

Sylwia Care Limited

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Inspection report

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Date of inspection visit:
11 October 2023

Date of publication:
27 December 2023

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?	Outstanding ☆

Summary of findings

Overall summary

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 for 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.

About the service

Sylwia Care Limited is a domiciliary care service providing personal care and support to people in their own homes. It operates under the name Home Instead Camden. At the time of the inspection the agency was supporting 25 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Right Culture

There was a robust, distinctive culture of providing excellent care. The management team led by example and ensured staff always felt supported to provide a good quality service. The managers went "the extra mile" to make a difference to the lives of people using the service and in the wider community.

There were systems in place to monitor the quality of the service and recognise when improvements were required. People and staff were asked to give feedback about the service. The service worked in partnership with other professionals to meet people's needs and help them to access healthcare support. 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.

Right Care

People felt safe, staff were caring and treated them with dignity and respect. People and relatives felt the service was managed well and people received excellent care and support that met their needs. Relatives said, "The service is very special" and "I would recommend them to others and have done so."

Care and risk management plans set out people's care needs, preferences, and communication support. Staff found these plans helpful. Staff received regular training, supervision and the provider checked their competency. Staff and managers knew how to report and respond to potential safeguarding adult concerns.

Right Support

Staff supported people with their medicines appropriately. There were procedures for responding to and learning from accidents, incidents and complaints. There were enough staff to meet people's needs and the provider followed robust recruitment processes. People and families had opportunities to meet with staff before they visited to provide their care so they could decide if they felt staff would work well with them. People were then visited by the same staff with whom they were familiar.

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 good (3 November 2017). The rating for the service following this inspection remains good.

Why we inspected

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

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 exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Sylwia 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 1 inspector and 1 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 not a registered manager in post.

Notice of inspection

We gave the service a short period notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection. Inspection activity started on 9 October 2023 and ended on 23 October 2023. We visited the location's office on 11 October 2023.

What we did before inspection

We looked at all the information we held about the provider including information they sent us when they were registered with us. We also looked at reviews people had posted online about the service. 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 of this information to plan our inspection.

During the inspection

We spoke with a person who used the service, 2 care staff, the recruitment manager, the care manager and the registered manager. We viewed a range of records. This included 4 people's care and risk management plans and care records. We saw 3 staff files in relation to recruitment and supervision. We viewed a variety of records relating to the management of the service, including medicines support records, audits, meeting records and procedures. We spoke with 6 relatives of people and 3 professionals who worked with the service recently. We continued to seek clarification from the provider to validate evidence found.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were systems in place to ensure there were enough staff right staff to meet their needs safely.
- The provider followed appropriately robust recruitment processes to make sure positions were offered to suitable applicants. These included establishing their employment history and completing Disclosure and Barring Service checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and relatives told us the same care staff visited them regularly. This helped people to develop relationships of trust with staff who understood their care needs. A relatives told us, "[The person] has a consistent team of carers. [The person] trusts them and feels safe with them." Another reported, "They are very reliable and send the same people." A professional told us they had observed staff had built up a rapport with a person.
- Relatives told us they were informed of which staff would visit, that staff were punctual, never missed a visit, were hardly ever late and stayed for the duration of their calls. They commented, "The carers are on time and get all the jobs done" and "[Staff] have never been delayed or ever missed a visit and I get a list of people who are coming to the visits a week before." They also said they were told advance if there was a change to the staff scheduled to visit.
- Staff said they had enough time to provide people's care and to travel between home visits.
- The management team checked staff punctuality and staff confirmed this took place. We saw the service was in the process of moving to a new digital rostering system at the time of our inspection which would further help with monitoring. The registered manager had a project plan in place to manage this appropriately.

Assessing risk, safety monitoring and management

- The provider assessed and supported people to manage risks to their well-being and safety.
- Personalised care and risk management plans set out risks to people's safety and steps to take to manage those risks. Plans considered areas such as personal care, their mobility needs, eating and drinking and medicines.
- The provider assessed people's home environments to identify risks to people and staff. This included hazards such as access, clutter and gas and fire safety.
- Relatives said they felt people were safe with care staff. They also found the provider's out of office hours support was good. People and relatives told us they could contact the provider at any time when they needed to. A relative said, "I've never had a problem getting through to the office including evenings and weekends."
- The provider had business continuity plans in place to help the service continue in the event of a major

disruption or an emergency.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems in place to help protect people using the service from the risk of abuse.
- Staff undertook safeguarding children and safeguarding adults awareness training. Staff completed a knowledge test at the end of their training to demonstrate their understanding.
- The registered manager explained how they saw competent staff safeguarding practice started at their recruitment stage. They said, "We recruit the right people, with the heart for the job and not the wrong attitude." They developed and maintained staff awareness during their inductions, team meetings and spot checks.
- Staff we spoke with understood how to recognise and raise concerns. They were confident they were always listened to when they raised concerns. They were aware of whistleblowing processes for reporting concerns to other agencies.
- The registered manager investigated concerns appropriately and worked with the local authority to do so.

Using medicines safely

- Staff supported people to take their prescribed medicines safely and there were processes in place to ensure this happened.
- People's care plans set out the medicines support they required, including when relatives helped them to manage this. Relatives told us they were happy with their medicines support. A relative said, "The carers' important role is to give [the person] medicines for epilepsy at the right time. It's done properly."
- Staff had completed medicines support training and the registered manager made sure their competency to provide this safely was assessed and checked.
- The service had recently started to use digital medicines administration records to document when staff supported a person with their prescribed medicines. We saw these records were in place and management audited these to make sure they were used properly.

Preventing and controlling infection

- There were appropriate arrangements in place for preventing and controlling infection.
- The provider supplied staff with personal protective equipment (PPE) so they could support people safely. This included masks, gloves, aprons and hand sanitiser. Care staff told us they always had enough PPE supplies and a care staff member collected more from the office during our visit. The provider monitored care staff infection prevention practices during unannounced checks on them at people's homes. Relatives told us staff used PPE in line with guidance at the time of our inspection.
- Staff completed infection prevention and control training, including how to use PPE appropriately. They refreshed this training yearly.
- The provider had appropriate processes in place in case a person or member of staff tested positive for COVID-19 so as to keep people and staff safe.

Learning lessons when things go wrong

- The provider had an appropriate process in place for recording and responding to the incidents and accidents.
- Care staff reported and recorded information about what happened and when and the actions taken in response to this. We saw the manager maintained detailed records of how incidents were investigated and resolved.
- The registered manager reviewed incident and accidents with the management team to identify lessons and any improvement actions. They also audited the incident and accidents on a monthly basis to identify

any potential trends and further learning for the service.

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 good. The rating for this key question has remained good. This meant people's care needs were met consistently.

Staff support: induction, training, skills and experience

- Staff received induction, training and support to provide care to people competently. Relatives said staff attended training and were competent. One commented, "The carers do have experience and skills to support us."
- Managers had set up detailed personal development plans with staff to ensure they developed and maintained their skills and competence.
- Staff completed a range of training that included basic life support, safeguarding, health and safety, moving and handling, using equipment, dementia care, continence support and learning disability and autism awareness. Staff said they enjoyed their training opportunities and found them helpful. One member of staff said, "I love the training".
- Staff completed an induction when they joined the service. This included completing 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 received regular supervisions and appraisals to discuss their role and performance. They said these were supportive.
- Staff felt supported by the management team and could get help and advice whenever they needed. Staff told us, "In any situation, any time you call, they're there to support you" and "This agency cares about the carer as well."

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.

- The service was working within the principles of the MCA.
- People's care plans indicated when they had given consent to their planned care arrangements.
- Where a person lacked the capacity to agree to their care plan a relative had agreed on their behalf. The provider had sought proof the relative had the legal authority to do this, such as a Lasting Power of Attorney (LPA). An LPA is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.
- Staff we spoke with explained how they respected people's rights to make decisions about their care, such as when a person may refuse their prescribed medicine. Staff had completed training in understanding the MCA.

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

- The managers assessed people's care and support needs before they started to use the service. People and their families were involved in these assessments and said that care met people's needs.
- The care assessments informed people's care plans. These considered issues such as people's health needs and conditions, personal history, personal care, mental health, allergies, nutrition and safety. This included their protected characteristics under the Equalities Act 2010, such as a person's age, ethnicity, marital status, gender and religion.
- Managers and staff we spoke with were knowledgeable about people's care needs and their individual preferences.

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

- Staff supported people to prepare meals or assisted people to eat and drink when this was part of their agreed care.
- Care plans set out people's meals and drinks requirements. People's plans noted their preferences in relation to the time and place they wanted to have their meals as well as their people's likes and dislikes. For example, a person's plan stated specifically where they always wanted to take their meals, when and how they needed a lot of encouragement to eat.
- Relatives told us they felt staff supported people to eat and drink enough and respected people's preferences, such as when someone followed a vegetarian diet.
- Staff recorded people's daily food and drink intake and how staff respected people's choices and preferences. Staff had completed fluid and nutrition awareness training.

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

- The service worked with various professionals in a timely manner to help people access healthcare services and meet their health needs. For example, we saw, the service had worked with GPs and occupational therapists to support this.
- People's care plans set out their medical history, an assessment of their health needs and the support they required with to meet these. For example, when staff were to support a person with their physiotherapy exercises. This included if a person needed some help to manage their oral care, such as prompting to clean their teeth.
- Records showed when staff had noted a person may and when they had arranged or helped them to attend health appointments. Relatives told us staff picked up on health concerns and kept them updated. One relative commented, "If [the person] is under the weather and confused then the carers will let us know, they let me know if they have any worries."

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 were caring, respectful and treated them well. Everyone told us staff treated them well, with respect and with a caring manner. A person told us, "They care."
- Relatives described the care staff as "very good, intelligent and caring", "extremely kind" and "reliable, friendly and empathetic."
- People's care plans documented personalised information such as their religion, gender and important relationships in their life. They also documented if people identified as LGBT+. 'LGBT' describes the lesbian, gay, bisexual, and transgender community The '+' stands for other marginalised and minority sexuality or gender identities.
- Staff received training and support on promoting equality and diversity in their work.

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

- People and their relatives were involved in making decisions about their care.
- Staff respected people's decisions about their day to day care, such as what they wanted to eat and how they would like their personal care. Staff explained how they encouraged people to be involved in their care.
- The service involved people and their families in devising and reviewing their care plans. A relative said, "We discussed the care needs and plan. We have updated it. We had to help to write it and said what we thought was needed." Another relative told us, "We were involved and filled in forms in great detail."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted and respected people's independence, dignity and privacy. People's care plans documented how they wanted to be treated to ensure their privacy, dignity and independence were respected.
- Staff explained how they promoted people's dignity and privacy, such as when providing continence care and support to wash. This included keeping doors closed and making sure people's rooms were private, seeking people's permission and explaining to them what was happening. A care worker said, "I always ask them what they want, where they want me to be."
- A professional told us care staff give them and the person space and privacy when they visited them.
- Relatives said staff promoted people's dignity. They told us, "We have no complaints about treating [the person] with respect and with dignity when showering and dressing" and "They are professional and have a respectful perspective to [the person]."
- Staff encouraged people to carry out aspects of their personal care they were able to do with support. This

ensured people maintained some of their independence. For example, by respecting people's choices while encouraging them to do things, such as aspects of their bathing routine or prompting a person to change their clothes when they may forget this.

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 good. The rating for this key question has remained 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

- Staff provided received person-centred care and support informed by personalised care plans. Relatives and people told us the service met their care needs and respected their preferences.
- One relative told us, "The carers seem very responsive to any issues that have come up." Another commented, "The carers are very good on practicality, unusually good and consistent. They get things done and adapt to [the person's] needs on her/his bad days. They don't rush off."
- People had detailed, personalised care plans in place which described the person, their daily living and how they wanted their care. This included their how they wanted to receive their personal care, meal time preferences and routines that were important to them. A relative said, "They have learnt what [the person] likes and keep things clean and tidy as she/he would like."
- Staff said the care plans were helpful and informed their work. The registered manager ensured care plans were reviewed regularly and updated when required.
- Staff kept records of people's daily care. These provided a good level of detail about the support provided to a person and reflections on their well-being. The registered manager ensured these records were audited regularly to monitor their quality and people's care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to take part in activities and maintain relationships that were important to them when this was part of their planned care arrangements. For example, supporting people to keep engaged at home or to go out on trips in the community.
- We saw evidence of staff supporting people to visit shops, cafes and parks as well as attractions such as a gallery, the theatre, a sports stadium and tourist landmarks.
- People's care plans set out their socialising and activity needs and preferences so staff could support these. For example, a person's plan specified the people from whom they liked to receive regular visits. Another person's plan detailed the particular daily newspaper they liked to read and how they may need staff to read this for them.

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 service supported people to meet their communication needs.
- Relatives said staff communicated with them effectively. People's care plans set out what their communication were and how to meet these. For example, if a person needed support to wear their glasses.
- Staff were able to describe how they promoted good communication with people, such as listening and giving people time to speak, and adapting this depending on how a person was on the day.
- The service was not supporting anyone with sensory needs at the time of our inspection but the managers explained how they would support this.

Improving care quality in response to complaints or concerns

- There were appropriate systems in place for receiving, recording and responding to complaints and learning from these to improve the service.
- People and relatives knew how to raise complaints. No one we spoke with had made a complaint in the six months prior to our inspection. Relatives said they found the agency prompt and responsive to any issues they raised. They commented variously, "No, definitely no complaints", "I have no complaints or concerns, if I did they would respond straight away" and "I have no hesitation in approaching them in case of any concerns.
- Complaints handling records showed the registered manager responded to these in a thorough, timely manner. They reviewed these periodically to identify any learning and improvements for the service.

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 good. The rating for this key question has changed to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The registered manager and their management team promoted a clear mission and a distinctive, positive culture of providing excellent care to people. There was an evident impact of this culture on people's care and lived experiences.
- During our inspection a person visited the office to give flowers to the team to thank and praise them for their care service. They told us their care experience was "beautiful." They described the care staff and managers as "angels of this world" and "an incredible bunch."
- Relatives told us they felt people received consistently outstanding care and described the service excellent. Their comments included, "My [family member] is very happy and content with them", "They are very honest", "They are very good and better than anyone else we have dealt with", "They have given us an excellent service" and "The care is second to none." They said they had and would recommend the service to others.
- Staff described being motivated to ensure people received excellent care and were proud both of the culture and to work for the service.
- Staff and managers demonstrated a strengths-based approach to supporting people to be active and enjoy a diverse range of opportunities. The managers led by example to make this happen. A person's relative had been highly complimentary about a day trip staff had supported the person with, informing the service that their family member looked "like a completely different person [and] so happy and animated."
- The registered manager was very committed to ensuring the service employed staff who would contribute to the culture of the service. They explained, "[When recruiting staff] We think of the client who cannot pick up the phone to call us when not being sure about a member of staff." The provider focused on ensuring staff demonstrated empathy, a person-centred approach and values fitting for their roles.
- The managers and staff made extra efforts to go above and beyond people's expected care arrangements. For example, a member of the care staff made time to visit the local area the day before providing a person's for the first care call. This helped them to become familiar with the environment and how to plan to get there in good time. This meant the person's first experience of care had a positive start.

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

- The management team were proactive in their approach to engaging with people, their families, staff and the wider communities. There were opportunities for these people to be involved in people's care and the service.

- People and their loved ones were offered online meetings with staff before they visited. People were involved in deciding who provided their care ensuring they were confident they would have positive relationships with their staff. The registered manager also involved people in the service by working to match people with care staff with similar interests, identities and spoken languages. A relative commented, "They are very good at matching carers to people."
- The managers were committed to ensuring they visited people who used the service. This helped them to make sure they understood people's living and care situations and people knew who they were if they had any issues. Relatives confirmed that they had met the managers. One told us, "We've met all the managers and the administrator at the office. They are very friendly." This helped to ensure people were always supported by managers they knew and who were involved in their care.
- The registered manager ensured the service played an active role in the local community. They stated, "We want to make a difference in the community and have an impact." They arranged for staff to help people attend a 'Wellness in the Community Café. They had also arranged and held 'financial scam' prevention and awareness sessions for older people through online sessions and at a local sheltered housing scheme. The registered manager explained the initiative was "a proactive step towards [promoting people's] financial security, trust and the well-being."
- The managers led an annual 'Santa for Seniors' initiative. They raised funds and donations from the local community for Christmas presents for people who may not have significant others in their lives. Managers then dressed up in festive costumes and delivered the gifts to people at Christmas time. They also delivered hot meals to people who lived on their own on Christmas day. Similarly, the managers and staff helped people to celebrate their birthdays. This helped to reduce the risk of people experiencing social isolation and promoted their well-being in a meaningful and valued way.
- The management team regularly sought feedback from people through phone calls, visits to people's homes and sending them surveys. The registered manager took action in response to the findings. A relative said, "They ask for feedback all the time and check the service is running smoothly." The most recent satisfaction survey before our inspection indicated people were very happy with the service and would recommend it.
- The management team was enthusiastic and resolute about ensuring the staff well-being and competence was always promoted. They were clear that treating staff right impacted positively on people's care. The registered manager said, "We look after [care staff] to look after our clients." As a result, the staff we spoke with were highly satisfied with working for the provider. They told us, "This is not only a job, I feel like I'm working in a family", "You get support, they take time to speak with you" and a member of staff said they had been "lifted up psychologically" by the support they had received.
- The provider sent satisfaction surveys to staff for feedback. Respondents to the most recent satisfaction survey were exceptionally positive and comments included, "My manager is very supportive and will go the extra mile to make sure I am well set with my duties, schedule and payslips," and, "People that work here are very supportive, looking out for one another as if part of a big family."
- The managers produced regular staff newsletters and used these to keep staff informed about any service developments, promote good practices and praise care staff. Newsletters covered topics such as supporting people with dementia, keeping well and safe in inclement weather, training and new digital systems. They also promoted initiatives such as flu vaccinations and breast cancer awareness.

Continuous learning and improving care

- The management team championed a strong emphasis on continually learning and striving to improve the service. For example, we saw they had implemented practical training sessions which required staff to wear adapted glasses to obscure their vision. This encouraged staff to empathise with and understand the experiences of a person living with a visual impairment.
- The managers were passionately motivated about keeping people at the centre of the service and learning

from their experiences and led their team to do the same. The registered manager said, "We see a lot of disrespect for older people in the community. We teach staff this is very special different generation, [that] there is a lot to learn from them, it is a privilege to work for them." This had influenced how care staff treated people. A member of staff told us, "I love talking with [the people]. I love listening to their stories, you learn a lot about the world, how it has changed and developed."

- The registered manager had active service development plans in place for implementing ongoing improvements. For example, there was an action plan for transitioning people's care and risk planning to a new digital system shortly after our inspection.

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

- The registered manager maintained well-established governance and quality monitoring processes to ensure they maintained a high standard of care. Relatives were positive about the service, the staff and the management team.
- There was a stable, experienced management team in place who acted as excellent, passionate role models for staff. Some of the managers had been in post for up to 10 years.
- People, relatives and staff felt the service was very well managed. A person told us, "[The managers] are there for you - that's the whole beauty." A relative said, "They are very much on top of what is going on" A relative had recently written to the service to state, "How lovely [manager] is and that nothing is too much trouble for [the manager]."
- The registered manager had nominated staff and members of the management team for the national provider's awards to recognise their hard work and commitment to delivering outstanding care. They had nominated the care manager as 'key player of the year' for leading by example and providing excellent training and support to staff. They had also nominated a member of care staff for 'care professional of the year' for their exceptional caring qualities and making a positive difference to people. This indicated the high quality leadership at the service had led to staff and managers being supported to provide outstanding care to people and staff, and be recognised for this.
- The registered manager used a system of regular checks to monitor the safety and quality of the service. This included regular audits of medicines support records, incidents and accidents, staff files and supervisions. The manager took action to address the improvement requirements these identified.
- The managers conducted regular unannounced checks on care staff while they worked in people's homes. These checks were thorough and helped them to monitor people's care and how staff provided this. They covered areas including if staff supported people safely, were punctual, dressed in their uniforms, followed the care plans, informed the office of any issues, recorded good notes, communicated well and were respectful to people at all times.
- The national provider organisation's head office supported the managers by conducting periodic audits of the service to provide assurance of the care being provided and help identify improvements and developments required. For example, the most recent audit before our inspection found the service maintained detailed, personalised care plans that used pictures to illustrate people's support and achievements. The registered manager planned and took action in response to these audits, such as implementing new digital systems.
- The registered manager clearly displayed the service's ratings at the office and on their website to inform people about the quality of care. They notified CQC of particular events as required by regulations.

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 registered manager understood their duty of candour responsibilities and had appropriate procedures in place to fulfil these. The managers told us, "We are very transparent" and they explained how

they promoted an open culture to identify and address issues appropriately. A manager commented, "I think it is a very good culture, staff are not afraid to say if they have made mistake. Mistakes will happen, we just have to manage them." This included apologising to a person if something went wrong.

- People and relatives felt nothing had gone wrong and they had no complaints. A relative stated that when there had been "minor things" these were "dealt with professionally and fairly."

Working in partnership with others

- The service worked with other health and social care services, such as district nurses, social workers, occupational therapists and GPs. A professional told us they found the service approachable, attended meeting and provided detailed feedback. This helped people to receive joined-up care to meet their needs.

- The registered manager attended regular meetings and forums with the local authority to help keep updated about changing practice developments.