

Agincare UK Limited

Agincare Oxford

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

Agincare is a domiciliary care service providing the regulated activity of personal care. The service provides support to people living in their own homes. At the time of the inspection there were 46 people receiving the regulated activity of personal care.

The service also supports people who are discharged from hospital and require support with rehabilitation for an initial proposed period of six weeks. People receiving this rehabilitation care are referred to by the service as 'reablement care clients.' At the time of inspection 15 people out of 46 were receiving a reablement care package.

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.

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

We received mostly positive feedback from people and relatives of those using the service. The service was meeting all requirements to ensure people had safe and effective care. Measures to manage any risks assessed were appropriately put in place.

People received medicines as prescribed, and staff knew how to maintain good infection control.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to have a balanced diet and various professionals were regularly involved in people's care to ensure they received the right care and treatment. People received effective support from staff who were suitably trained and skilled.

People's care plans were personalised to reflect people's personal preferences and choices; however, some people felt their gender preference of care staff was not always sought. People knew how to complain, and complaints were investigated and responded to appropriately.

People were supported by staff who demonstrated they were kind and compassionate. Staff knew people's needs well. There was enough staff. The service used regular agency staff who enrolled in the services induction training and received spot checks. Staff felt supported by the service and spoke positively about management.

People had support from staff who responded to any changes in needs. Referrals to external healthcare

professionals were made in a timely manner.

People's views were considered to improve the service. A number of methods were used to monitor the quality of the service people received. The management team had plans around continuous improvements and improving the standards.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Rating at last inspection and update

The last rating for this service was inadequate (published 25 October 2022) and there were breaches of regulations 9, 12, 13, 16, 17 18 and 20. We served a warning notice for Regulation 12 safe care and treatment. We followed up this warning notice on 5 January 2023 and found that they were no longer in breach of regulation 12. 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.

This service has been in Special Measures since 24 August 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We had carried out an announced comprehensive inspection of this service on 24 August 2022. Breaches of legal requirements had been found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this comprehensive inspection to check whether they had followed their action plan and to confirm they now met legal requirements.

The overall rating for the service has changed from inadequate to good based on the findings of this inspection.

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 ●

Agincare Oxford

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 1 inspector 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 because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We 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 reviewed our last inspection report and an action plan, and we spoke to the local quality team who have been working with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people using the service and 3 relatives about their experience of the support and care provided. We reviewed a range of records. These included care plans for 9 people and multiple medicines records. We looked at recruitment checks for 3 staff members. A variety of records relating to the management of the service were also reviewed, this included policies and procedures.

After the inspection

Following our visits to the office, we continued to seek clarification from the provider to validate evidence found. We looked at training data, electronic monitoring data and quality assurance records off site. We reviewed care records remotely through the provider's secure portal and spoke to 8 members of staff to obtain their feedback.

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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to implement effective systems to identify, investigate and appropriately respond to allegations of abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People and their relatives told us they felt the service was safe. One person told us "Yes I definitely feel safe." Another person told us "Yes we do [feel safe with staff]."
- Staff completed safeguarding training and knew how to prevent, identify and report any concerns. Staff told us "Safeguarding are measures put in place by law and other relevant authorities to protect the health, rights and wellbeing of vulnerable people" and "We are responsible to note any safeguarding issues of any vulnerable people we care for. Take actions to prevent any safeguarding issues occurring. Respond in the most respectful and appropriate manner. Work with others to keep people safe. Understand how to protect vulnerable people. I would report to my manager but if they are in question, the local authority safeguarding team."
- The provider had a safeguarding policy in place for staff to follow. Records confirmed the service was proactive in raising concerns and working with other agencies to ensure the safety of people.

Assessing risk, safety monitoring and management

- Risk assessments were in place to help keep people safe. These included risks associated with mobility, falls and health conditions such as diabetes. Comments from people using the service included, "She [registered manager] came out yesterday to assess me because I'll be finishing the leaving hospital care and going on to once a day."
- There were regular reviews of people's risk assessments. Where changes in people's needs were identified, risk assessments were updated to reflect these changes.
- There were systems in place to ensure staff were made aware of any changes to people's risks. Staff told us they knew where to find risk assessments. Comments from staff included "We are made aware of any changes through the app, messages sent to our dashboard and through emails and staff meetings."
- As people received support in their own homes, the provider had ensured the risk of fire and other environmental factors had been considered.

Using medicines safely

- People's medicines were managed safely. Care plans contained information about what support was needed with medicines, whether prompting or full administration was required, risks related to administration of their medicines, alongside details of how and when the medicine needed to be given.
- People told us staff supported them when administering medicines. One person told us, "Yes I told them I could do my own medication, but they always check."
- There were protocols in place to ensure the safe administration of 'as required' medicine (PRN).
- Staff completed training in medicines management. Records confirmed staff are assessed before they were authorised to administer medicines. Staff confirmed this, comments included "I did medication training on the online training as well as face to face training at Agincare office" and "I am competent and confident to safely administer medication, all information is clear and informative on MAR charts for each individual, with separate body maps for application of creams, and clear instructions for doses and times for medication."
- Where staff assisted with medicines, we had positive feedback from relatives. Comments included "They supervise medication, [person] had a dosset box but was forgetting so they suggested a safety box."
- Medicine audits were carried out to identify and address any issues. Senior staff reviewed call times and medicine charts for people who required 4-hour gaps between medicines daily. We did not always see evidence of documented findings from these daily audits; however the registered manager was reassured any issues would be picked up and reported appropriately. We found one case in which it appeared someone had their medicine earlier than required. The service was assured this was a system error and had put further action in place to better monitor this going forward.

Staffing and recruitment

At our last inspection the provider and the registered person did not ensure there were sufficient numbers of staff deployed effectively to meet people's care and treatment needs. This was a breach of Regulation 18 (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 18.

- Arrangements were in place to cover staff absence or provide extra care staff when needed. The provider was in the process of recruiting more staff prior to taking on any new care commitments to people. The service employed regular agency staff for continuity who completed the service's mandatory training, involved with staff meetings, and received spot checks. This helped to ensure the provider had sufficient care staff to meet people's needs.
- We received mixed but mostly positive feedback from people and their relatives about the punctuality of staff and the use of agency staff. However, some people and their relatives complained about timings and unfamiliarity of staff. Comments included "I've just had a big influx of new carers on anyone day I can have four new carers", "I've seen quite a few people, once they were quite late I rang and asked them and they acted straightaway, rang up and said there had been an emergency and when [the carer] arrived [they] apologised" and "There is a lot of staff but whoever comes on a Monday gives me a list of who is coming and what time." There was enough staff to meet people's needs. The service was mindful about the use of agency staff and used the same staff for contingency. Agency staff were knowledgeable about people and their needs.
- Care staff told us they felt they had the time to support people as required. Comments included "Some people like to have a chat to use the time allocated which I am always happy to oblige. I find this information out by paying attention to them when they talk and actions and asking how they prefer me to

do things."

- Recruitment procedures ensured staff members were suitable for the work they were undertaking. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- Everyone we spoke to told us staff wore personal protective equipment (PPE) when they supported them.
- The provider had supplies of PPE available to staff. We observed the service had ample supplies of PPE for staff to collect when required.
- Training on infection prevention and control was included in the provider's mandatory course requirements, in addition staff who supported people with meal preparation had received food safety training.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. There were systems in place to record and investigate accidents and incidents.
- Staff confirmed they were kept updated if any incidents occurred. One commented, "We do receive outcomes [about incidents] and improvements are made. Lessons are shared during a meeting." Evidence of lessons learned shared with staff were seen.
- The registered manager discussed with us how learning from the improvements identified at the last inspection had helped them to develop the service. The registered manager had a culture of wanting to get things right and to continuously improve and develop.

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.

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

At our last inspection the provider had failed to ensure complete information within care records put people at risk of receiving care and support which was not always safe. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People we spoke to told us about their preferences in relation to staff gender was not always sought. Comments included "We have asked for female carers and a small team, but they haven't done that yet" and "I prefer a female actually but no they haven't asked." However, we heard from one person who asked for a different gender of care staff "I'd like a choice of carers and they have tried to do that on shower days." The provider acknowledged that more care around people's preferences were required and would take action to ensure this was met where possible. Care plans did include people's preferred carer by name, but we heard this could not always be met due to scheduling.
- People's needs were assessed prior to commencing their care to ensure their care needs could be met in line with current guidance and best practice. These included people's preferences relating to their care and communication needs for both long term and reablement clients.
- Care plans covered aspects of health and well-being, including pressure relief, falls, food and fluids, communication, personal care and wellbeing. They were detailed and evidenced people's support needs required at each visit for staff to follow.
- Changes in people's needs were discussed at team meeting and updated as notifications on the care system. Care co-ordinators had dedicated office time to update care plans to ensure they reflected people's needs.

Staff support: induction, training, skills and experience

At our last inspection effective systems were not operated to ensure staff were suitably competent and had the support required for their roles, including access to supervision in line with the provider's policy. This was a breach of Regulation 18 (Staffing) 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.

- People were supported by staff who had the skills and knowledge to meet their needs. Staff received training in manual handling and first aid. We heard from one person who required specific support from staff "They [staff] are now [well trained], in the past they haven't been" [when applying leg wraps] as they were too loose." A relative commented, "As far as I'm concerned, they're absolutely fine [with their skills/training]."
- Staff received an induction and ongoing training and support. This included mandatory training and completion of the care certificate. The Care Certificate 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 should form part of a robust induction programme.
- The provider supported new care staff with an induction process and ongoing supervision meetings. The service checked staff's competency to ensure they understood and applied training and best practice. Staff commented "My competence to safely administer medicines is being assessed yearly by the senior carer and care coordinator."
- Team meetings were held, and minutes showed care staff could raise any queries or issues for support. Staff echoed this, comments included "Team meetings are held monthly that I always attend, minutes are taken from all meetings and are sent to all members of staff, meetings are well structured, any issues or suggestions brought forward are listened to and implemented."
- Staff said they had received the training they needed to undertake their roles and felt supported. Comments included, "I have had online training then training through shadowing and physical training to administer and apply creams and stockings etc. in addition to this. My competence has all been assessed to complete these procedures. If I have any concerns, I feel comfortable to ask for additional training."

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

- People received support where needed with eating and drinking although some people felt staff needed further training when it came to meal preparation, and there wasn't always enough time to complete cooking tasks. This was reported to the provider. It was acknowledged that further training may be required for staff, we were assured that this would be actioned.
- Staff told us they supported people with their meals and drinks during care calls to ensure people had a balanced diet, this was reflected in people's daily records.
- Information about any risks to people when eating was recorded. This included specific information about people's needs in relation to their diabetes, along with any support they may require.
- Care plans contained details about how to support people at mealtimes. These listed details of what people preferred to eat and drink and how best to support them. Relatives told us staff were encouraging when it came to mealtimes.

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

- The manager told us they had worked on a regular basis with external agencies and had made referrals as and when necessary.
- People were referred to external healthcare professionals when needed. For instance, people were supported to book hospital transport, attend podiatry appointments, call the GP. We saw referrals to occupational therapists, district nurses and action taken to call 111 for further support.
- Relatives said the service was proactive in ensuring health needs were identified and they were involved in decision making. Comments included, "If they [staff] are worried they do contact me."
- The manager and staff were knowledgeable and well informed about people's health and wellbeing. They

communicated with each other reporting any changes or issues, this was seen in people's daily notes, important records and when gathering feedback from staff.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Initial assessments of care and support needs included a 'consent form'. People had signed and consented to their care and support where possible.
- Staff we spoke with understood people had the right to make their own decisions and to seek their permission before carrying out any tasks. Staff were aware of people who had limited capacity and were able to discuss their needs in detail. Comments included "I usually try to promote independence allowing service users to try doing what they can themselves, encouraging them to try and helping them where they can't. I always ensure to seek consent for everything that I do for them, or with them" and "We should always assume that a person is able to make their own decisions until they have proven that they are not able to. Even then, we always try to break the information down for them in a way that will enable them to make decisions on their own."
- The provider had policies and procedures in place so the principles of the MCA could be followed and people we spoke to confirmed staff always asked for consent to care. Comments included "They do they always say to me it's your decision."

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

- We asked people if they felt they were treated with respect and dignity. The majority of people we spoke to felt they were, comments included "Yes recently I've had one young girl who chats away and she's lovely" and "I told one of the carers one day I wasn't feeling good I wanted to go to bed and not get up again they got help straight away and the manager came out to see me." However we also heard, "Cultural language can be a problem, I have quite a few whose first language is not English, and I have to explain things I've said to them" and "[Staff have] come up to me shaking the tablets in the glass and say 'medication'." We informed the service of people's experiences with language barriers. The registered manager discussed the process around assessing staff competency and ability. We were assured that although the service had no concerns around people's communication, that possible barriers would be reviewed.
- Relatives felt their loved ones were respected and well cared for. Comments included "I had to ring them yesterday, I had a phone call from the alarm people, and I asked them to test it and reset it, it wasn't long before they were due. They also make sure she is wearing it when they come."

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

- People and their relatives told us they were involved in decisions about their care. Comments included, "Yes they [staff] communicate well with me, I can see on the one touch healthcare that they have been."
- Care plans were developed with people and their relatives, where appropriate. Relevant health and social care professionals and the staff team who knew people well also contributed to care plans.
- Staff completed care notes following visits. Notes were detailed and related to tasks. Which provided a pen picture into people's mood or wellbeing.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their dignity was preserved at all times. Staff told us they would ensure doors and curtains were closed when carrying out personal care
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.
- Care staff were able to demonstrate they provided a dignified service. One member of staff told us "To ensure that I provide care that promotes dignity, respect, privacy and maintains independence, for example, when using the toilet I will leave after asking if they require privacy and to call when assistance is required. I always ask if I can assist with personal care and never take it for granted that they require certain assistance even though I have assisted them many times before. I always ask before I perform tasks as I am aware that people can change their minds."

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 our last inspection processes for assessing and reviewing people's needs were not fully effective in ensuring care met people's needs and preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People had personalised care plans which included information on their life history and what was important to them. Information was also documented on what people wanted staff members to do at each care call.
- People were supported by staff who understood their needs and knew them well. Staff we spoke to gave a detailed account of what people required, what people enjoyed and how they wanted their care delivered. For example, staff told us "For one person, I know that they keep their bread in the fridge but like a sandwich made but left out covered as they do not like to eat cold bread. Another is that another person likes to have cups put on a certain shelf as they cannot access them higher up on the shelf above. Someone else I assist does not like their toast too limp so they like the toast to cool down before butter etc is applied. I also know that another person I assist likes their bed made a certain way so that they can have an afternoon nap"
- Requests from people who used the service were not always incorporated in people's support plans, for example preferences of staff gender. However we heard that requests for changes in care provision were accommodated where possible by the service. One person told us that timings were changed following a request.
- People had regular reviews of their care. One person told us, "I always communicate by email about any needs changing or changes that are happening."

Improving care quality in response to complaints or concerns

At our last inspection systems were not operated effectively for identifying, receiving, recording, handling and responding to complaints. This was a breach of Regulation 16 (Receiving and acting on complaints) 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 16.

- The service had a complaints policy in place. We reviewed the complaints the service had received. We found they had been investigated and actions had been taken to reduce the reoccurrence of the issue.
- People were able to raise concerns and complaints easily. One person told us, "Yes I'd speak to them if I had a problem I rang up because the morning was a little late and I said I'd rather be up earlier in the morning and now it's no later than 8:45."

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.

- People's communication needs were considered as part of their assessment and care planning process. The service discussed ongoing improvements as part of reflecting on how people communicate and what support the service can further provide.
- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways where required.

End of life care and support

- The provider had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care.
- Care workers spoke passionately about providing dignified end of life support. One member of staff told us "Good end of life care means giving end of life clients the memorable days of their last life. If they are in pain, end of life care aims to manage their pain to ensure that their last days are as comfortable as possible" and "I strongly believe that the team is so supportive when it comes to end of life care because the communication is so effective and all end-of-life clients are supported by two caregivers all the time to provide comfort."
- The manager told us they would respond to any wishes or advance wishes should they support anyone with end-of-life care. They also said they would contact other appropriate services if needed.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the service had failed to ensure the service was well-led is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Requirements Relating to Registered Managers and Good Governance.

During the last inspection the registered manager had failed to implement and use the services systems to adequately demonstrate good governance. Since the last inspection and rating, a new registered manager had been introduced. They worked closely with the staff, clients, local authority quality team and the service managers to ensure sustainable improvement. We found that the changes implemented by the manager and the service demonstrated sustainable change.

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

- We received positive feedback from people who used the service and their relatives. Comments included "Yes I knew there was a new manager I think I'll get on well with her I've spoken to her" and "We do have a new manager she's very good she came out and spoke to me."
- Staff were clear about their roles and responsibilities. Staff had received training which ensured they provided care and support to the required standard.
- There were effective systems in place to monitor the quality and safety of the service. Key areas of the service, such as medicines, daily care notes and staff competencies were audited regularly. Spot checks were carried out to assess whether staff demonstrated safe working practices, communicated effectively with people and treated people with respect when providing their care.

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

At the last inspection, the service had failed to ensure the service was well-led is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Requirements Relating to Registered Managers and Good Governance.

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

- The provider was eager to provide a high-quality service to people. We found improvements at this inspection which evidenced that learning had taken place and people were happy with the care they received. We found there was a strong commitment from the management team, to ensure people received high quality care.

- People and their relatives were aware of management and their roles.

- Staff told us they felt listened to and when they had raised any issues, these had been resolved.

Comments from staff included "I am able to make suggestions or raise issues and they are listened to. We all get feedback" and "[Registered manager] is very approachable and leads by example in abundance. I think that [registered manager] has a big heart and is effective in implementing a balance between being supportive and understanding to all roles whilst maintaining structure and guidelines to be followed. I feel that there are no grey areas under her watch and glad to have her as a manager."

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 registered person did not follow and accurately record and keep a copy of all the actions taken as required in the regulation when a notifiable safety incident occurred. This was a breach of regulation 20 (Duty of candour) 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 20.

- Information had been correctly shared with other agencies, such as the local authority and the quality team when concerns about people's safety had been raised.

- The provider understood the duty of candour. They knew what they needed to report to the Care Quality Commission (CQC) and other relevant agencies. They understood their responsibility to share any actions taken and outcomes with those involved. An example of when the provider had carried out a duty of candour response and this was in line with legal requirements.

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

At the last inspection the provider failed to ensure the service was well-led is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Requirements Relating to Registered Managers and Good Governance.

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

- Regular team meetings took place and records of the meetings were reviewed. Staff were able to express any concerns and feedback was provided to staff around any changes to care or any information to that was required to share.

- People and their relatives were able to give feedback on the service they received. This was in the form of a questionnaire and phone calls, some people felt the forms lacked detail and that communication from

office staff could be better. Comments included "[Surveys are] once a year they do send a questionnaire it's not very good very basic" and "Yes they do call and check" One person said "Not [asked for feedback] as a rule no, I could do with better call times."

Continuous learning and improving care; Working in partnership with others

- There was a commitment to learning and improving care. The service had improved in areas highlighted during our previous inspection.
- The provider worked closely with external health and social care professionals such as occupational therapists, GPs, district nurses and social workers. They told us this collaborated working benefitted people. For example, they worked closely with the occupational therapist to get equipment following a person's discharge from hospital.
- The provider completed regular checks on the quality of the service. Action was taken when a need to improve was identified.