditor and the chief executive officer. We also spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider and met a group of 18 care staff attending their monthly team meeting.

We reviewed a variety of records, which included the care records for 12 people using the service. We checked 8 staff files in relation to recruitment, training, supervision and appraisal. A range of records were reviewed relating to the management of the service including 'spot check' visits reports, the complaints log and policies and procedures.

We continued to seek clarification from the provider to validate evidence found. We contacted 13 people and their relatives and spoke by telephone with 4 people and 4 relatives. We contacted 2 health and social care professionals with knowledge and experience of the service for their views.

Requires Improvement

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. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- The provider did not always operate correct infection prevention and control (IPC) practices to support people, relatives where applicable and the staff team to keep safe and reduce any risk of COVID-19. At the time of the inspection site visits government guidance for social care workers required them to undertake twice weekly COVID testing to prevent the spread of infection, which was not being properly monitored by the provider to ensure the full participation of all staff. Therefore, the provider could not be assured employees were effectively protecting people from the risk of COVID-19 due to the absence of a robustly organised testing programme.
- The provider implemented urgent action during the inspection visit to attend to this concern. Staff who were not compliant with the testing programme were immediately advised of the need to begin twice weekly COVID-19 testing without delay and report their results to the office. After the inspection site visits we received confirmation from the provider to show staff testing was now taking place in line with the government guidelines. Regular asymptomatic testing for COVID-19 in England was paused by the government from 31 August 2022.
- People who used the service and their relatives told us they felt confident staff worked in a hygienic way although some staff were stated to need reminding at times to consistently use their personal protective equipment (PPE), for example disposable gloves, aprons, masks and anti-bacterial hand gel. A person who used the service told us that most staff applied their PPE and other staff put it on after being reminded.
- Following the receipt of the draft inspection report, the provider informed us that they were always encouraging self-testing in line with government guidance.

Staff informed us they felt appropriately trained and supported by the provider to meet their IPC responsibilities and they were kept supplied with plentiful amounts of PPE. A relative commented "Yes they have everything, shoe covers and all."
Following the receipt of the draft inspection report, the provider informed us that they were always encouraging self-testing in line with government guidance.'

Systems and processes to safeguard people from the risk of abuse

- Appropriate policies and practices were in place to protect people from the risk of abuse, harm and neglect. Staff attended safeguarding training and described to us how they recognised various types of abuse. Staff told us they contacted the office supervisory and management team if they had any concerns and felt assured they were listened to.

●People who used the service and their representatives told us they felt safe as the care staff were caring and responsible. One person told us "100% (safe). I went through two agencies before Three Sisters…and immediately took a shine to them, they have done everything I have ever asked of them and more." Other comments included, "Yes, they are very good, I must say that", "Yes, they seem brilliant. [Family member] has dementia and they understand [him/her]" and "[Family member] says they are very, very happy with their carers."
●The manager and chief executive officer demonstrated a clear understanding of their responsibilities in relation to protecting people who used the service, for example promptly informing the local authority and other relevant organisations of any safeguarding concerns. Staff were provided with written guidance about how to whistle blow and confirmed to us their understanding of the provider's whistle blowing policy. Whistleblowing is the act of disclosing information about wrongdoing in the workplace, for example reporting on fraud and the risks to the health and safety of individuals.

Assessing risk, safety monitoring and management
●Systems were in place to identify risks to people's safety and take actions to reduce these risks. Care and support plans' provided information and instructions to support staff to deliver safer care. This included risk management guidance for staff to mitigate the risks for people in relation to pressure area damage, malnutrition and dehydration, falls and potential complications relating to indwelling urinary catheters. These risk assessments were regularly reviewed and updated as required.
●Risk assessments were carried out to highlight and address environmental risks within people's homes. This included risks to people using the service, other individuals who live in the household and staff due to fire hazards, hoarding and loose cables, unsecured rugs and obstacles that could cause trips and slips.

Staffing and recruitment
●The provider had established appropriate practices to make sure enough suitable staff were employed to safely meet people's needs. Recruitment records demonstrated the provider obtained a minimum of two acceptable references which were checked for authenticity, proof of identity, entitlement to work in the UK and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
●People who used the service and their relatives told us care staff were ordinarily reliable and usually arrived within their expected timescales. Comments from people and relatives included, "Spot on, they have a log-in system. They are never late" and "Yes, the majority (of visits are on time) but they call and let me know [care worker] is running late. There have been no missed calls." We received comments from two people who experienced problems with the time keeping of their care workers.
Our analysis of a sample of the provider's electronic call monitoring system (ECM) did not identify specific concerns with the provider's scheduling methods for the planning and implementation of care staff rotas.
●The chief executive officer informed us the service was exploring different ways to address the current challenges for recruiting new staff into the health and social care sector. This included recruiting staff from abroad with applicable knowledge and experience via a Home Office scheme for organisations to employ graduates, skilled workers and students working towards qualifications. We spoke with a member of staff employed through this route with an overseas professional health care qualification who found their prior background useful in their current role as a senior care worker.

Using medicines safely
●People were provided with safe support to take their prescribed medicines. Care staff received medicine training and their competency was observed and assessed by their line managers. People and their relatives commented that they were pleased with how the service supported them with taking their medicines. One

relative said, "It comes in a blister pack weekly and [staff] are very good. Honestly, I can't fault them, I am so pleased."

●A designated medicine lead closely audited medicine administration records to make sure people received their medicines in line with the prescribers' instructions and the provider's own policy and procedure. Staff confirmed they could quickly access advice from their line managers if they were unclear about how to support people, for example if a person returned from a clinical appointment with new eye drops or topically applied lotions' they were unfamiliar with.

Learning lessons when things go wrong

●The provider recorded and analysed any incidents and accidents to identify where lessons could be learnt to improve people's care and support, prevent the recurrence of similar events and implement essential changes to their policies and procedures. For example, we saw how the provider supported staff to develop their knowledge and understanding of how to support people with urinary catheters following a safeguarding concern which identified improvements were needed in this area.

●Staff were familiar with the provider's procedures for safely responding to and reporting any accidents and incidents which took place either when they were supporting people or prior to their arrival at a person's home.

Good

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. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were provided with a training programme and wider group forums to support them to meet people's needs. However, we found appraisals were out of date and there were some gaps in the regularity o staff supervision sessions.
- The minutes for some staff supervision sessions did not always demonstrate that action points from the previous meeting were followed through. This meant staff did not always have opportunities to review and discuss their work and their learning and development needs with their supervisors.
- The provider demonstrated during the inspection they were taking action to address this shortfall. Their proposed actions included the implementation of supervision schedules to ensure staff received their required supervision, which the managerial and supervisory team aimed to deliver three times a year for each care staff member. Staff would also receive a direct observation of their practice, a medicine competency observation and an annual appraisal.
- Staff received induction and mandatory training. This included specific training for staff who worked with people with a learning disability and autistic people. Newly appointed staff were enrolled on the Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff told us they were happy with the standard of training. One care worker said, "I have worked for other agencies and felt Three Sisters are serious about providing us with proper training."
- People and their relatives mainly spoke positively about the competency of their care workers. One relative described the care staff as, "Experienced, they know what they are doing, they use a hoist, always two people" and another relative said they were usually satisfied with the delivery of care but observed occasional mistakes by new staff. We received varying comments in relation to how staff communicated with people and their fluency in speaking English.

We recommend the provider considers current good practice guidance about the level of supervision and support for home care workers.

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

- Systems were in place to assess people's needs, wishes and preferences to enable the provider to develop care and support plans tailored to individuals. Assessments were comprehensive and considered people's personal and home circumstances as well as their health and social care needs. For example, if they needed care and support from staff who spoke their language.

●People's assessments were reviewed when required and updated to reflect any relevant changes. The manager showed us evidence of when they had contacted social services because members of the care team reported that people's needs had altered, and they would benefit from a re-assessment by social care and other professionals.

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

●People were assisted by staff to meet their nutritional and hydration needs where this formed part of their agreed care package. Care and support plans showed that care staff were given appropriate guidance and information to meet people's dietary needs and choices, including instructions from dietitians and speech and language therapists where applicable. For example, clear guidelines were in place for staff if people were at risk of choking and required a specific diet such as soft foods only.

●People and relatives told us they were pleased with how staff met their eating and drinking needs. Comments included, "Yes, they make a smoothie with different fruits. [He/she] has to have everything blended" and "I have told them to give [family member] water, they do leave a drink for [him/her] when they leave."

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

●Where necessary people received support from care staff to access health care services and other support. Care staff told us they informed their line managers if they observed any concerns in relation to people's health and wellbeing, or if a person told them they needed practical assistance to contact their GP or another health care professional such as a district nurse. The manager confirmed they regularly contacted local health care services to escalate any concerns brought to their attention.

●Care and support plans contained relevant information about people's health care needs to enable staff to attain a straight forward understanding of these needs and how they impacted on people's daily lives. For example, if people needed to be positioned in a distinct way in their bed or chair due to respiratory problems or their susceptibility to developing pressure ulcers.

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.

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

●The provider was working within the principles of the MCA. People were encouraged to make choices about how their care and support was planned and delivered wherever possible. The manager and chief executive officer understood when it was necessary for capacity assessments to be undertaken and how to ensure people's care and support was delivered in their best interests if they lacked capacity. Systems were in place to assess and record this information.

●Staff had received MCA training and told us how they always asked people for their permission before providing personal care and empowered people to make choices. Staff told us they would contact the manager if they thought a person was no longer able to consent to their care, so that the person's mental

capacity could be assessed.

●People told us they were supported by care staff in a manner that promoted their rights. Comments included, "They always say 'We are going to wash you' they are very patient" and "They are very polite. Yes, they do ask [family member] if [he/she] wants supper, is [he/she] ready for bed, would [he/she] like a drink."

Good

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 good. The rating for this key question has remained 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 supported by staff who treated them in a caring and kind manner. Comments from people using the service and their relatives included, "They are friendly and you can talk to them, nothing is a problem" and "No complaints, they are very professional and [my family member] gets on with [care worker] well."
- Staff received training about the importance of supporting people as individuals and the necessity to meet their needs in accordance with equality legislation, for example considering people's age, race, gender, disability and religion. For example, care and support plans included information for staff about people's specific needs and wishes such as whether they needed support to put on specific clothing items in accordance with their culture and beliefs or liked their food and beverages to be prepared in a traditional way that reflected their heritage.

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

- The provider's care planning and reviewing process gave people and their chosen representatives opportunities to participate in the planning and delivery of their care and support. For example, people were asked if they wanted to be supported by a care worker of their own gender and their wishes were adhered to.
- Care and support plans stipulated people's own choices and preferences about how they should be supported by care staff wherever possible, for example whether they had a daily wash or a shower.
- People and their supporters were given information by the provider about local advocacy services they could access for assistance with making a complaint about agency or other services. Advocacy organisations can support people to understand their rights, express their views and concerns and take control of their lives.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and entitlement to confidentiality was respected by staff. People and relatives told us they were supported by staff in a respectful manner. Comments included, "I like to get people's names right. They call me [correct name] or sir" and "They encourage [family member] to do things [he/she] can do"
- Care and support plans provided information for care staff about how people needed to be supported and whether there were elements of their personal care which they could carry out on their own or with prompting and encouragement. This promoted people's independence and self-esteem.
- Staff understood how to protect people's privacy and dignity, for example by making sure bathroom or

bedroom doors were shut and curtains pulled when supporting people with their personal care.

Good

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; Supporting people to develop and maintain relationships to avoid social isolation

●People's care and support was planned in a personalised way that considered their needs and wishes. Information was provided for care staff about people's chosen routines and preferences to enable them to work in a person-centred way. These plans were kept under review and updated as required.

●People and their relatives were happy with the standard of care and support they received. Comments included, "I was reading care plan today, I was quite impressed, it's accurate", "Just knowing they are there is terrific, I am happy" and "[Family member] is not rushed because they are used to dealing with dementia."

●People were supported by staff to access community facilities and pursue their social interests, hobbies and personal development, where this formed part of their agreed care package. People were asked by the provider if they wished to give information about their backgrounds, family composition and pastimes as part of their individual assessment and their choice to decline was respected. Where this information was gathered it enabled staff to engage people in meaningful conversations during their visits and support them to pursue interests, for example arrange for their chosen books, audiotapes or newspaper to be positioned close by if people's mobility was restricted.

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 provider had measures in place to meet people's AIS needs. People's communication needs were assessed as part of their initial assessment and reviewed as required. Care and support plans informed care staff how to meet people's individual needs, for example if a person required assistance to check their hearing aid was switched on and correctly attached.

●The manager confirmed that important documents such as the Service User Guide and people's individual care and support plans could be created in different styles to address their needs, for example large print or audio.

Improving care quality in response to complaints or concerns

●People and their chosen representatives were encouraged by the provider to raise any concerns and complaints and were offered an open and constructive response to any issues brought to their attention. They were given written guidance from the provider about how to make a complaint, which explained how complaints were managed and outlined the role of the Care Quality Commission and the Ombudsman. The

Local Government and Social Care Ombudsman resolves complaints about adult social care and councils in England.

●People and their relatives told us they believed the provider would respond to complaints in a professional way. Comments included, "I would just mail them, no problem" and "No complaint, nothing to complain about yet and I hope I never do." One person did tell us they had problems with the service and was considering making a complaint.

●Complaints were responded to within the agreed timescales. The manager and chief executive officer told us they took complaints seriously and we noted how the provider's investigations carefully considered whether lessons could be learnt, and improvements made to the quality of care and support. For example, we noted where individual members of staff were booked into refresher training as part of the agency's response to a complaint.

End of life care and support

●Practices were in place to support people at the end of their life, working in partnership with local health and social care professionals such as GPs, community nurses and palliative care teams. At the time of the inspection the manager and chief executive officer were steering the service towards achieving the Gold Standards Framework accreditation, which provides frontline staff with the knowledge and skills to respond to the care and support needs of people receiving end of life care.

●Where applicable, people's care and support plans identified if they were not for resuscitation as a copy of the 'Do Not Attempt Cardio-Pulmonary Resuscitation' (DNACPR) form was kept in their agency file at home. This provided care workers and health care professionals with accurate information to appropriately respond in order to protected people from any unnecessary actions.

Requires Improvement

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 inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Although the provider operated quality assurance systems to monitor and audit the standard of people's care and support, we found their practices were not always sufficiently rigorous. For example, we found some gaps in the regularity of 'spot check' visits to people's homes, designed to observe whether care staff properly supported them. There were also gaps in the regularity of one to one supervision sessions for care staff from their line managers, which meant staff were not receiving the level of guidance and support they needed to effectively perform their roles and responsibilities.
- Audits by the provider of its own policies and procedures were not thorough enough to identify the shortfalls we found on this inspection. For example, the provider had not updated their IPC practices in accordance with the government guidance at the time of the inspection site visits and did not ensure staff carried out twice weekly COVID-19 testing.

The provider failed to operate a robust system of governance to comprehensively monitor the quality and safety of the service. This constituted a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- However, we found some quality monitoring practices were conducted in a detailed manner and the provider was able to demonstrate through their own analysis tools how the information gathered was used to improve the quality and safety of people's care and support. For example, a sample of completed medicine administration charts (MARs) were methodically checked each month. This enabled the provider to determine if people had correctly received their medicines and pinpoint in certain circumstances why an error might be indicated although the person had been assisted with their medicine.
- At the time of the inspection visit there was a manager at the service who was applying to CQC for registration. The chief executive officer has since informed us the manager has resigned and the provider is actively recruiting for a new manager. The day to day management of the service is being carried out by the chief executive officer and the deputy manager, supported by a team of office based senior staff. The chief executive officer has over 30 years senior management in the domiciliary care sector, is a qualified nurse and has had overall operational responsibility for the service.'
- Following the receipt of the draft inspection report the provider has informed us a new manager has been appointed.

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 notified the CQC of significant events, in line with the law. They understood the importance of working in an honest and open way, in accordance with their duty of candour.

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

●People and their relatives told us they thought the service was usually well managed and operated in a way that promoted their wishes to stay at home with personalised care and support. Comments included, "At the moment it's very good, but who knows?", "I have spoken to one of the managers, yes they do listen" and "I would recommend them."

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

●Systems were in place to seek the views of people and their chosen representatives about the quality of their care and support. The provider's own analysis from the most recent questionnaires for people and their relatives showed positive levels of satisfaction with the quality of the service.

●The provider supported some care staff to develop their skills in writing English for their entries in people's daily records, where English was not their first language. A member of the management team with a teaching qualification mentored a small group of staff to improve their skills and confidence in this area. We saw how staff made clear improvements with writing information about how they supported people and their observations about people's wellbeing and safety as a result of this workplace support.

●Staff told us they felt valued and appreciated by their line managers. The provider awarded monthly certificates and gifts to staff for different achievements, which included recognition of staff who had made improvements with how they completed care and support plan documents. The provider also arranged social get togethers in the office for staff to celebrate key events in the local community such as Eid and Christmas, which enabled staff to build bonds with their colleagues.

Continuous learning and improving care

●Staff were supported to increase and update their knowledge through attending the provider's monthly meetings which were hosted at a private and spacious conference area at the local library. We observed one of these meetings during the inspection site visit and noted that the agenda was focused on how people's care and support could be improved. Staff were consulted and asked for their contributions to discussions.

Working in partnership with others

●The provider attended meetings with the local authority and other organisations in the community interested in improving services in the social care sector. The chief executive officer was a representative within a group that communicated the views and experiences of providers to the office of the Mayor of London. This offered the provider opportunities to keep up to date with important issues and developments that impacted on the delivery of domiciliary care services, such as London wide problems with care staff recruitment and retention.

●Staff told us they regularly liaised with local health and social care professionals such as district nurses and occupational therapists (OTs). One care worker told us they had previously worked in a reablement and rehabilitation community service and used their prior experience to identify and report to their line manager if a person might benefit from an assessment by an OT, physiotherapist or falls clinic.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person must ensure effective systems are operated to assess, monitor and improve the quality of people's care and support 17(1)(2)(a)