

Regal Home Care Limited

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Inspection report

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Tel: 01293565902

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Regal Home Care is a domiciliary care agency providing personal care to 77 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Management of the service had changed since the last inspection. The new registered manager had made improvements and positive changes were already embedded within practice. Staff demonstrated a clear understanding of safeguarding, and incidents had been reported to the local authority in line with safeguarding policy. Risks were now assessed and managed consistently to support people to be safe. Systems for administering medicines were safe. There were enough suitable staff to provide the care visits that people needed. People told us they felt safe because the service was reliable. One person said, "They never let me down."

Improvements in planning care visits meant that people were receiving a more responsive service. People told us their visits were usually punctual, with familiar staff. People were kept informed of changes. Care plans were detailed and supported personalised care, including for end of life care. People described improvements in the consistency of the service. They knew how to complain and were confident their concerns would be addressed.

Systems for monitoring the quality of the service had improved. The registered manager demonstrated clear oversight of the service. Actions had been taken to address previous concerns about record keeping, safeguarding people, poor punctuality and consistency. The provider had a clear development strategy to drive improvements. Staff spoke positively about the changes that had been made and planned improvements that were being implemented.

Staff were receiving the training and support they needed. People had confidence in the skills of the staff. One relative said, "They are all well trained, very good, they communicate with us very well." 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. Staff supported people to have enough to eat and drink and to access health care services when they needed them. Communication systems were effective and staff worked collaboratively with other agencies to deliver effective care.

People spoke highly of the service and said the staff were kind and caring. One person told us, "They are fantastic, nothing they won't do for you." Staff knew people well and supported them to be involved in planning their care and support. One person told us, "I feel in control of the care I need and how it's provided." Staff respected people's dignity and understood the importance of maintaining their

confidentiality. People were supported to remain as independent as possible and a person described the impact of this support, saying, "The care has made all the difference to me being able to stay home and still do what I can for myself."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update.

The last rating for this service was requires improvement (published 12 December 2018) when there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do, and by when, to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected.

This 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Regal Home Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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

This inspection was announced. We gave the service 48 hours' 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 and to gain people's consent to be contacted by an inspector or the Expert by Experience for their views on the service.

Inspection activity started on 28 October 2019 and ended on 29 October 2019. We visited the office location on 29 October 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included an action plan that the provider sent on 2 January 2019 following the previous 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 12 people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager, a care coordinator, three care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included seven people's care 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.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to identify and report all safeguarding incidents in line with local safeguarding procedures. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff demonstrated a clear understanding of their responsibilities for safeguarding people. They were able to describe signs that might indicate abuse and knew what action to take if they had concerns. One staff member told us, "I would always report any concerns to the office, I can't keep things like that to myself because I have a duty of care to report it."
- Incidents that could indicate abuse or improper treatment had been consistently recognised, recorded and reported. The registered manager had oversight of these incidents and had made appropriate alerts to the local authority in line with safeguarding procedures.
- Following safeguarding incidents, risk assessments and care plans had been reviewed and amended to protect people from further risks of abuse or improper treatment. For example, a risk assessment and care plan had been amended to guide staff in how to support a person who was living with dementia and sometimes had distressed behaviour.
- People told us staff supported them to feel safe in their homes. One person said, "None of them (staff) would leave without making sure I'm OK first, I never feel unsafe."

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to maintain complete records and failed to ensure that risks to people were mitigated. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Risks to people had been identified and assessed. Risk assessments were clear and detailed. Care plans provided clear guidance for staff in how to provide care to people safely. One person was at increased risk of falling due to a health condition. There was a specific care plan to guide staff in how to recognise signs and symptoms of the person's condition that were known to increase their risk of falls. The care plan included guidance for staff in how to support the person and what actions they should take.
- Another person was assessed as being at high risk of developing pressure sores. Their care plan included guidance for staff in how to support the person to maintain their skin integrity. This included monitoring

their nutritional and hydration needs as well as supporting continence and skin care. Staff had recognised changes to the person's skin integrity and identified this on a body map. A referral had been made to a health care professional in a timely way. This showed that staff were following the person's care plan to support their skin integrity.

- People told us staff supported them to manage their health needs. One person described how staff supported them to use specific equipment. They told us, "All staff who come understand what to do and I haven't had any worries with it." Another person told us, "We worked together on hoisting arrangements to make sure they are safe for me and for their staff."

Learning lessons when things go wrong

- Staff recorded and reported incidents and accidents. There were systems in place to monitor and evaluate incidents to ensure that lessons were learned.

- The registered manager described how they undertook root cause analysis of all incidents and accidents. They explained how this helped them to identify what had led to an incident and to consider changes that might reduce the likelihood of a re-occurrence.

- Following a fall, it was noted that a person's mobility had deteriorated. The risk assessment and care plan had been reviewed and additional guidance for staff was added. A referral was made to health care professionals to check for any underlying health problem and a referral was made to the falls team for advice on any other measures that would reduce risks for the person. This showed that the provider was proactive in seeking advice and making improvements to support people to be safe.

Staffing and recruitment

- There were enough staff to support people to be safe. Staff were consistent in saying that they felt there were enough staff to cover all the care visits to people. Staff told us there had been an improvement in staffing levels and that recruitment was ongoing to maintain staffing levels.

- People and their relatives told us that care workers usually arrived when they were expecting them and stayed for the amount of time they required. One person told us, "They always stay the full time and do what has to be done." Other comments included, "They are reliable. I get a rota every week and pretty much get what it says," and, "They would never leave you without care, I've even known the office staff to fill in at weekends." Another person said, "It's a very good service with good time-keeping."

- A care co-ordinator was responsible for planning calls to people and allocating staff. They said that there had been improvements in staffing levels although weekends and holidays remained difficult to cover. They explained how some staff were employed as bank staff to cover for planned and unplanned absence and that senior staff could also cover care visits when necessary. They told us, "We never miss any calls, even when we have snow and it's difficult to get around."

- People told us that when changes were made they were usually informed. People said that staff read the care plans and risk assessments before providing care. One person said, "Most of the time I get someone I know. I get very tired so it's hard for me to tell new ones what to do, but fortunately they have information about me to guide them." Another person said, "When it is a different carer that comes, they look in the book to see what they should do."

- The provider had safe recruitment systems in place to ensure that staff were suitable to work with people.

Using medicines safely

- There were safe systems in place to support people with their medicines. Only staff who had received training and had been assessed as competent were able to administer medicines to people. Staff described having regular training updates to refresh their knowledge.

- Senior staff monitored the administration of medicines by regularly checking Medicine Administration Record (MAR) charts in people's homes, by observing care workers administering medicines and assessing

their competency on a regular basis. We observed that MAR charts were completed consistently.

- People told us they received the support they needed with medicines. One person told us, "Staff give me my tablets. They are very careful every time, checking against the chart before they give them to me. They have explained they need to sign that they have seen me take them."
- Some people needed to have their medicines at specific times. A staff member said, "The medication calls are a priority." Systems were in place to ensure that care visits were planned to accommodate this. One person needed their medicine at a specific time and we observed how their care visits had been planned to accommodate this. They told us, "Time keeping is good. I've had no concerns at all."

Preventing and controlling infection

- Staff understood how to protect people with the prevention and control of infection. Staff were provided with the personal protective equipment (PPE) they needed. We observed staff collecting supplies of gloves from the office and one staff member told us there was never a problem with obtaining PPE
- Staff told us how people were supported with safe infection control procedures and gave examples of how they would prevent cross contamination. One staff member said, "It's important that we don't become complacent and always use PPE. "

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 had 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

- Assessments remained comprehensive and holistic. People's health, mental health and social needs were assessed. People's choices, wishes and goals were clearly recorded. Protected characteristics under the Equality Act, such as race, gender, and religion were identified and the things that were important to people were described, such as any religious or cultural needs or preferences.
- People's needs were assessed before their service started. The registered manager explained that this was important to ensure that they could match people with staff who had the skills to meet people's needs. One person told us, "My care plan is based on the assessment done in hospital. I have fully agreed what my needs are and how they actually care for me." Staff told us that they received information about people before they met them so that they had a clear idea of what their needs were. One staff member said, "As well as looking at the assessments and care plan we get verbal information about the person and their situation before we go in to the first call."

Staff support: induction, training, skills and experience

- Staff were receiving the training and support they needed to be effective in their roles. Staff told us that they had received induction training when they started their role. One staff member told us, "It was very useful, particularly shadowing with more experienced staff to see how things are done. I felt confident when I went out on my own and I know I can get support from the office staff at the end of the phone anytime." People confirmed that staff received support when they started. One person told us, "New staff get brought round with experienced carers to learn the job."
- Staff described being supported to access the training they needed. One staff member explained that some training was essential, including for manual movement and administration of medicines. They told us they could ask for additional training in relevant subjects. Records showed that staff had received the training they needed. People told us they had confidence in the skills and knowledge of the staff. One person said, "I can't say enough, they are very, very good, all staff know how to conduct themselves and how to do what has to be done, I am very pleased to have found this service."
- Staff were supported with regular supervision and spot checks. Supervision is a mechanism for supporting and managing workers. It can be an opportunity to identify training needs, to raise any concerns and discuss practice issues. Staff told us supervision was useful, one staff member said, "It helps to have space to talk." Another staff member said, "We are out in community on our own, it's important to know we are doing a good job." Senior staff also conducted unannounced spot checks to monitor staff performance and assess and review competency. One staff member told us, "It's a good idea, it helps to stop complacency."

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

- Some people needed support with eating and drinking. One person told us, "I have help for getting meals and the carers are capable with food." Staff were knowledgeable about people's needs and described how they supported people who had risks associated with eating and drinking. A staff member explained how one person with diabetes needed regular meals. They described how they had recognised signs and symptoms that indicated a drop in their blood sugar levels and had supported them to eat something. We noted this was identified within the person's care plan.
- Some people were at risk of choking and needed modified food. This was identified in their care plan with guidance for staff in how to support the person. One person told us, "My midday meal has to be pureed; they (staff) are able to see to that for me."

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

- Staff described positive relationship with health and social care professionals and staff from other agencies. One person was living with mental health problems and their behaviour was sometimes challenging to others. The registered manager described how staff had worked effectively with the social worker, and the person, to develop a care plan that supported their needs.
- People told us that staff supported them to manage their health needs and would know what to do if they were unwell. One person said, "They understand when I'm not well and what to do in response." Another person said, "I contact the district nurse when I need to, but the care staff know how to do so if I wasn't well." Staff told us that they could support people with health care appointments if they were asked to.
- Some people received support from more than one home care provider. Staff described working collaboratively to ensure people received joined-up care. One staff member explained how care visit times were agreed with both providers to ensure care was properly planned and co-ordinated. The registered manager described how safe procedures had been agreed with both agencies to ensure that staff worked together effectively.

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.

- Staff demonstrated a clear understanding of their responsibilities regarding the MCA. One staff member said, "It's about people's rights and their capacity to make choices. Even if we don't agree, they can make unwise decisions if they have capacity to decide." All the staff we spoke with were consistent in their understanding and knowledge of MCA. The registered manager said that staff had received training and they tested their knowledge with a quiz to refresh their memories. People told us that staff checked with them before providing care and support.
- Records showed that consent had been considered when planning care and support. One person was assessed as being at high risk of falls and had equipment to support them with moving around. Records showed that the person did not always use the equipment, and this increased their risk of falls. The care plan recognised this and noted that the person had capacity to make this decision and understood the possible consequences of making an unwise decision. This showed that people's right to make their own

decisions was respected.

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 had 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 continued to be supported by staff who knew them and were familiar with their needs and preferences. People told us that staff were kind and caring. Their comments included, "They are fantastic, nothing they won't do for you," and, "They are all really nice to me, I can't fault them. My main carer is outstanding."
- Staff knew people well and understood their needs and preferences. One staff member described the routine that a person preferred and said, "We need to try and fit into their lives without them being impacted by us being there." People told us they were happy with the staff and the care they received. One person said, "The ones who come most of the time have got to know me very well and know what to do." Another person said, "Usually we get carers we know so we don't have to keep telling them how to do things." A third person also spoke highly of the staff and said, "They stay as long as it takes, I've never felt rushed."
- We observed how an office-based staff member reassured a person who was anxious during a phone call. They then contacted a staff member and asked them to go and check that the person was alright and later followed this up with another call to check how the person was. This showed a kind and caring approach.
- Staff demonstrated a good understanding of equality, diversity and how to protect people's human rights. One staff member described a person's religious beliefs and cultural differences. They explained how they were mindful when supporting the person for example, offering food choices that were relevant for the person's religious beliefs. Another staff member told us how the service was welcoming to people with protected characteristics, saying, "It is about being person-centred, not discriminating in any way and doing whatever we can to make sure that people feel comfortable with us."

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

- People were involved in planning their care and described feeling that they were in control of their service. One person said, "I feel I have been fully involved, saying what I need and how I like things done." Another person told us, "Before I started having care someone came round and went through a complete assessment. We spoke about what exactly I needed and that is what my care is based on."
- Staff recognised when people needed support to express their views. Staff included relatives where appropriate and with people's permission. Some people needed support with communication. For example for one person, English was not their first language, an interpreter had been used to support discussions about their care.
- Records confirmed that people were supported to express their views. Details included people's choices and preferences. People's care plans were regularly reviewed and changes were made to accommodate people's wishes. One person described the conversation they had about their care plan saying, "They always

ask how I am and if I'm happy with the service."

- Staff reflected on how they supported people to express their views. One staff member told us that care plans were accurate but sometimes needed reviewing to include more details. They said, "It's the small things that people tell us about that make the difference, that's what makes it a personal service." A staff member described the importance of respecting people's views saying, "We must never impose our views or ideas on people. For example, I am a vegetarian, but I would never share my views with people who eat meat."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People told us they felt respected. Comments included, "They treat me with respect, I never feel rushed," and "They chat away but remain professional, for example when showering me they always look after my dignity, they are very respectful."
- Staff understood how to protect people's dignity and described how they helped people to feel more comfortable when supporting them with personal care. One staff member told us, "I always try and treat people in the way I would like to be treated and I am guided by them as to what makes them feel more comfortable."
- Staff spoke about people with affection and took pride in people's achievements. One staff member spoke about a person's determination to remain independent. They described the challenges the person had and how staff supported them to remain living in their home. They said, "We know them very well and have a good rapport. I am fascinated by their life history and their courage to get on with their life."
- Care plans reflected that people were supported to maintain their independence. For example, manual handling guidance described a person's upper body strength and detailed how staff could support them to change position themselves. One person told us how their independence was being supported saying, "The care has made all the difference to me being able to stay home and still do what I can for myself; I feel I also make fewer demands on the NHS as a result."
- People's privacy was respected. Staff understood their responsibilities to maintain confidentiality. One staff member said, "We can't discuss people's information unless it's with someone who is involved." Records were maintained securely. People told us they had confidence that their privacy was maintained. One person said, "They are all good on respecting privacy and dignity."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At the last inspection the continued lack of personalised care plans, poor continuity and inconsistent punctuality meant that people were not always receiving care that was person centred. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People were receiving personalised care. Systems for planning care and allocating visits to service users had improved the timeliness and consistency of care. People consistently told us that the service was punctual and that usually they were informed of any changes. One person told us, "They let me know if it will be a different carer, or if they will be late." Another person said, "Time keeping is good. Mostly the office informs me if they are going to be late." Electronic records showed that care visits were planned at times that had been agreed with people. We observed office-based staff contacting people to inform them of changes with their visits so that they were aware when the care staff were coming.
- Staff were allocated to regular care visits and this ensured that people received good continuity of care. One person told us, "I usually have the same carer Monday to Friday, we know each other well." Another person said, "I have my own little group of regular carers and one of them I see mostly." The provider used an electronic system to plan care visits so that people received a consistent service. Their care co-ordinator explained how they usually allocated care visits to regular staff and tried to use staff who were familiar to people when they had to cover staff absence.
- Staff were responsive to changes in people's needs. Staff told us that they had flexibility to support people with longer visits if they needed additional support. One staff member said, "If someone is not well we would stay and support them, you can't just leave someone, we would ring the office and they rearrange the calls." A relative told us that a sudden increase in care was needed when their relation became unwell. They said, "I rang the office for extra support and they were able to arrange it very quickly."
- Improvements had been made in assessing and planning people's care. People told us they were involved, and their views were listened to. One person told us, "I have care four times a day. The times fit well with when I like to get up and go to bed." Another person gave examples of how a staff member respected their wishes, saying, "She keeps my kitchen as I would myself."
- The diversity of people's needs was captured within care plans and detailed guidance supported staff in providing a personalised service. For example, there was clear guidance for staff in how to support a person with visual impairment to retain their independence. Staff told us how the placement of items was

important for the person to know where their things were. Staff described small but important details of the person's care that supported them to be independent, including applying toothpaste to the toothbrush so that the person could brush their teeth independently. This detail was reflected within the care plan. This meant that staff who were less familiar with the person's needs would still be able to provide continuity of care.

- Staff supported people's social and cultural diversity. For example, one person enjoyed TV programmes, but their first language was not English. Their care plan prompted staff to offer a choice, including a channel that used the person's language to maintain their cultural experience.

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 in line with these standards. Care plans guided staff in how to support people with information. For example, one person with visual impairment needed support from staff to understand written information.

Improving care quality in response to complaints or concerns

- The provider had a complaints system in place but the registered manager said they had not received any recent complaints because issues were dealt with as they arose. People told us they knew how to complain and felt confident that any issues would be resolved. One person told us about a complaint they had raised that was dealt with quickly. They said, "I've been able to say I wasn't happy and the manager reminded staff of what they should be doing."
- The registered manager told us that staff checked that people were happy with their care at every opportunity, including when doing spot checks, during telephone calls and during planned review meetings. People confirmed that they had regular contact with senior staff. One person told us, "The office staff check every so often that I'm happy with the carers. I haven't had any problems with the service."

End of life care and support

- People were supported to plan for end of life care. The registered manager said that the service was not supporting anyone with end of life care at the time of the inspection, but some people had plans in place, should their condition deteriorate quickly.
- Some staff told us about their experience of providing end of life care and described working with health care professionals to support people to stay at home to die if that was their wish. One staff member said, "It is hard, you can't help but get attached to people and it's sad when you lose them. Providing care at the end of life is one of the most rewarding things you can do." The registered manager described plans to develop further training for staff in end of life care.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection a continued lack of effective governance systems and processes meant that there had been a continued failure to identify and manage risks, maintain accurate records and to act on feedback to improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems for the oversight and governance of the service had improved. The registered manager demonstrated their knowledge of people and their needs. They explained that whenever possible, they completed the initial assessment for people who required the service, so they could assure themselves that staff had the necessary skills and experience to meet the needs of the person.
- Systems for monitoring the quality of the service had improved. The registered manager had oversight of all incidents and accidents. They had introduced a handover system which ensured there was robust communication relating to any incidents that occurred. There was effective analysis to identify patterns and trends so that changes could be made to improve the care provided.
- Actions had been taken to address people's previous concerns about poor punctuality and the lack of continuity of care. We received consistently positive feedback from people about the service they received. They described having regular care staff who they could get to know and spoke of a reliable service where they were kept informed of changes. One person told us, "I had to change agencies and have found Regal much more reliable." Another person said, "They were highly recommended, and I can see why."
- People's needs were reviewed regularly and care plans were updated to ensure they reflected the care people needed. One person told us, "I spoke to the office about a hospital appointment and they adjusted my call times to fit with that." There were effective systems in place to monitor the quality of records. A care plan audit identified any shortfalls and staff updated records accordingly.
- Staff were proactive in identifying opportunities to gain feedback from people on the standard of the service. Quality assurance questionnaires were used, as well as gathering feedback during meetings, spot checks, reviews and during telephone conversations. The registered manager encouraged feedback to help drive improvements at the service.
- There was a strong focus on improvement and the provider had plans in place to introduce a new electronic care monitoring system (ECMS). The registered manager said this would improve planning for

care visits and would provide access to electronic reports that would inform quality monitoring.

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

- There were effective systems in place for engagement with staff and people who used the service. Staff received regular written updates to ensure they were aware of important information. The registered manager said that this would be sent in electronic format in the future. Staff told us that this information helped them stay in touch with changes.
- Staff told us they had team meetings where they had discussions including about improvements to the service. Staff were positive about the introduction of the new ECMS and one staff member said this was because it would support them to be more efficient in recording information. One staff member explained how they had been involved in planning the implementation of the new system to ensure there was no disruption to the service.
- People told us they had opportunities to discuss their care and to influence how the service was provided. People told us, "An office person came the other day to check the records and they asked how I feel about the service, and, "Once a year you get a survey, which can be returned anonymously. I have commented through that."

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

- Improvements in practice had become embedded within the service. Staff demonstrated a firm commitment to providing personalised care and spoke positively about the changes that had been introduced by the registered manager. One staff member said, "I knew that we had potential to be good and it is turning out to be so. We have come together as a team now and that has made a huge difference."
- Staff described a positive culture where they felt their views were valued. One staff member told us, "You can say whatever you think, your views are never dismissed or ignored." Another commented, "We are a strong team now, there is a really feeling of working together." They gave an example of this saying that any additional shifts that were required were offered to staff. They explained, "There used to be a lot of pressure to take on work but now it is offered and you can choose to do it or not." Another staff member described a change between the care staff and office-based staff. They told us, "There is less of a divide now, we are all working together more, it feels much more like a team."
- People spoke positively about the care staff, the office-based staff and the registered manager. One person told us, "I am very satisfied with the service." Another person said, "It's easy to contact the office, such as to ask to make changes, it's never a problem." A third person told us, "All the carers seem happy working for Regal."
- The registered manager understood their responsibilities under the duty of candour. They spoke with passion about their continued commitment to making improvements. They said, "Our main focus is on providing high quality care." They described the positive outcomes that had been achieved for people who had complex care needs. They explained how they had worked successfully with some people where other care agencies have failed. The registered manager described how they had received positive feedback from social workers about this work.

Working in partnership with others

- Staff had developed positive relationships with health and social care professionals. Where recommendations had been made these had been included within people's care plans and staff were aware of these instructions. One staff member described a positive working relationship with a diabetes specialist nurse and how this had helped them to support a person to manage their diabetes effectively.

