

Cure Healthcare Services Limited

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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

Cure Healthcare Services Limited is domiciliary care service that is registered to provide personal care and support to people in their own homes. It provides care to people with dementia, autistic people, people with a learning disability and people with a mental health condition living across Buckinghamshire and Slough. At the time of our inspection there were 7 people using the service.

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

People felt safe from abuse and relatives said they were safe from abuse. Comments included, "I am so safe with her (care staff) and I miss her when she leaves" and "I have two people at a time and I am always looked after and safe."

People were kept safe from avoidable harm because staff knew how to protect them from abuse. The registered manager made sure risk assessments relating to people's health and welfare were completed and regularly reviewed. There was sufficient staff to support people and safe recruitment practices was employed. Medicine practices were safe because staff received appropriate training and their competency to administer medicines was assessed. There were appropriate infection control practices.

Care and support were planned and delivered in line with current evidence-based guidance, standards, best practice, legislation. Assessment of people's needs were comprehensive and were developed with involvement of people and their relatives. People's nutritional needs were met. Staff were appropriately inducted, trained and supported and worked collaboratively with external agencies to ensure people had good health outcomes.

People felt valued by staff who showed genuine interest in their well-being and quality of life. A person commented, "I like them (staff) very much and I like them coming to help me, they are very kind to me." People were treated with dignity, respect, and kindness. People were supported to express their views and were involved in decisions relating to their care.

People received personalised care to ensure they had choice and control and to meet their needs and preferences. The service was responsive to people's needs. People said they had no complaints about the service and knew what to do if they needed to. The provider had systems to receive, handle and investigate complaints.

Governance processes were effective and helped the service to ensure the welfare and safety were protected and provide good quality care and support. The service has a positive culture that is person-centred, open, and empowering. Staff understood their role and responsibilities, were motivated, and had confidence in the management team. The service worked collaboratively with health and social care professionals to make sure people had access to services of need.

People were supported to have maximum choice and control of their lives and staff did support them 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.

Right Support:

People were not supported to have maximum choice and control of their lives. Staff had received appropriate training to support autistic people, people with dementia, people with a learning disability and people with a mental health condition. Care plans contained enough information to enable staff to support people and meet their individual needs.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Right Culture:

People and those important to them, including advocates, were involved in planning their care. Staff felt respected, supported and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 August 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for <location name> on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our effective findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cure Healthcare Services 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience (EXE) 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.

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 would be in the office to support the inspection.

Inspection site visit activity started on 7 February 2023 and ended on 8 February 2023. We visited the office location on both days to see the registered manager and office staff, review care records, policies and procedures. The EXE made telephone calls and spoke with 5 people on 13 February 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We received feedback from a health and social care professional which has been included in the planning of this inspection.

During the inspection-

We spoke with the registered manager about the improvements they had made since our last visit.

We spoke with 4 people, 1 relative, a live-in care worker, care coordinator, care manager and the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We viewed 3 care plans, 3 staff files in relation to recruitment, induction and supervision, training data, policies and procedures and a variety of records relating to the management of the service.

We sent feedback questionnaires to 7 staff members and received 5 responses. We continued to seek clarification from the provider to validate evidence found. All information received was used as part of our inspection process.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found the provider had failed to ensure medicine records were completed accurately to ensure people were protected from avoidable harm. This was a breach of Regulation 12 (Safe care and 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 12.

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- Staff told us they had received appropriate training and their competency to administer medicines were regularly checked. A staff member commented, "We have medication administration training refreshed annually and competency checks. MAR charts (medicine administration records) are monitored, and we have access to (medicine) policies, procedures and are kept up to date with any changes." The registered manager ensured staff had received appropriate training and their competency to administer medicines were assessed.
- The provider's medicine policy last updated on 16 September 2022, provided staff with relevant information to ensure the safe administration of medicines and was in line with National guidance.
- Medicine administration records (MARs) used and completed by the staff followed national guidelines and the providers own policy. Guidance information relating to people's medical conditions provided staff with enough information about their medical conditions and warning signs to look out for.
- Protocols were in place for some people were prescribed medicines for occasional use, these were referred to as, as and when required medicines (PRN). PRN protocols were in place to ensure staff knew how and when to administer these medicines.
- A staff member commented, "PRN medication will be recorded on the MAR chart so we know when it was last administered and can see how often it has been required. It also states on the chart whether it is topical, oral, what dose to administer if needed and how much time between doses."

Staffing and recruitment

At our last inspection the provider had failed to ensure people were supported by staff with the right character and attributes to provide safe care. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19

- People were supported by staff who had been recruited safely.
- Staff files showed all the required recruitment checks were compliant with the relevant regulation.
- Staff recruitment checks included 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 said they had regular staff members who attended their calls. Comments included, "I know who is coming and I usually have the same carers" and "I only have them (staff) three times a week and normally it is the same person coming to me."
- We found there were enough competent staff on duty. Staff had the right mix of skills to make sure that the delivery of care was safe, and they could respond to unforeseen events.

Learning lessons when things go wrong

At our last inspection the provider's internal audit processes did not drive improvement in the service. The culture within the service did not demonstrate lessons were routinely learnt when things went wrong. 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 this part of Regulation 17

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe. Staff comments included, "If we find a client who has fallen or sustained an injury we stay with the client, reassure, call for help, record and report" and "When an emergency occurs, I have been trained on reporting this to my manager, first call ambulance, stay with client also record care notes. I have access to all policies."
- Minutes of staff team meetings dated 17 November 2022, showed care staff were reminded to report any incidents.
- The service's quality assurance systems made sure all accidents and incidents were captured and any lessons learnt shared with all care staff to improve the service.
- The registered manager, when talking about lessons learnt, told us, "One of the lessons learnt is not to say yes when we are unable to take on packages of care. We did not accept any new clients during COVID-19 pandemic."

Assessing risk, safety monitoring and management

At our last inspection the provider failed to adequately assess risks posed to people. This was a breach of Regulation 12 (Safe care and 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 12.

- People were involved in managing risks to ensure their safety and risk assessments are person-centred, proportionate and reviewed regularly.
- A person commented, "I make all my own decisions and will let them know the best way to keep me safe"

not vice versa." A relative commented, "They (staff) are very aware of the dangers present in everyday living and manage to tell me a thing or two as well in order to keep her (family member) safe and accident free."

- The registered manager undertook assessments of risk to peoples' health and safety. These covered different aspects of care and support such as, medical conditions, prescribed medicines, nutrition, moving and handling.
- For example, Staff had specific or detailed guidance how to manage people's different conditions and ensure their safety.
- Care staff received appropriate training to enable them to manage identify risks. For example, when people were distressed or anxious staff managed the situation in a positive way.
- A staff member commented, "My company has given me all training, also I know how to deal with clients when they become physically or verbally (abusive) due to illnesses like dementia."

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe from harm. Comments included, "We (relative and person) both feel very safe with any of the Cure carers here", "I feel very safe thank you", "I am so safe with her (care worker) and I miss her when she leaves" and "I have two people (staff) at a time and I am always looked after and safe."
- The provider had systems and processes in place which operated effectively to prevent people from abuse.
- People told us they knew what to do if they felt unsafe. A person commented, "If I didn't feel safe, I would be very frightened and I would call the number I have for the carers and ask them to help me quickly."
- People were protected by staff who could recognise signs of potential abuse and knew what to do when safeguarding concerns were raised.
- A staff member gave an example of how they had identified potential abuse, the action they had taken, and the preventative measures put in place to ensure the person's safety. They were able to demonstrate they had a good understanding of how to identify and protect people from abuse.
- Staff training records confirmed all staff were up to date with relevant safeguarding training.
- The service's safeguarding policy updated January 2023, informed staff of types of abuse people could experience, common signs and symptoms of abuse and hidden harms. The policy gave clear procedures for staff to follow to ensure safeguarding issues were reported promptly to the relevant agencies. This would make sure people were protected from abuse.

Preventing and controlling infection

- People told us how staff protected them from infection. "They were excellent during COVID-19 (pandemic) and we had nothing to worry about on that front", "They were really good during COVID and helped me feel safe from it and they take a test every day" and "They still will wear a mask but I can understand them."
- The service maintained good infection control practices.
- Staff had access to, and followed, infection control policy and procedures which met current and relevant national guidance and were kept up to date.
- Staff received relevant training and understood their role and responsibilities for maintaining good standards of cleanliness and hygiene.
- Comments from staff included, "The current COVID-19 practice means we can be without a face mask but if there are any signs or symptoms of anybody being unwell, or if requested by the client, then masks will be worn. Hygiene practices as taught through infection control and prevention and adhered to. PPE (personal protective equipment) used and changed between tasks and disposed of correctly" and "I wash my hands carefully at the client's house, wearing a mask where necessary and use the correct PPE it's in my infection control policy."

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

At our last inspection we found the service did not routinely support people in line with the MCA 2005. This was a breach of Regulation 11 (Need for consent) 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 11.

- People told us staff sought their consent before care and support was delivered. Comments included, "They always ask her (family member) about going to the toilet before they assist her and it was me (relative) who signed all paperwork" and "They ask me first what I like before doing anything."
- Where people had cognitive impairment or were unable to retain information, mental capacity assessments were completed to show how staff should support them in their best interest.
- The registered manager identified and kept records of relatives who were lawfully acting on behalf of people to make best interest decisions.
- Care records showed people or those who represented them had signed to give consent for various aspect of care and support.
- Staff had received and relevant training and followed the service's Mental Capacity Policy to ensured they worked in accordance with the MCA and its Codes of Practice.

At our last inspection we found the service did not routinely supervise or appraise staff in line with their own

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.

Staff support: induction, training, skills and experience

- People felt staff who cared and supported them had the skills, knowledge and experience to do the job. Comments from people included, "They (staff) are well trained and there are good communications between us" and "I believe they are well trained and very knowledgeable."
- People received care and support from staff who were appropriately inducted, trained and supervised.
- Induction programmes and training certificates viewed confirmed staff were prepared for their job roles and supported to meet the requirements of these roles.
- Comments from staff included, "Extra training is given relevant to our current working situation, and we have access to further specialist training" and "By providing training on a continuous basis, Cure Health Services has got me registered and funded for a NVQ Level 3 Diploma in Health and Social Care (Diploma in Health and Social Care level 3)."
- Staff told us they received supervisions every 3 months and annual appraisals. A view of their staff records confirmed this. This enabled the registered manager to ensure staff could demonstrate the required acceptable levels of competence to carry out their job roles, unsupervised.

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

- Care and support was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation.
- Assessments of needs were carried out collaboratively with people's relevant persons. A relative commented, "We were all (relatives) involved in the planning stages and the care package is just right for her (family member)."
- These assessments covered areas such as health, physical and social needs and helped the service to assess whether it could effectively meet those needs.
- Assessments also identified any individual needs which related to people's protected characteristics as identified in the Equality Act 2010. For instance, preferred language, faith, religion, and cultural considerations. This information was used to develop people's care plans.
- Staff told us how they ensured their work practice would not discriminate against people they cared for. Comments included, "We are trained in equality and diversity and, duty of care. We have access to policies and procedures and informed of any new developments" and "Using my training, I am able to fit my service of care to meet the care, culture and social needs of the client I support making sure the care I provide is of the same quality whoever they are."

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

- People were supported to eat and drink according to their needs.
- People told us how staff supported them. Comments included, "They (staff) help make me breakfast too and make sure I have enough of everything that's good for me" and "They (staff) make my drinks ready for the day and put lids on all my cups for me to make it easier when they are not there."
- Care plans documented how staff should support people at mealtimes and provided people with choice.
- Staff told us how they supported people at mealtimes. Comments included, "Talk to them about nutrition, be a role model and encourage healthy eating" and "I promote healthy and balanced diet and talk to them (people) about it."
- Training records confirmed staff had attended the relevant food and hygiene training.

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

- People told us how staff supported them to maintain good health. Comments included, "I (relative) make all the health appointments, but they (staff) will always let me know if they think she (family member) needs an appointment with someone", "She (care worker) will help me do anything I ask really and if I need a doctor or a nurse or a dentist then, hey presto! It is done for me" and "I am in a wheelchair, and they (staff) help me in and out of it and they encourage and help me do physio."
- Care records documented the names and contact details of all external healthcare professionals involved in their care. For example, GPs, dentists, district nurses and opticians.
- There were contacts for a variety of professionals could contact and people confirmed staff helped them arrange support with various health appointments.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has change to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were consistently positive about the caring attitude of the staff. Comments included, "I like them (staff) very much and I like them coming to help me, they are very kind to me", "They (staff) are always honest and open with and make eye contact which is important to me" and "She (care worker) listens to me and lets me speak, she doesn't shut me up like some people do."
- The registered manager ensured people were always treated with kindness. This was confirmed by people we spoke with.
- Staff had sufficient information about people. Such as, a summary of their life story, what they liked to be called, what and who were important to them and who should be contacted in the event of an emergency.
- People received care from staff whose care practices were not discriminatory. Staff records showed they had undertaken equality and diversity training and were aware of people's diverse needs.
- People told us staff never rushed them and took time to get to know them. Comments included, "They (staff) are so caring with her and also so very patient with her and never try to rush her", "They (staff) have managed to get to know her (person) in a relatively short space of time" and they respect me (relative) and they respect her and things are arranged how we like them to be."
- A health and social care professional shared feedback received from relatives of a person they had worked with and who had received care and support from the service. They told us the person's, "Family who lived closed by and were very involved in their care, was very positive, stating that the carers were compassionate and caring."

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

- People were matched well with their designated care worker and as a result, people were at ease, happy, engaged with staff and stimulated. Comments included, "Their (staff) friendliness and their pleasantness is extra good and I just know I am safe", "She (care worker) helps me do anything and everything I need if its food or clothes or house work" and "They (staff) are just like a breath of fresh air when they come and I look forward to their arrival."
- Care records showed the service had sought input from people and relatives in various aspects of care and support. Daily log records showed the delivery of care was in line with what people's preferences were.
- People felt staff knew them and their family members well. A person commented, "They (staff) know my son too and always ask about him, it's like having family or friends in."

Respecting and promoting people's privacy, dignity and independence,

- Staff ensured peoples' dignity and privacy was maintained, and independence promoted. People we

spoke to confirmed this.

- For example, when describing how staff supported their family member, a relative commented, "They are very aware that she could be embarrassed with personal care and manage to carry out all tasks with great aplomb (assurance)."
- People told us they were empowered to make choices and have as much control and independence as possible. Comments included, "I want to be as independent as possible, and they (staff) help by letting me choose things and brush my own teeth and holding things if I ask" and "They make it possible for us to cope and be as independent as we possibly can be."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question 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; support to follow interests and to take part in activities that are socially and culturally relevant to them.

At our last inspection we found the service did not routinely provide support as detailed in people's care plans. 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 told us about the responsiveness of staff. Comments included, "They (staff) are polite and observant and will put [person's] creams on as and when [person] asks them to" and "They (staff) are good people who know how to care well and do it with great care and attention to details, that [person] likes. [Person] is fussy about which garment they want on first sort of thing, and they (staff) listen and do as [person] asks."
- People told us the care and support delivered by staff reflected what they wanted. A person commented, "They (staff) know just what I like and just what I can't stand too." A relative commented, "The staff manage to support all [person's] needs as we progress."
- Staff delivered care and support in line with what was written in people's care records. For example, a person's care record read, "I like to keep up with the world news and like to have a nice conversation with my carers." The person confirmed this happened and commented, "She (staff) makes time for me and listens to me and we talk and talk." This showed staff delivered person-centred care.

At our last inspection we found the service failed to record and fully investigate all verbal and written 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.

Improving care quality in response to complaints or concerns

- People told us they did not need to complain but they knew what to do if they had any concerns.
- People's comments included, "I do not need to complain ever", "I complain about a lot of things but not about my carers because they are just great", "I have not needed to raise a concern, but I have no doubt

they would be helpful and listen to me to try and help best they can" and "We (relative and person) have no concerns about the service but I (relative) wouldn't not think twice in calling the manager if I did."

- The registered manager had a process and procedure in place to receive, investigate and respond to complaints and concerns.
- The service had a complaints policy in place which reflected best practice on how to respond to concerns and complaints. The complaints policy had contact details for external agencies who people could contact if they felt their complaints with health and social care providers remained unresolved.
- People were complimentary about the service throughout our interviews with them and this was further supported by written compliments the service had received.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service complied with the AIS by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.
 - Care records documented people's communication needs and how staff should support them.
- People told us staff met their communication needs. Comments included, "They (staff) communicate very well", "We (person and staff) communicate well with each other, my English is not one hundred percent perfect either" and "I understand her (staff) and she always understands me (person) more than I do sometimes."

End of life care and support

- People's wishes and preferences in relation to end of life care were documented in people's care plans.
- At the time of our inspection the service was not providing care to anyone who were at the end stages of life.

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 the last inspection this key question was rated as inadequate. At this inspection this key question 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 our last inspection we found ongoing concerns about the management of the service. This was a continued 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 this part of Regulation 17.

- The provider had effective systems and processes to ensure they assessed and monitored the service. The registered manager was clear about their role and the expectations of them as the legally accountable person for the safety and quality of all people's care.
- The registered manager used Quality assurance systems to identify and assess risks to people's health and welfare. This was completed through various audits such as, MAR charts, care plans, daily records, and call monitoring.
- For example, an audit of daily records picked up a staff member had not been recording their times of arrivals accurately. Appropriate action was taken to address this with the staff member.
- Information recorded in care records and management records were accurate and up to date. For example, the provider's various policies and procedures had been reviewed by the registered manager and followed National Guidance and best practice.
- Management undertook reviews to assess how office staff answered and responded to calls from people. For example, a person had called the office to arrange for a change in call times due to a hospital appointment. The person's care records had been updated to reflect this change.
- Staff training, supervision and appraisal matrices were in place to ensure staff were supported and their training and development needs were met.

At our last inspection we found the provider and registered manager failed to notify us of all the events it was legally required to do so. This was a breach of Regulation 18 (Notification of other incidents) of The Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 18.

- All notifiable incidents were reported to the CQC, and a review of relevant documents showed appropriate actions had been taken to ensure the safety and welfare of people who used the service.

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 service had a Duty of Candour policy (DoC) in place which was reviewed and up to date.
- Management were familiar with the requirements of the DoC. There were no notifiable incidents reported at the time of our inspection.

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

At our last inspection we found the provider did not seek the views of people and staff. This was a continued 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 this part of Regulation 17.

- The service continually sought the views of people, their relatives and staff to make further improvements to the delivery of care and support.
- The care manager undertook quality assurance monitoring was undertaken by telephone calls and home visits. A view of a completed quality monitoring form dated 20 January 2023, showed a person stating, "I am happy with the service and carers." Another person told us, "I do get called to see how the care is going yes."
- Annual surveys sought feedback from people about care staff and how they conducted themselves during visits. Such as, do they arrive on time, stay the length of the visit, carry out tasks to people's satisfaction, have the provider's contact details in the event of an emergency, find the care workers helpful and courteous and did they treat people with dignity and respect.
- We noted all feedback received were very positive. Such as, 'Nice people, like the carers very much', 'They look after me well, very good carers' and 'Happy with service 'thank you.'

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

- People felt the service was well-led and based this upon the care and support received. Comments included, "Yes I do think it is well managed because we get the care [person] needs when [person] needs it" and "The management are doing quite well I think and they are giving me the right support."
- Staff felt respected, valued, supported, and listened to by the management team and felt comfortable raising any concerns with them. They told us, "The management is friendly, knowledgeable, caring and are open to questions. I feel that if I have a client or work-related concern, I would be able to raise this with my (registered) manager" and "Our management team are sincere, and they care about their service users and their care staff. They respond quickly to any queries or concerns."
- The registered manager conducted regular meetings with staff. This allowed staff to share their views. Minutes of meetings notes were cited during our visit.

Continuous learning and improving care; Working in partnership with others

- The service had made significant improvements and had implemented quality assurance systems that was continually reviewed after the lessons learnt since our last inspection.
- The management team were open to the feedback we had provided.

- The service worked with external healthcare professionals such as GP, social services, community nurses and occupational therapists to ensure people used the service to access services they needed. This was clearly documented in care records viewed.