

G & M Senior Care Ltd

G&M Senior Care Limited t/a Home Instead Senior Care

Inspection report

51a High Street
Ruislip
Middlesex
HA4 7BD

Tel: 02032260930
Website: www.homeinstead.co.uk/ruislipandharrow

Date of inspection visit:
29 June 2021
01 July 2021
05 July 2021

Date of publication:
16 November 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service

G&M Senior Care Limited t/a Home Instead Senior Care is a domiciliary care agency providing personal care and support to people living in their own homes. They are registered to provide care to older and younger adults some of whom are living with dementia, disabilities, mental health conditions, and sensory impairments.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection they were offering personal care to 43 people.

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

The provider had strong leadership and managers led by example to provide a quality service for people that met their needs. The culture within the service was enabling and care givers went above and beyond to help meet people's needs. The provider had robust quality assurance processes and a range of methods to get feedback from people, their relatives and others that they valued and considered in developing and improving their service.

The feedback from people and their relatives was overwhelmingly positive and demonstrated that a caring and empowering culture was well embedded across the organisation. Staff knew the people they were supporting well and understood how best to support them. There was an emphasis on respecting people's individuality and providing care according to their preferences.

The service was led by two directors who were also the owners of the company. They and their management team demonstrated a strong level of engagement with people, relatives and their staff. The provider had demonstrated their aim to be to be proactive and innovative. They put people at the centre of their service delivery.

The provider ensured they supported staff and people using the service well throughout the COVID-19 pandemic. They had introduced initiatives to keep people and staff safe. They had supported staff to create alternative activities whilst people were locked down to maintain peoples' well-being. The provider had arrangements to ensure people received responsive end of life care, if this is required.

The provider had invested in training their work force. The management team had specific roles and areas of interests and kept their learning updated. It was a strength of the service they could train, advise and support care givers to learn the skills and knowledge they required to give quality care to people.

The providers were well supported by the brand Home Instead and they welcomed both external and internal auditing. Feedback received was treated as an opportunity to reflect and further improve the quality of the service for people.

The provider had systems and processes to identify and mitigate the risk of abuse to people using their service. People told us they felt safe with their consistent individual teams of staff who were familiar, friendly and respectful visitors to their homes. Staff understood people's care needs well and people were very pleased about the care they received.

The provider had a safe recruitment processes which checked staff suitability to provide care to people. There was considered careful matching of the staff with people they supported. They took into account their mutual interests and individual personalities to make sure that appropriate and caring relationship could be built between care givers and people using the service.

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.

Rating at last inspection

The last rating for this service was good (published 29 June 2018).

Why we inspected

We undertook this announced focused inspection due to the length of time since our last inspection. The report only covers our findings in relation to the key questions of safe, responsive and well-led. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed and remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for G&M Senior Care Limited t/a Home Instead Senior Care on our website at www.cqc.org.uk.

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 safe.

Details are in our safe 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 ☆

G&M Senior Care Limited t/a Home Instead Senior Care

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 team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 June and ended on 5 July 2021. We visited the office location on 29 June and on the 1 July 2021.

What we did before the 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.

During the inspection

We reviewed a range of records. This included three people's care records and four people's medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We spoke with the registered manager, operations manager, recruiter/co-ordinator and nursing supervisor and met members of the management team. We spoke with the nominated individual and director via video conference whilst visiting the location office on 1 July 2021.

On the 5 July 2021 we spoke with seven people and six relatives who used the service.

After the inspection

We wrote to 14 care workers and received five replies. We telephoned and spoke with a further four care workers. In this report the term 'care giver' refers to a 'care worker'. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and evidence of provider engagement with the people who used the service, their relatives and the local community.

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 remained the same.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider assessed risks to people and had guidance in place for staff to keep people safe from harm.
- In the records we reviewed most risks were identified and there was clear guidance for staff. However, one person's record indicated they had type 2 diabetes, but their care record did not contain information for staff to manage this condition. When we alerted the registered manager, they addressed this diabetes risk oversight and provided an amended risk assessment.
- All other care records we looked at contained risk assessments and guidance for other serious illnesses. This included measures to manage risks associated with heart conditions, diverticular disease, cancer, dementia and skin conditions.
- The registered manager who had been recently recruited to the service demonstrated they were in process of reviewing all people's care records and their risk assessments.
- Risk assessments were completed by visiting people's homes and discussing with the person their health concerns, mobility, falls history, eating support and by viewing the person's environment. People and their relatives confirmed they were involved in the assessment of risks and their care planning. They told us, "Yes, [management team member] came out and looked around my house, asked me what help I needed," and "We had a visit from a member of the office staff, who did an assessment and decided on a care plan."

Using medicines safely

- The provider followed their medicines processes and systems to ensure the safe administration of medicines. Medicines administration was completed electronically and audited in 'real time' by the management team to ensure there were no errors or shortfalls.
- Medicines were listed in people's care records. We noted some people's records did not always contain information about what each medicine was used for and any possible side effects. The registered manager had identified this and demonstrated they were in the process of implementing changes to those care plans to address this and make the information for staff more robust.
- Care givers had received appropriate training, which included, the use of the electronic medicines administration system, administration competency assessments and attendance of refresher training. There was guidance in care plans about how each person wanted their medicines administered.
- Care givers confirmed they had received adequate training. Their comments included, "Training [for medicines administration] is quite good, they give you all the details. [If you make an error] they are very strict about this, they will take it up with you, you have to sign forms [to say you have received information and now understand why it was an error]. They are very thorough," and "Yes, I feel competent in administering medication as required by the office. Most often, I know what the medication treats," and "I

feel I am well informed through the portal [A medicines administration Application] regarding a client's medication," and "Yes online [training] and in practise. I have read every client care plan to understand their medication."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had measures in place to safeguard people from the risk of harm and we saw examples of lessons learnt being shared with the staff team to prevent a reoccurrence.
- The management team monitored daily notes, medicines administration records, accidents, incidents and complaints to ensure no safeguarding concern was overlooked. They referred safeguarding concerns to the appropriate body, recorded the actions taken and the outcome. Learning from incidents were shared with the staff team and further training was provided to ensure staff had the right skills and competence to prevent a reoccurrence.
- Care givers had received training to recognise and know how to report signs of abuse. One care worker we spoke with told us they had reported a safeguarding adults concern in the past. They described how they had raised their concerns to the management team and there was a good outcome for the person they supported. Other care givers told us, "I would watch for change of behaviour, if they are unusually quiet, not as cheerful or if I saw bruising, I would phone the office straight away," and "If I see a problem, I call the office."
- People told us they felt safe with the service they received from their care givers. Their comments included, "I do feel safe with them," and " Certainly I do feel safe with them," and "Yes, I feel most safe."

Staffing and recruitment

- The provider had safe recruitment process and enough staff were employed to meet people's care and support needs. The provider undertook actions which included, completion of an application, an interview to check aptitude for a caring role, checks of identity, the right to work in the UK, both professional and character references and criminal records checks. Staff competence for their role continued to be assessed throughout the initial training, shadowing senior workers and during their probationary period.
- The provider built teams of care givers around each person. This meant whenever possible familiar care givers were visiting. These care givers knew their allocated person well and were familiar with the way they liked their care provided. Care giver numbers were calculated so there would always be care givers available to work should others be unexpectedly absent. In addition, some members of the management team who knew the people using the service well were also experienced care givers, and in an emergency covered and provided care support.
- The provider requested all care givers completed profiles which included information about their interests this helped the agency match staff with people to facilitate a good working relationship.
- People and relatives both spoke positively about staffing numbers, good time keeping and a consistent team of Care givers. Their comments included, "Always on time, don't think they've ever been late. I mostly have the same two [Care givers] unless one is on holiday," and "Their time keeping is marvellous, I usually get one of two or three people," and "Always punctual, a regular team of five, all familiar faces."

Preventing and controlling infection

- The systems and processes utilised in the service were robust in managing the risk of cross infection. Staff had been supported to maintain good infection control. Throughout the pandemic the provider had always ensured there was adequate personal protective equipment (PPE) for staff use and staff had been provided with training and reminders to use and dispose of PPE in a safe manner.
- The provider had organised the office staff into two teams. The teams worked separately through lockdown to avoid the spread of COVID-19 and to ensure there was always managers available to run the service should members of one team become ill. They had rearranged the office space to ensure social

distancing and reduce the risk of cross infection.

- People and their relatives confirmed staff used PPE and throughout the pandemic practised safe infection control when visiting their homes. Their comments included, "They were very good, all wore face masks and so on," and "[Care givers] all wear everything, masks, gloves, aprons, wash their hands when they arrive and before they leave," and "Full PPE, follow all the official guidelines, and always wash their hands."

- The management team carried out spot checks to ensure Care givers adhered to the PPE use guidelines and observed staff practice to ensure they provided care and support to people in a safe manner.

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 remain the same.

This meant people's needs were met through good organisation and delivery.

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

- People using the service were supported to develop and maintain relationships and take part in activities. The provider recognised the importance of providing companionship to people and spending quality time with people to improve their wellbeing and quality of life.
- They encouraged their care givers to take time when providing care and offered people companionship visits. They also supported contact with people's relatives when they lived apart, in particular during the pandemic. In one instance they purchased an electronic tablet to facilitate family contact and supported telephone conversations for others. One care giver wrote, "We would do [social media] calls with their [relative] at least twice a week which they loved."
- The provider had always facilitated social events prior to the pandemic and continued to develop events on social media and in newsletters which included a variety of competitions and charity activities to keep people engaged during the pandemic. The registered manager told us, "We ask what [people] would like to do, we don't 'Pidgeon hole' people, we don't assume." They described how they looked for, "COVID-19 tailored activities," as many people were unable to go out and socialise during the pandemic. "Normally we get clients together, so we had to look at engaging people in other ways. When allowed we went out to parks and shops and to a lot of gardens, we did quizzes and crosswords. We held competitions including a growing sunflowers competition."
- There were numerous examples of when care givers were very creative and facilitated memorable activities for people. One care giver took the person they cared for, out for drives around the person's local area each week. They visited their favourite places they remembered fondly. The person was an ardent fan of a local football team. The care giver drove the person to the football team club offices where they persuaded the staff to allow access to an office where the person could see the newly built football stadium. The person had a great time and their family told the Director how their relative had enjoyed their trip so much.
- Another care giver took the person they cared for out, when their relative was not able to manage their wheelchair. They noted they liked to go to the park and in particular feed the ducks. The care worker wrote, "We have coffee and ice-cream in the park, after we go on a nature trail trying to find different birds, hedgehogs and insects with [Person] we enjoy...we feed the ducks and the coots." This person also had an interest in all forms of transport. When the care giver visited their home country, they thoughtfully brought back information about canals. They shared this information with the person so they could look together at a common interest.
- Staff supported people to maintain their mental well-being and to exercise so they could return to a more

active lifestyle. People told us, "They are [respectful], all speak nicely to me, sit down and have a little chat," "I do have daily exercises for getting me back to normal living. [Care givers] discuss those with me, they are always happy to help me do those," and "[The support provided] makes an awful lot of difference, enables me to attend hydrotherapy. It's taken a lot of the insecurity out of being at home, given me the ability to cope with life changes."

- Relatives confirmed care givers encouraged and supported people in meaningful activities. Their comments included, "Yes, they provide companionship, play games, exercise to music, read the newspaper to [relative], read stories in an, 'animated' way to maintain interest," and "Yes, my, [family member] likes to follow the carers about, likes to walk in the garden, talk about the birds. Carers fill up the bird feeders, I've left a photograph album in the lounge, carers talk with my relative about the photographs."
- Staff described to us how they engaged with people and encouraged activities which they undertook with the people they worked with, "I have gone on walks with my client around the area and I have encouraged my clients to look at jigsaws and photo albums," and " Being cheerful, making them a part of the care I give them. Taking into account each individual's needs and wants and always having a cheerful chat," and "By talking to the clients through the entire time that I am there and by engaging in their interests."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- All care records reviewed were written in a person-centred manner. People and/or their relatives had been involved in gathering information for the care plans. They contained a good informative background and described people's preferences, interests and hobbies. Care and support needed was clearly stated and contained detailed and helpful guidance for staff.
- People's care records were written in a respectful manner and contained relevant information which described their daily routine, how they liked their meals prepared and how they wanted their personal care provided.
- People and their relatives felt their personal care was delivered as they wanted it to be done and in a respectful manner. Their comments included, "Yes, they were very good, the care givers were exceptional," and "They are all so very kind, they help me wash, they are very caring" and "[Care givers] are always careful to make sure my relative is not exposed to outsiders, they make sure curtains are shut before providing any personal care," and " They help me get washed and dressed, help me prepare my lunch."
- People's care plans contained information for their safe moving and handling. This included the use of equipment such as electric wheelchairs for outdoor use and how to best support the person in using those.

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 provider ensured people and relatives were provided with information in a manner they found accessible. The registered manager described how the management team kept in regular contact by sending e-mails, making phone calls and sending, "plain English" information about relevant topics. They would use an interpreter, or an advocate should the need arise and had a list of local agencies to use as a staff resource. Care plans contained people's communication support needs clearly so they could remain as independent as possible. This included the support people required with their glasses and hearing aids.
- Documents reviewed demonstrated care givers routinely supported people to continue to understand information and described how people best understood or made their wishes known. Care givers encouraged people to remain interested in the world about them. For example, one care giver always bought a newspaper to their visits. They would sit with the person talking about the contents by reading it

out loud and discussing. Their relative reported they could hear both the person and their relative laughing and engaging in conversation about the latest news events.

End of life care and support

- The provider had ensured care givers were equipped with the knowledge and skills they would require, to provide, end of life care. The coordinator was trained in end of life care and when the need arose had been able to support the care givers. The nurse supervisor, a member of the management team, provided further expertise for care givers to access should the need arise. A team of care givers had received end of life training and they told us it had been very good in equipping them for this role.
- The registered manager had experience of supporting staff to work with people who were at the end of their life. They described how they would develop care plans with the person and their family to reflect their wishes and would work closely with the GP and palliative care team. We saw in a relative's feedback, care givers had worked in partnership with palliative care health staff to make their family member's last days comfortable and pain free.
- The relatives highly praised the care givers and agency for the high level of support they gave through their family member's final months. This was for managing household crises, for being consistently 'reliable, flexible, and adaptable,' and for supporting the person's final wishes. A relative wrote, "Instead of consigning [Person's] last illness to medics, Home Instead made possible [Person's] final wish, which was to die at peace of their own home, among people they knew and loved."

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 now improved 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 provider's culture was open and inclusive which helped to develop a very positive atmosphere which placed people at the forefront of the service.
- Relatives told us how their family members were at the centre of the service and how this was tailored to fit around their needs. This was confirmed by the outcomes of quality assurance checks, surveys and communications which demonstrated people's satisfaction and praises for the service. One relative commented, "This year (2020) has by any standards been difficult. It would have been so much more so without the support and care afforded to my [relative] by [the provider]. They have dealt with a series of tricky situations and through their experience and confidence made my [relative] comfortable and have given peace of mind."
- People told us about the provider's inclusive culture and how they had been very well supported through the pandemic lockdowns. Their comments included, "They were marvellous, the office used to phone up, to see if I was okay, and ask if I needed any shopping," and "I started with them a month before lockdown, they were very good, always phoning to see how I was."
- Relatives also spoke very positively about the support they received to reflect their individual circumstances. For instance, one relative told us, "Support during COVID-19 was very good, we had regular bulletins and phone calls to make sure we were okay, which was much appreciated. Another added "Support was very good, the company were happy to cancel when I was furloughed for a month, they were very good about changing the contract and rang me every week to check we were coping."
- The registered manager and provider demonstrated their collaborative approach and values from the very beginning when people were referred to the service. Prior to starting a service, the management team arranged an inclusive, "Care consultation" meeting with people and their relatives. This assessment and information sharing meeting held people at the centre of decisions about their care wishes and preferences.
- The caring approach of the provider and the way they led the service, encouraged outstanding care from their care givers. At the time of the inspection the provider had recognised and rewarded 16 care givers for their outstanding contributions to the care of people. This was for the work they had undertaken with individuals, offering very personalised care, supporting numerous people to re-visit favourite and memorable places to them, overcoming any barriers to taking part in activities and working creatively to improve people's quality of life. They had been recognised by the company for, 'going above and beyond,' and also recognised were, the 'Champions of Care' who led the way in providing outstanding service and

'went the extra mile'.

- One person's passion was golf, but due to their declining health they were no longer able to go to the golf course and play. They often proudly showed their golfing trophies and medals to their care giver. The care giver took it on themselves to obtain a pitch and putt golf machine for the person as a surprise gift. The person was delighted and is reported to have said, "I don't even have to fetch the ball! It comes back all by itself!" The person is reported to have enjoyed showing the care giver how to hold and swing the club, this allowed the person to enjoy the activity and also to feel valued as they passed on their own knowledge to the care giver
- The provider's commitment to supporting their staff to deliver outstanding care was demonstrated when one of their staff got through to the final of the national "Great British Care awards" in 2020. They were one of four staff working in health and social care to be selected for this prestigious care award which recognises outstanding contribution in health and social care.
- The whole staff team supported each other. They worked in partnership to support their fellow care givers who had experienced hardship. For example, they collected money for a care worker who became unwell and was unable to work. The money was raised towards an electric mobility scooter to make their life easier and for them to remain independent when out in the community.

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

- Managers and office staff were very clear about their respective roles and had been supported by the provider to understand the importance of delivering a consistent and quality service that met people's needs.
 - The provider had developed a well-structured and effective management and administrative team which met the different tasks and responsibilities of running a person-centred domiciliary care agency. In order to further improve the service delivery, the provider ensured there was ongoing relevant training for the managers and office staff to develop their areas of interest and for the benefit of the people using the service.
 - The provider acknowledged that to be able to deliver the very best care they needed to be supported by the appropriate technology. They had invested in new technology and communication systems, which included a complete computer, software and telephone upgrade. For example, their new phone system allowed calls to the office to be answered on staff mobiles via an App. There was an ability to transfer calls to each other wherever they were. Electronic tablets were used for making notes at care assessments or reviews, which synched with their digital care planner. As a result, staff were able to respond quickly to enquiries, changes of plans or circumstances. This meant people using the service received a very prompt and efficient response from all staff including care workers and the management team.
 - The enhanced communication between the management team, care givers and people using the service ensured excellent lines of communication were maintained. This meant communication was just as effective whilst working in the office or in a home environment. This facilitated inclusion and good outcomes for people because any change of circumstances feedback, request or concern was immediately communicated between the person, the office staff and the care givers for a speedy response and allowed robust oversight by the provider.
 - Electronic systems and the use of software applications allowed the management team to check and audit the quality of the service provided and monitor care givers attendance at calls as well as the care and medicines support provided in real time. In addition, relatives were given access to the application, staff used to record the "real time" care notes of people with their consent, so they could have access to this information. Where necessary the provider also gave training and guidance to relatives on how to use this. The management team were able to identify any arising problem or issues early so they could intervene and address to ensure people receive a smooth service. This hugely benefitted people, their relatives were

reassured as they were able to check care was being delivered in line with their family members agreed support, their preferences and wishes.

- The provider won an award from a national organisation which surveys and recognises the contribution of homecare services, three years in a row. This was obtained through feedback from staff and demonstrated a consistent record of achieving the highest-level recognition for care employers.

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

- The management team and directors proactively engaged with people, relatives and staff to ensure they were fully involved in the development of the service and how it was provided. The provider continually sought feedback from them to obtain their views about the quality of the service. This was done through visits, phone calls, frequent surveys. The findings were analysed and any areas that were identified as requiring improvement were addressed. For example, the director wrote to all stakeholders when a common theme was identified through a survey to explain what they had done to address and improve the area of concern.

- The provider made every effort to respect people's and staff's diverse backgrounds and cultural heritage. They gathered equal opportunities and diversity data during the initial assessment of people's support needs and during the recruitment of staff to ensure they were fully considering their equality characteristics but also used the information to match care givers to people, to help build appropriate caring relationships between them. This meant people could be matched with staff who understood their cultural, religious and diverse needs and preferences and allowed for a very good working relationship to develop.

- The directors engaged in a constructive way with their care givers and ensured the care givers had appropriate support when they needed it. One care giver said, "Having been here a short time, I feel very welcomed and supported. I enjoy having the same clients and have a good rapport with them. I had some lovely feedback recently ... which was very nice to hear."

- The service provided access to a comprehensive employee support programme with a 24-hour help line which offered benefits to all care givers and could advise on issues such as finances, domestic violence, mental and physical well-being. One care giver told us, "I absolutely love working for them...the owner is so nice, ...I can always ring [Director]. The things they do for staff, bake cakes and little things like that makes you feel appreciated. I love it."

- The provider demonstrated they had a strong ethos of investing in and developing their staff. This was achieved both through providing training and ongoing support for promotion opportunities. During the inspection we met former care givers who were now in more senior roles whose knowledge, skills and enthusiasm had been recognised. They had been encouraged and supported to move up through the business and follow a management career path in health and social care. They felt valued now they were members of the management team. This impacted very positively for people using the service as their care workers received appropriate support from managers who were experienced and well versed in the practical application of good care practices.

- The registered manager used a range of methods to communicate and engage with staff to suit each individual staff best way of understanding information. As such emails, phone calls, software applications, face to face discussions, virtual meetings and newsletters were used to share information and updates. One care giver told us, and "The office staff, there is always someone there to give advice and they will come out from the office [to support] if necessary," and another said "Yes, I can communicate my problems if I need to, the [registered manager] will send communications with information as and when required." This meant care workers could raise any query or concern on behalf of the people they provided a service to and care workers knew they would receive a quick well-informed reply, or a manager would attend to give practical support if needed. This was very reassuring for people in their care and gave people an extra layer of confidence at times of concern or emergency.

Continuous learning and improving care

- There provider had an ethos to continually learn and improve which they demonstrated by leading by example and by supporting their staff to develop.
- Recent training had included, 'Everyday Conversation Workshops,' to support all management staff to communicate more effectively with both the work force and people using the service and they had promoted the use of inclusive approaches. The provider promoted the use of positive and enabling language terms so care givers were supported to have the right attitude and approach to care. For example care givers wrote in daily reports, "Continence aids" instead of "pads" and "body wash" instead of "strip wash" as this was considered more respectful and appropriate.
- The care supervisor had kept their clinical skills updated and had attended a "Clinical skills instructor development workshop," so they could further support care givers with their clinical skills and knowledge. The care co-ordinator had attended a train the trainer course for catheter care and was an accredited moving and handling instructor. They trained the care givers, carried out observation of care practices, assess their competency and were available to advise and support.
- The directors ensured their knowledge was updated and had for example attended training on COVID -19 awareness, dementia care and understanding how to protect people from "scams" which they might otherwise fall victim to. They used this learning, which they cascaded to the care givers for the benefit of people and relatives using the service.
- Care givers told us how their training supported them in their work. In particular, care givers told us their dementia training had been very effective and helped them in their caring role. Their comments included, "I found the dementia training the most useful as it is very common with all of my clients," and another said, "All of it really is [helpful training], but especially the dementia training as most of my clients suffer this dreadful disease."

Working in partnership with others

- The provider played an active role in the local community and worked in partnership with others to improve the experiences of people with care and support needs using community services. They had supported the Disability Confident Campaign and in May 2019 had taken part in a mystery shopper exercise in Ruislip High street to determine if shops and cafes were disability friendly. Disability Confident is a government scheme that helps employers attract, recruit and retain disabled staff. They had reported back their findings to support improvements to people with disabilities shopping experiences.
- The provider worked closely with other local providers for the benefit of other older people living in provider settings and people using their service. This included joint social activities with local care homes and supported living settings.
- During COVID-19 lock down they worked in partnership to keep people, relatives, staff and their families spirits up. They ran competitions and gave prizes. These included painting rainbows for the NHS. Children and people entered the competitions, and paintings were displayed, and photos shared in news bulletins. Photos of people and their care givers and sunflower growing competitions also helped people and families manage their mental well-being. They had raised money for charities including for breast cancer.
- There were numerous examples of proactively working in partnership with health and social care professionals for the benefit of people in their care. For example, the management team contacted consultants, GP, district nurses and occupational and physiotherapist on behalf of people and to support them with their healthcare needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was open and transparent and honest with people when something went wrong. They investigated concerns, complaints and safeguarding incidents, looked for trends in the service. They were honest about their findings. They shared the outcomes with people, apologised where required and

explained what they had put in place to ensure there was no reoccurrence of any identified shortfalls. Learning from incidents was shared with the staff team through supervision and virtual team meetings.

- Notifiable events had been reported to CQC as required and the provider was fully aware of their responsibilities around this. They liaised with the inspector and had readily provided further information when it had been required.
- External reviews of the service were arranged by the provider. These gave independent feedback and input. The provider believed in an open and transparent way of working and welcomed constructive criticism which would ultimately further improve the service provision for people.