

Gozone Care Limited

Gozone Care Ltd

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Gozone Care Ltd is a domiciliary care agency that provides personal care for people living in their own homes. The agency supports people with a variety of needs, including dementia, mental health and sensory impairment. At the time of this inspection, 86 people were receiving personal care support from the service.

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

People expressed frustrations over inconsistency in call times and staff continuity which was a particular issue at weekends and in the evening, however they spoke positively about the service received. The registered manager was well aware of these concerns and had taken steps to restrict new packages of care and to recruit new care workers.

People received their medicines safely but records of administration were not always complete. The registered manager had identified this issue and was introducing new audits of medicine records to be carried out by care-coordinators.

The registered manager had not notified the Commission of significant events involving people who used the service. This is a requirement of the registration regulations.

These were areas requiring improvement.

Care staff were well informed about risks to people's health or wellbeing and knew how to deliver their care safely. People were protected from the risk of infection. Everyone we spoke with felt safe in the company of staff.

Care was personalised to meet people's needs. Care plans provided detailed information and guidance for staff on people's care and support needs, likes and dislikes, and the way they wanted to receive personal care.

People spoke positively about the staff who supported them and had confidence in their skills and experience. A relative told us, "We've found all of the Gozone carers to be very helpful and friendly." Staff had regular supervisions and an annual appraisal.

Staff supported people to access a range of healthcare professionals and support. Staff collaborated with other professionals to ensure people's needs were met.

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.

We observed positive and caring relationships between people and staff. People were encouraged to be involved in decisions relating to their care and were treated with dignity and respect. One person told us, "I'm very happy with the carers, they are very good and would do anything for you."

People's communication needs were identified and planned for. People expressed confidence they could raise any issues or concerns with the office and these would be addressed.

People were encouraged in their involvement and development of the service and their feedback was valued. Quality assurance systems were in place to measure and monitor the standard of the service and drive improvement.

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 (published 7 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Gozone Care Ltd

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

This inspection was carried out by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed the last inspection report and 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 took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with 26 people and 15 relatives by telephone to find out about their experience of the care provided. We spoke with nine care workers by telephone and received email feedback from four others. We spoke with a representative of another home care agency who shared some packages of care with this provider.

We visited the office and spoke with the registered manager, representative of the provider and office coordinator. We reviewed a range of records. These included six care records, six staff files and records relating to the management of the service. We visited two people in their homes and met with one relative and a community nurse. We met three care workers during these home visits and observed how they supported people. We looked at the care records and daily notes completed by care staff in the home.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training records, a further care plan and additional information requested and sent by the registered manager. We also received email feedback from a social worker in relation to their experiences supporting a person who used the services of this agency.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Staffing and recruitment

- Feedback from people and relatives indicated there were sometimes issues with the timing of care calls and continuity of staff, particularly at weekends and in the evenings. While the service worked hard to mitigate the impact on people, this was an area requiring improvement.
- One person told us, "We've all had gripes about the rotas just lately." A relative explained how a lunch call might be late with an early supper call on the same day, which led to the person's meals being poorly spaced. A staff member shared how on an occasion, when a person's morning call was later than planned, they were lying in a wet bed as their continence aid had failed. Another relative said, "It is the weekends they struggle with. Weekends are random people. They usually have one that knows (name of person) quite well and one that doesn't." A third relative said, "Where we struggle is the evening appointments. They have had problems with turnover of staff. We often have people who are new and have to explain the hoist."
- Everyone we spoke with stressed they were happy with the care. One relative said, "The only things I've ever really had to raise are timing issues, never any grumbles about actual care." Another said, "They have had trouble with staff levels and that does impact on their clients."
- The registered manager and office team worked hard to minimise the issues for people and to communicate changes to them. We reviewed the scheduling and some of the concerns shared could be explained by unexpected staff absence. As a contingency, office staff were trained and helped to cover calls, but it had not always been possible to maintain the planned call times.
- The service had reduced the number of people they supported as a result of challenges recruiting care workers. A care-coordinator told us, "If there is not enough staff they won't take on more clients." The electronic care planning system showed where there was availability; the registered manager said, "We say to people we can help you but we will struggle on the weekend. We are very honest." Where increased needs could not be fully accommodated due to staffing constraints, some packages of care were shared with another agency.
- The service was recruiting. The registered manager said, "We do struggle. We are constantly recruiting. We have three waiting in the pipeline." Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector, such as with the disclosure and barring service (DBS).

Using medicines safely

- We found medication administration records (MAR) contained gaps. This was particularly prevalent in the records for topical creams. In some cases, care workers had ticked or recorded in the daily notes that medication had been administered, but unexplained gaps remained. Whilst we found this to be an issue of

recording and there was no evidence of harm to people, it was an area requiring improvement.

- The registered manager had recognised this as an issue and was in the process of implementing new audits of MAR and daily notes. We discussed how the previous audits did not demonstrate gaps had been investigated to ensure people received their medicines safely. This task had recently been given to the care-coordinators so they could review their own areas and was due to start when the next set of records were returned to the office. We will review the effectiveness of this change at our next inspection.
- People were happy with the support they received with medication. In the provider's most recent survey, over 95 percent of people said they felt the service managed their medication correctly. One person told us, "I get my medication every day, I have nothing to do with the paperwork."
- There was positive evidence of staff calling the office to raise concerns if there appeared to be a discrepancy with a person's medication. This allowed the care-coordinator or office staff to resolve the issue and to contact the GP or pharmacy if required. The registered manager told us, "We have to rely on the carers out there to report it. They will report if a medicine is still in the blister." She told us they were considering implementing an electronic MAR system which would allow the office to review information in real time.

Systems and processes to safeguard people from the risk of abuse

- While necessary action had been taken to safeguard people, the registered manager had not notified the Commission of two incidents in relation to people using the service. A notification is information about important events which the provider is required to tell us about by law. The registered manager quickly submitted the missing notifications to us following the inspection and demonstrated they now understood their responsibilities in this respect.
- People told us they felt safe using the service. In the provider's most recent survey everyone responded they felt 'safe and secure when being looked after by the care team'.
- Staff had been trained in safeguarding and knew how to report any concerns. One staff member described safeguarding as, "Always being aware and keeping an eye out for them (people using the service) at all times." Another told us, "If a client is abused you report it to the manager to prevent harm in the future." A third said, "The manager does sort things out if there is any concern. Safeguarding is important to Gozone."
- Where staff helped people on occasion to purchase items such as milk, this was recorded on and receipts were retained. This helped to ensure any money given by people to staff could be traced.
- Staff understood whistleblowing procedures. This was also detailed in the carer induction booklet for them to refer to if needed.

Assessing risk, safety monitoring and management

- Risks to people were safely managed.
- Care records provided information and guidance for staff on how to support people and mitigate risk. Specific risk assessments, such as for hoisting or medication, were available to staff on the system via their phones. We observed staff following guidance as they supported people, for example ensuring safe transfers using hoists.
- We identified one area of concern around behaviours that could challenge. Staff had shared with us their concerns over a person who could be resistant to personal care. In the daily notes we saw on occasion the person had pushed staff away, refused help or acted in a 'confrontational' way. We found the care plan lacked guidance for staff on how to work with this person to ensure their needs were met and maintain their own safety. This was quickly rectified, and an updated care plan made available to staff.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff completed training in infection control. Staff were issued with personal protective equipment, such as disposable aprons and gloves, for use when providing personal care to people.
- Where people had an arrangement for the collection of clinical waste, staff were prompted in the care plans as to when this should be left out.

Learning lessons when things go wrong

- There was a culture of lessons being learned if things went wrong.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- The registered manager had introduced 'bruise charts' to ensure body maps were completed and updated. She told us, "Carers would ring in and we didn't know if was the same bruise (already reported) or a new one." This was a new introduction, but the charts were helping to accurately record bruising and to chart healing.

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 good. At this inspection this key question has now remained the same. 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

- People spoke highly of the care they received. One person told us there was a, "Very good standard of care and very kind people."
- A social worker shared how a person had improved to the point they no longer required support. They wrote, "They now feel able to resume their daily routines without assistance. The changes have been influenced and supported by the staff at Gozone and they have been instrumental in assisting the customer to achieve this outcome."
- Staff tailored care to meet people's individual needs and to help them achieve their goals. Staff were assisting one person to carry out physiotherapy exercises to improve mobility.
- People's needs were continually assessed in line with best practice. If any changes in people's needs or abilities were noted, staff communicated this information and the care plan was updated. The updates were immediately available to staff via their phones. Daily notes made by the carers demonstrated care had been delivered in line with the care plan.

Staff support: induction, training, skills and experience

- People had confidence in the staff who supported them. One person told us, "I'm very pleased with the service. I think the carers are well trained and the care has been excellent." A relative said, "We get quite a range of different staff, all competent."
- Staff were happy with the training they received. One care worker told us, "We get extensive training. We get so much training." Another told us, "If I feel I require further training I just talk to (registered manager) and she will arrange it."
- The provider had mandatory training which included health and safety, medication, safeguarding, food hygiene and dementia awareness. This was regularly refreshed. Staff had also received training to meet people's specific needs. One care worker spoke of supporting a person with a catheter. They said, "They were quite happy for me to go in and be shown what to do. I couldn't ask for more to be honest. I went in and they went through the whole lot." Another care worker told us, "We had a lady with a feeding tube and they took us over before they discharged her from the hospital and gave us training. They are very good."
- Staff were encouraged to progress and to further their professional development. Some staff were completing diplomas in health and social care, others were enrolled on distance learning courses.
- Staff felt supported. One care worker said, "They are very supportive of the staff, very caring. They are extremely professional. If there are any problems you can ring them." Another told us, "If the office is closed we have an out of hours so you can ring at any hour at all. Whenever I've called I've always had help." There was a system of staff supervision, observation and appraisal.

- New staff received an induction and shadowed experienced staff until they were comfortable and competent to work independently. They completed the care certificate, a universally recognised, work-based award. One new starter told us, "They provide good training for their workers before they start their work. I can go in and get help if I need to."

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

- Staff supported some people in the preparation of food and meals. Everyone we spoke with felt supported to have enough to eat and drink.
- Staff encouraged people to eat and drink to maintain their health. A relative told us, 'They make sure she has plenty of drinks otherwise she gets a urine infection'. Another told us, 'If she doesn't eat much, they record it'.

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised with other agencies to provide a consistent level of care and support to people. A social worker told us, '(Registered manager and named staff member) were quick to raise questions and concerns. They were able to respond to the concerns highlighted with this person and contacted the appropriate health and professional services as required in a timely fashion'.
- Key contact information was included in each person's care plan. This included their next of kin, GP and any other professionals involved in the person's care. This helped staff to make timely contact with others when required.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to make and keep appointments. A social worker told us, 'They also attended a hospital appointment with them at the request of the customer, which was supported by the local authority'.
- Staff told us the office were quick to make contact with other services when required. One care worker said, "If I ring and say this person needs a pressure cushion or a physio, the office arrange that."
- The provider's website had a range of useful contacts with links to other organisations and services such as advocacy, day care centres, meals on wheels and occupational therapy.

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.

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 registered manager and staff had a good understanding of the Act. Staff were able to clearly articulate the principles of the Act. One staff member shared how they explained everything very carefully and slowly to a person to ensure their understanding. The registered manager described the MCA as, "To make sure people have the correct access to care and support, ensuring best interests are met via themselves or a

representative."

- Most people had been directly involved in planning their care and support and liaised directly with staff and the office when changes were needed.
- The agency's initial assessment included a capacity assessment of whether the person understood the reason for the agency's involvement. Relatives or friends had been included in best interest decisions where appropriate. Where people had appointed a lasting power of attorney for health or welfare, staff had seen these documents and a record was maintained on the system.
- Consent to care and treatment was routinely sought by staff.

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 good. At this inspection this key question has remained the same. 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 spoke highly of the kindness and compassion of carers. One person said, "I'd rate the girls that come as excellent, they couldn't do enough for you." Another told us, "I'm happy, their kindness means so much to me." A relative added, "A number of the carers have become friends."
- When we visited people in their homes, we observed warm and relaxed relationships between people and staff. While helping people to get washed and ready, staff chatted with people about their plans for the day or weekend and upcoming sports fixtures. A relative told us, "They have a good joke in here."
- Staff had received training in equality and diversity as part of the Care Certificate. In the induction materials, staff were guided to treat people with respect, to have an, 'Open and positive attitude' and also to value people's individuality and beliefs. This was monitored as part of the spot checks carried out on staff conduct.
- Care plans contained information about people, their life history, interests and preferences. It was clear from our conversations with staff they knew people well. One staff member said, "I look forward to going to see these people." Another told us, 'It's been great getting to know clients and building up a relationship with them, and it's nice to see that they are happy in their homes'.

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

- People were involved in planning their care and in day to day decisions about how they wanted their support delivered. Once the care plan was in place, reviews were held to ensure it continued to meet the person's need. One person told us, "I am a very independent individual, they soon get the message." A relative said, "We've always had an annual review and sometimes, if I've been concerned, they've come and chatted with Mum and myself."
- We saw evidence of regular reviews in people's care plans. People had been asked how they felt their care was going, if the carers offered them choice and if there were any changes they would like to make to their package of care. One relative told us, "I've said who (staff members) I do and don't want, and they respect that."
- Care plans included guidance for staff which showed where a person could and liked to be involved. For example we read, 'Raise chair back to straight up, [Name of person] is able and will tell you when to stop' or a prompt to ask a person if they would like a particular cream applied to an area of their body.

Respecting and promoting people's privacy, dignity and independence

- People felt carers spoke to them with respect and treated them as valued individuals.
- We observed staff being mindful of people's privacy, for example by using a screen to ensure the person

could not be seen through the window when transferring or using a commode.

- Gozone Care Ltd has as its values, 'A dignified look of life and freedom of choice'. Dignity was covered on the induction for new staff. In the training material we read, 'Take time to do the things they want and in their chosen way. DO NOT make assumptions of how they want their care and support'.
- Spot checks on the conduct of carers assessed how they ensured privacy for people. In one report we read, 'This is an excellent assessment, you show great empathy, respect their dignity and promote independence and ensure that the needs of the client are met'.
- People told us they received rotas to say when their calls were scheduled and which staff were due to visit them. This helped them to plan their time. They told us the office informed them of any changes and that this improved. One relative said, "They weren't always letting me know if there were changes to the rota. They are a lot better at that now, I do get a call and an email." Another told us, "They send the rotas now so I can see who is coming in."

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 good. At this inspection this key question has remained the same. 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

- People had been asked what was important to them and their care and support had been designed to meet their individual needs and preferences. One person commented in the provider's survey, "I am always very pleased with the help I get from the carers." A relative commented, "They came and did the assessment, they were good to deal with, friendly and efficient." A staff member said, "The care plans give you quite a good background on the person."
- Staff were positive about the electronic care system and the fact they could view information and updates in real time. One care worker said in a staff meeting, "Brilliant! All the information you need about the client is available on the phone and is updated immediately." Another commented, "Nice that you can leave hand over notes for the next carer and report concerns on the app, which is visible, so the office can see'." Care plans provided staff with clear information to enable them to deliver person centred care. For one person this included photographs showing exactly how they liked to be positioned and where they liked their things on their table.
- Where people had social engagements, their calls were scheduled to accommodate this, for example with an earlier time on specific days. People told us changes to their call times were generally accommodated, for example if they had an appointment. A relative told us, "Nine times out of ten they will accommodate it." One relative told us, "They message each other say if Mum wants to go to bed early. They keep a close eye on Mum."
- Staff felt their feedback was taken on board. One care worker told us, "I asked for more travelling time two weeks ago and I got it. That was sorted out'. We saw a review had been carried out following feedback from staff that a person's needs had increased and their call was regularly taking longer than the allotted time.

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.

- People's communication needs had been identified and were clearly documented in their care plans. This included if they required glasses, hearing aids or dentures.
- A new risk assessment set out the best way to contact a person, the format they required information to be presented in, if they required a communication professional to be present at any appointment and so forth. It also detailed ways staff could support people with communication, such as by speaking slowly or writing things down.
- The registered manager told us they had sent large print rotas to one person but in the end it had been

more effective to call and talk the rota through with them.

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 were aware of people's interests and engaged in conversation around these. One relative told us they had extended one visit in the week to allow time for the carer to sit and have a cup of tea and a chat with their loved one. They said this had made a big difference and reduced the person's feeling of loneliness.
- A social worker shared how visits from the agency had provided an important daily contact for a person who had become socially isolated. They wrote, 'Initially the customer was reluctant to have carers in, but after a short time accepted the visits and then looked forward to seeing them arriving. The customer said that they found the carers to be supportive, friendly and helpful. They engaged well and spent time talking and encouraging them with their care and support needs'.

Improving care quality in response to complaints or concerns

- People felt able to raise any concerns and spoke positively about how staff had responded in the past. One person told us, "I haven't had to complain but know to ring the office if I'm not happy." A relative said, "Any problems I phone the office and they sort them out. They do listen and they do make changes." Another relative added, "Anytime there has been an issue we have let them know and they have dealt with them quickly."
- The provider had a complaints policy. This was clearly communicated to people in the information about the service and was included in the care folders kept in people's homes. The registered manager told us, "I think because we are quite open and friendly, we do express just please ring, we'd rather talk about it."

End of life care and support

- If a person's needs progressed to end of life, staff were willing to continue providing care. The registered manager told us, "We tend to send in more experience staff and we only send those who are comfortable."
- At the time of our visit the agency was not providing any end of life care. The registered manager explained they no longer took referrals for designated end of life care packages.

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 good. At this inspection this key question has remained the same. 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

- The registered manager had good oversight of what was happening at the service. Staff worked closely together to ensure effective communication and a high level of support to people.
- A system of quality assurance checks were used to measure and monitor the smooth running of the service. The registered manager was aware of the issues we identified in the areas of staffing and recording of medicines and measures were already in place to address these concerns. This included recruitment initiatives and allocated hours for care-coordinators to carry out more detailed quality checks on medication records. We will assess the impact of these changes at our next inspection.
- Staff received direct observation visits as they supported people. This checked the staff member was wearing the correct uniform, their conduct, if they followed the care plan and how they recorded the visit.
- The registered manager maintained records of missed calls and medication incidents. These were reviewed to identify any patterns. Action had been taken to respond to concerns, including liaising with other professionals and discussing specific incidents with individual staff members. While some calls had been cancelled due to recent flooding (with family or others in place to provide assistance to the person), we saw the incidence of missed calls had declined, with none recorded since July 2019. This demonstrated an improvement.

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

- The registered manager had built a positive, person centred, open culture based on honest communication with people and their families/representatives.
- Feedback from people and relatives was very positive regarding the care workers and office staff, with most complementing their performance. In response to the provider's survey a relative wrote, 'There is a good relationship between (name of person's) family and the wider care team. Thanks so much for all you are doing'.

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 was aware of their responsibilities under the Duty of Candour. She described her responsibilities as, "To be honest and open." She told us, "We are honest, we say it as it is."
- The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go

wrong with care and treatment. There had been no duty of candour events at the service.

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

- People and staff were involved in developing the service. The provider sent quality review forms to people, relatives and staff to gather their feedback. The feedback was positive. A representative of the provider told us, "Everyone is happy with the actual standard of care." In response to concerns over scheduling, an additional staff member had been brought in to work in this area. This had helped ensure people were better informed of changes to their call times.
- People who were new to the service received a phone call from the office during the first four weeks to discuss any issues or changes required to the care plan.
- There was a 'drop in' policy for staff meaning they could visit the office at any time. Staff told us the office staff were readily available and they could also call for support out of hours. One care worker said, "They are always happy to have us in to talk." Another told us, "Gozone couldn't be more helpful, they are always at the end of the phone and they always sort anything out when I need it sorting out." There was an annual staff meeting with two available dates for staff to attend.
- Staff were valued. Compliments received were shared with staff and kept on their files. Staff who worked during recent flooding received a card and gift in recognition of their efforts.

Continuous learning and improving care

- The registered manager was keen to develop and improve the service.
- The provider was considering introducing electronic medication records. This would provide real time information, prompts for staff if a medication or signature had been missed and more timely oversight by the office.
- New uniforms were on order and new identification badges were being made for care workers.
- The registered manager was looking at options for first aid training to ensure care workers could attend this training early on in their time with the agency. At the time of our inspection they struggled to form large enough groups of staff to justify the cost of bringing in an external trainer. As a solution, they planned to train up a staff member as a first aid trainer so they could deliver the course to staff individually or in small groups.

Working in partnership with others

- The registered manager kept up to date with best practice and guidance via the local authority, Skills for Care, the Commission and other organisations. She attended 'Dementia Pathway' meetings run by the local authority. This was an opportunity to share ideas and best practice.
- The welcome pack for people using the service included useful information and links to other services people may find useful. This included a leaflet from Carewise entitled, 'Information and advice to help ease the worry of paying for long-term care'.
- A social worker told us, 'I found the staff I spoke with to be open to working closely with the customer and the issues presented. (Named staff member) was willing to explore the issues as they presented and asked appropriate questions and took forward any ideas and plans drawn up'.