

# Total Homecare Professionals Limited Guardian Angel Carers Spelthorne

## 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Guardian Angel Carers Spelthorne is a domiciliary care agency providing care to people who live in their own homes. The office is based in Staines upon Thames and all supported people live in the local area of Spelthorne and Runnymede.

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 the agency provided personal care to 10 people, mainly older people with physical support needs.

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

People and their relatives felt care provided was specifically tailored to their individual needs and circumstances. The agency went the extra mile when it came to supporting the wellbeing and physical needs of people at the end stages of their lives. People told us staff had outstanding skills and an excellent understanding of how to provide a person-centred service.

Staff met people's preferences and were innovative in suggesting and carrying out additional ideas and practices to give people an enhanced sense of well-being during any changing needs. People were supported to live their lives how they wanted and could access help in a way and at a time which best suited them. Care and support was delivered in a way to ensure flexibility, choice and continuity. This was made possible irrespective of individual health and physical needs which were addressed by staff proactively and efficiently so people felt comfortable and safe. Professionals told us the agency ensured care plans were clear, medication changes were implemented and worked with them to shorten people's rehabilitation following hospital admissions.

People were treated as individuals and this was reflected in their care plans and day to day support delivery. People's needs were responded to in a way that promoted an enhanced sense of well-being. Staff had strong caring values and respected each person and their choices. The management ethos was to provide a service they would expect their relatives to receive. Technology was used appropriately to benefit people and staff showed a dedication to involving people in the local community.

The service worked in an open and transparent way and built good relationships with healthcare professionals. Staff supported people and their families through hospital admissions and helped them to manage changes in their needs, and at the same time respecting their dignity, privacy and preferences. People were supported to use all available healthcare services and to access the community to maintain their physical and mental health.

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.

The management of the service ensured risks to people were managed effectively. Staff were safely recruited and there was enough of them to support people in a timely way. Staff knew how to protect people from risk of abuse and avoidable harm and how to support them to take their medicines safely.

The service was managed by strong leaders and staff felt supported, involved and listened to. People and relatives found staff to be competent and kind. The management had good systems in place to ensure legal requirements were met and the quality and safety of the service was monitored.

The managers regularly analysed their governance information to continuously improve people's experience of care. The provider kept up to date with changes and followed national guidance. The management took appropriate action to respond to any unforeseen situations such as outbreaks of infectious diseases.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 16 April 2019 and this was the first inspection.

Why we inspected

This was a planned inspection based on the date the agency registered with CQC.

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?

Good ●

The service was safe.

Details are in our safe 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?

Outstanding ☆

The service was exceptionally 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.

# Guardian Angel Carers Spelthorne

## **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.

#### Service and service type

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

#### 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 11 March 2020 and ended on 16 March 2020. We visited the office location on 11 March.

#### 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. We reviewed information provided to CQC at the point of registration and notifications of significant events submitted from the service to CQC since registration. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the management of the service including the registered manager, nominated individual and the brand owner who supported them during our inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with two staff members via telephone. We gathered feedback from one person receiving support and four relatives of people using the service via telephone.

We reviewed a range of records. This included five individual care plans and multiple medicine records. We looked at two staff files in relation to recruitment. A variety of records relating to management of the service were reviewed. This included staff training records and provider's policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at service action plans, policies and procedures and staff meeting records. We sought and received feedback from two professionals who worked with the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from risk of abuse. One person said, "Yes, they (staff) protect us, they do a good job." A relative told us, "[Staff] are totally aware of how to keep [person] safe. I trust them implicitly."
- Staff received training in safeguarding and knew how to raise any concerns to protect people. One staff member told us, "If I did have concerns, I would talk to [management] or head office of Guardian Angels or local safeguarding team." Staff also had access to an anonymous support line to raise any concerns.

Assessing risk, safety monitoring and management

- People felt protected from risk of avoidable harm. People had clear risk assessments in place for moving and handling, diabetes, continence and skin health or risk of infections. People's care records confirmed the service management contacted other professionals in a timely manner and proposed and implemented support measures to ensure people's safety.
- Records were kept where people needed their specific health needs monitored and there was clear guidance for staff on how to recognise and address any specific concerns. A relative explained that risks to the person supported were reviewed regularly, for example after each hospital admission when the person's needs changed.
- The provider had business contingency plans in place and took robust action to address Covid-19 outbreak risks, including action around building a reserve staff team and implementation of risk control measures to protect people and staff from the infection.

Staffing and recruitment

- There were enough staff employed to ensure continuity of care and to reduce the number of staff changes so people received their care visits as planned. Management also flexibly addressed people's changing needs. One relative told us, "I am confident they would always be there, if they needed to stay extra they would. [My relative] seems to have regular carers; to be fair there was not a big change of staff."
- The provider implemented effective electronic systems to monitor staff's attendance. The provider made suitable changes if people's calls were identified to be late. For example, they requested increase in support to ensure care visits were not overrunning and impacting on other people. No care visits were missed since the service registered with us.
- The provider had safe systems in place to recruit new staff. The registered manager obtained proof of identity, suitable references and recorded full employment history of any applicants. Staff also underwent a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Using medicines safely

- People received safe support with their medicines and were regularly consulted on any changes. One relative said, "If any queries around medicines, they will inform me, we discussed support with disposal of medicines and things like that."
- Staff recorded electronically when they supported people with their medicines. Any refusals, as well as people's comments and queries were recorded and addressed with the management and the prescriber where needed. One professional working with the service said, "Concerning medications, the agency appears to be aware how important it is to have clear guidance. This indicates to us that they ensure their staff deliver medications safely."
- Staff who supported people with their medicines were well-trained and supervised by the management. A visiting professional told us, "One of the managers observed a carer administering medication whilst I was present as they were checking her skills. Therefore, from what I have seen, they have good procedures in place."

#### Preventing and controlling infection

- Staff were trained in effective infection control and prevention and had access to personal protective equipment. One staff member told us they had suitable training and received ongoing guidance from management, "We are always told to wash our hands, use gloves, aprons when needed. I was shown and taught how to dispose of, for example [soiled items] and how to support [people] with personal care."
- The provider had a detailed infection control policy which included guidance on prevention of the spread of communicable diseases, use of personal protective equipment and contact details to Public Health England and the local infection prevention lead.

#### Learning lessons when things go wrong

- Incidents and accidents were routinely analysed by the management team and action was taken to address any lessons learned to improve the service. For example, staff training was increased as a pattern of falls was identified, and staff were trained in supporting a 'controlled' fall to decrease the risk of injuries.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, choices and preferences were discussed with them which enabled the provider to identify best support strategies prior to commencing the care visits. One relative told us, "They came two days in a row and put a plan together, [nominated individual] stayed with [the person] for few weeks to spend time and get to know [the person] and their needs."
- Management had clear processes in place to address people's preferences and tailored their care to their individual circumstances. They explained how they would meet with the person and their family and prepare an initial care plan with them. The recording system they used enabled them to identify what areas of daily life and health would need to be explored further.
- Management were part of a range of national associations and support groups as well as using accredited resources to ensure they were up to date with any regulatory and best practice standards. For example, they implemented government infection control guidance and people's oral care and other health needs were assessed in line with national best practice principles.

Staff support: induction, training, skills and experience

- People and their relatives felt staff were competent to deliver high quality care and support. One person told us, "They are experienced, we get introduction period first, they also learn about us eagerly and get on well with difficult jobs."
- Staff received induction training which equipped them with the knowledge and skills required to support people safely. One staff member told us, "I spent three days with [nominated individual who was also a trainer] and one day shadowing (observing) another staff who showed me loads of practical things. I had enough training. I had loads of checks [done by management] for the first month." Staff completed the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received appropriate training to be able to meet people's needs. The e-learning training covered multiple subjects including health and safety, basic life support, mental capacity act and equality and diversity. Staff received practical training and were regularly supervised and competency assessed. Staff were also offered to complete national vocational qualifications relevant to health and social care roles.

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

- People were supported to maintain a good diet and have regular homemade meals and drinks. One person said, "[Staff] always ask about cup of tea, actually one is being produced for me now. They also offer lemonade or other soft drinks. They help to prepare meals, ask us what we would like, and they cook it. They make very good lasagne."

- Staff ensured people were asked for their choices and help was offered when their needs changed. For example, one person told us staff listened to them and followed their instructions to prepare the breakfast meal how they liked it. Relatives told us staff would enquire about people's needs and promptly react where help was needed to check food 'use by' dates or shop for groceries.
- People had clear care plans around their nutrition and hydration. One person's care plan detailed their preferences for each meal, snacks and fruit they liked and guided staff to always leave a flask of tea within their reach. Where there were identified risks around people's health, these were addressed in their plans.

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

- People were supported to access a range of healthcare professionals and staff were proactive in providing appropriate advice. One relative said, "[Staff] often mention little things, if they notice anything they would let us know." Records confirmed people received support to access their GP, dentist, physiotherapy or occupational therapy services, community nurses or to arrange chiropody visits.
- The service effectively communicated with other healthcare professionals to provide people with timely care. One relative said, "[Management] was at the end of the phone, they would be there if needed and in case of any emergency, always thinking about how the company fits [the person], not how the client fits with the company." One staff member told us, "If situation was severe, I would contact 999 and once finished talking to them, I would inform the office. I would also contact the doctor or pharmacy if there were any medicines concerns."

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 worked in line with Mental Capacity Act 2005 principles. People's consent to care and support and sharing information was discussed with them and recorded. One person said, "[Staff] are clear what they can do and what they cannot."
- Where people may have lacked capacity to provide consent, mental capacity assessments were completed, and best interests decisions made and recorded. The provider ensured that where people had legal representatives this was recorded and checked. People's legal representatives were consulted and included in any decision making as per legal requirements.
- People's care plans clearly identified what level of support they required to make and express their own choices. Staff knew how to implement the guidance and were trained in mental capacity.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us staff were caring and approachable. One person said, "I always found them very satisfactory, caring people as they should be." A relative said, "[Staff] are good, caring people."
- People felt listened to and respected by staff. One relative said, "The carer who comes most of the time is amazing, very kind hearted and caring and very capable. They listen to [person] and spend time with them." A visiting professional said, "The two carers I met were respectful and kind towards the client and seemed to have good rapport with her."
- People were offered support in a kind and respectful way. One relative said, "[Staff] would only support if [my relative] agrees to that, they would never force him. They encourage him in a very kind way."
- Staff involved people in their care and listened to their suggestions. One person said, "I taught one carer how to make porridge." The management team ensured people had regular opportunities to comment on their care and their suggestions and views were included in their care plans. People's care records were written in person-centred, caring way and included information on people's emotional support needs.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to treat people with dignity and always respected their privacy. One relative said, "[Staff are] very caring, over the top for [person] to look after [person's] dignity." Another relative told us, "Every [staff] in my home, I never felt they are encroaching on my privacy. They listened, they picked up things very quickly."
- People were supported to be as independent as possible. One relative said, "They would leave it to [person] to do what they want and to do it for themselves. They would step in if [person] needed help. They always open the wardrobe and ask what [person] would like to wear. They always make sure [person] feels nice." One staff said, "I always try to encourage [people] to be independent, for example to put clothes on independently, [mobilise] without support." People's care plans included information on equality characteristics and the level of support they required, as well as how to provide it in respectful way.
- Staff were aware of confidentiality principles and made sure people were involved when their needs were discussed. One relative said, "[Staff] are all very good at speaking to [my relative], they would not speak about [person] without involving and addressing them. They would not share [person's] information to other carers without a reason, data privacy is priority for them." The provider's communication systems were designed in a way which ensured information about people was shared strictly on a 'need to know' basis.

## Is the service responsive?

### Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Staff met people's preferences and were innovative in suggesting and carrying out additional ideas and practices to give people an enhanced sense of well-being during any changing needs. For example, one person found it difficult to sleep and on occasions did not feel up to having staff around. Their visits were flexible when it came to times and duration. Staff would stay for the night and organise cinema movie watching, roasting marshmallows on the fire or curry nights. This approach enabled the person to enjoy spending time with staff and increased their quality of life despite their complex health needs. Another person loved to travel but their health did not allow them to do so. Staff used google maps to visit places and talk about them with the person. Staff who could play instruments would bring them to work and spend time singing with the person.
- Irrespective of personal circumstances, people were offered and enabled to keep active and enjoy social interaction at the end stage of their life. One relative of a person who received support said, "[Staff] engaged with [person], they became friends." Staff supported the person to follow their interests and visit places such as shops and seaside towns. Staff recognised this was very important to the person and organised a trip even when they were very unwell at the end stages of their life. They made plans so staff from another service of the same brand could support them in the event of an emergency to keep the person safe. They also invited the person's relative so they could share that experience. The sea shells they brought back home cheered the person up as they put them in their room. The relative explained to us how this influenced the person, "[Person] wanted to do things, we made a list, but most of all [person] needed a friend. It had tremendous impact on their wellbeing."
- People were encouraged to maintain contact with their local community and supported to feel valued. One person was previously involved in local community club but could no longer attend regularly because of their health needs. Managers knew that person well and organised for them to give a talk and share their life experiences. The person was supported to attend the event and share their knowledge around British history and people's lives during the war. Staff told us the person really enjoyed the event and was asked a lot of questions by the younger audience which showed them they were valued and made them feel included in the wider community.
- The service provided exceptionally responsive and personalised care for people at the end stages of their lives. For example, one person was supported by three consistent carers. The person's relative said, "The rapport between [one of the staff] and [person] was amazing, highest praises." This resulted in care staff becoming more of a supportive friend in that difficult time for the person. Staff responded to any needs straight away. For example, when staff learned certain scents made the person feel unwell, they ensured

they were free of those scents and smells before providing support to the person.

- People were supported to maintain good mental health and to enjoy activities which supported their sense of wellbeing. One relative said, "[Staff] go extra mile, they would always notice when [my relative] is a bit low. They bought colouring book to pick her up and were straight on to me to find ways to cheer them up."

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

- Care and support was delivered in a way to ensure flexibility, choice and continuity. The management team showed an exceptionally responsive approach to people's changing needs. For example, one person had to be admitted to hospital several times as their health needs changed. Staff worked closely with the family and healthcare professionals which enabled the person to receive additional support when in hospital and shortened their rehabilitation period, ensuring their wellbeing was maintained. This also supported the family and enabled the person to return to their own home and regain their independence as much as possible. The relative told us, "They visit (in hospital) every day. Without them [person] would never be able to come out of hospital."

- Management used individual ways to involve people and their relatives in making plans and listened to their views and wishes. One family wanted to provide care to their relative but was unable to do so safely after they came home from hospital. Staff initially provided support to the person whilst their relative assisted them, slowly building the relative's confidence. Over the time roles reversed until the agency was able to completely step back as the relative was able to safely care for their loved one as per their wishes. This ensured people were comfortable with level of care provided and felt in control of their support and lifestyle.

- Without fail everybody we spoke with as part of the inspection told us they received care and support specifically tailored to their individual needs and circumstances. A relative told us, "We are more than impressed, blown away with the service [my relative] got. They put [person] in the centre of their approach. I can become a daughter again and not a carer. It made me take a step back which is lovely." Another relative said, "It is all perfect, they are on top of everything."

- People told us staff had outstanding skills and an excellent understanding of how to provide a person-centred service. This included providing responsive co-ordinated care with external professionals. A relative explained how one of the managers attended to help the family to explain the person's needs to the paramedics. The relative said, "[Manager] was straight away on it, I do not know how they managed to get a nurse visit on Sunday."

- Professionals told us the service was focused on providing person-centred care based on best practice. One health professional told us, "The agency has proactively contacted me at times and have challenged us to provide clear care plans."

- Managers made sure people's life stories, preferences and backgrounds were discussed with them and recorded. They also worked hard to match staff with people and gave them an opportunity to meet the staff for initial induction period, frequently reviewing their feedback to ensure person-centred approach.

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 were assessed, and staff had clear guidance on how to communicate with them effectively. One relative said, "As [my relative] is chair bound, [staff] approach and bend down to have face to face contact with [the person]."

- The management was aware of AIS and would provide accessible formats (such as large print or different languages) of communication to anyone who needed it. None of the people supported at the time of inspection had specific language needs.
- People's care plans included information on their specific sensory and cognitive needs. For example, where people needed glasses or hearing aids, this was clearly recorded.

#### Improving care quality in response to complaints or concerns

- People and their relatives confirmed they received information on how to raise complaints. One person told us, "I was told how to raise a complaint, I would contact [management]." The provider included clear guidance and contact details in people's initial care contracts and operated an open office policy.
- People and their relatives were confident their concerns would be listened to and management would take appropriate action. One relative said, "I have no concern whether [my complaint] would be addressed appropriately." Complaint records confirmed managers acknowledged and addressed complaints and took action to address any issues by, for example, improving communication with families.
- The provider received multiple compliments since they registered with us. Relatives and people complimented management and staff on their prompt responses, caring approach and quality of the service provided.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a clear set of values such as dignity, learning, reliability, inclusion and communication among others. These were discussed with staff at the point of interview and later within induction. Staff understood them well and implemented in their day to day work. One relative said, "Their ethics were explained to me, they have an ethos to treat [people] as how they would want their relatives be treated, that is how they trained staff."
- The management team were approachable and promoted an inclusive culture of open communication. A relative told us, "I can go in the office and they are very welcoming and attentive. They do take onboard any questions, have been flexible to move things here and there." Another relative said, "They are both (managers) helpful and caring."
- Staff felt there was strong leadership which supported them to achieve good outcomes for people. Staff members were also referred to as Care Angels which reflected the person-centred culture of the service. One staff member told us, "[The management] are friendly which improves the job. They are understanding, caring and supportive. I cannot speak highly enough about them, they have been amazing for me."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management communicated well with staff and monitored the service daily which ensured delivery of quality care. One of the managers commented on electronic systems they used to keep well-informed of any changes, "It is really effective for us. We have [daily] meetings and talk around issues raised by staff. We develop a daily action plan and we prioritise. We talk about needs of the clients every day." We saw on the day that communication was efficient. The registered manager addressed staff's feedback in timely manner.
- The provider had effective governance and quality monitoring systems in place. The management regularly reviewed individual care records, incidents, accidents, medicine errors and complaints. They also carried out checks and audits relating to other areas of the service such as recruitment. They regularly visited people in their homes to check quality of care provided, support the staff and gather feedback from people.
- There were management and service action plans in place which addressed any issues identified during checks. Records confirmed most actions were completed as planned. This was regularly reviewed and modified if additional changes were needed to enable the service to reach a set objective.
- The brand owner supported management to address a range of matters in relation to quality, safety and

development of the service and acted as an advice and resourcing partner when it came to legal requirements and best practice.

- Staff were clear on their roles and responsibilities and felt management provided required guidance. One staff said, "[The system] gives us all new information and before I go to any person, I read care plan so when I am going there, I am not going blind. I know what I need to do for the person."
- Service meetings' format enabled the management team to champion reflective approach to day to day practice within the staff team. Staff were encouraged to discuss what issues they came across, how they addressed them, and what they wanted to work on in the upcoming weeks. Records confirmed individual staff's goals and collective service actions were centred around continuous development and improving the service quality based on experience and knowledge sharing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives felt involved and listened to. One person said, "Yes, I am satisfied with communication. We raise anything as it comes and it is sorted." A relative said, "[The registered manager] would update me. They are really good, very calm, professional and helpful. We are regularly in contact and I never had problems, they always respond."
- Staff felt involved and listened to. One staff member said, "I could literally call up [managers] and share any concerns and they would respond in reasonable time. We just recently had a staff meeting. We will get together, get ideas off each other. We are able to share opinions, what we need and what [the management] need."
- The management encouraged people from the wider community to support the service. For example, a relative was invited to support the agency, "I started working with them as I wanted to give something back, [nominated individual] proposed a little job for background help." This ensured a variety of stakeholders were a part of the service and took part in its development.
- The registered manager built good working relationship with local healthcare services which improved people's experience of care. The service worked in partnership with community nurses and the local hospice. Thanks to a good relationship with the local community hospital, people received personalised care, which helped re-build their independence.

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

- The registered manager understood their legal responsibility to notify CQC about certain important events and were aware on how to work in an open and transparent way. They had submitted all relevant notifications of significant events which happened in the service since their registration.