Vincentian Care Plus

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Inspection report

2 Grosvenor Gardens
London
SW1W 0DH

Tel: 02077304254
Website: www.vincentiancareplus.org.uk

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 21 December 2018 and 3 and 4 January 2019. The first day of the inspection was unannounced. We informed the registered manager that we would be returning on subsequent days to complete our inspection.

Vincentian Care Plus is a domiciliary care agency providing care and support to people living in their own homes in the Westminster area of London. At the time of our inspection there were 117 people using the service of which 100 were receiving support with personal care tasks. Whilst we have taken into account any wider social care and support provided to people in their homes and in the community, the Care Quality Commission (CQC) carried out this inspection only in relation to the regulated activity of 'personal care'.

At our previous inspection of Vincentian Care Plus on 8, 9 and 14 May 2018 we identified continued breaches of the regulations in relation to safe care and treatment and governance. We found further breaches of the regulations in regard to safeguarding, staff training and failure to adequately display CQC ratings. The service remained in special measures because we rated the service 'inadequate' in the Well-led domain. We issued a warning notice in relation to poor service governance and rated the service 'requires improvement' overall. You can read the report from our previous inspection, by selecting the 'all reports' link for Vincentian Care Plus on our website at www.cqc.org.uk.

Following the previous inspection, we asked the registered provider to send us an action plan setting out how they intended to improve the quality of the service and meet legal requirements. We received the provider's plan of action on 29 June 2018 stating that improvements would be achieved by the end of July 2018.

At this inspection we found the registered provider had made significant improvements to how the service was managed and how care and support were delivered.

A registered manager was in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and were supported by kind and caring staff.

Where possible, people were involved in decisions about their care. Where appropriate, relatives and healthcare professionals contributed to the care planning process.

Staff supported people to make their own decisions and sought consent before delivering care and support.

The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using

the service who have information and communication needs relating to a disability, impairment or sensory loss.

Risks in relation to people's safety were addressed and reviewed through the implementation of a robust risk assessment process.

People's medicines were managed safely. Staff completed medicines administration records and these were returned to the office for auditing purposes.

Staff supported people to attend healthcare appointments as required and liaised with people's relatives, GPs and other healthcare professionals to ensure people's needs were met appropriately.

Staff were following correct infection control procedures and had access to disposable gloves and aprons.

People were supported to eat and drink where this formed part of an agreed package of care.

Staff told us they would speak to a manager, health and social care representatives and CQC if they had concerns about a person's health, safety or welfare.

Recruitment practices ensured the right staff were recruited to support people to stay safe. There were enough staff deployed to meet people's assessed needs.

The provider had systems in place to ensure people being supported with shopping tasks were protected against financial abuse.

People and their relatives felt able to raise concerns and were provided with information about the provider's complaints procedures.

Quality assurance procedures were effective. The registered manager and her team had a good oversight of the service and were committed to continuous service improvement in order to achieve good outcomes for people using the service and their relatives.

We made one recommendation in relation to communication policies and procedures.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and it is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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.

People's risk assessments were completed and reviewed on a regular basis.

People's medicines were managed safely and medicines administration records were completed accurately.

Staff were following the provider's policies and procedures in relation to managing people's finances.

Background checks were completed before new staff commenced employment.

Is the service effective?

Good

The service was effective.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and staff had a good understanding of their responsibilities under the legislation.

Staff received regular support through a schedule of training, supervision, attendance at team meetings and annual appraisal.

People were supported to access healthcare services when required.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind, patient and caring.

People's personal preferences were respected.

Staff respected and promoted people's independence, privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed to ensure care and support could be provided appropriately.

Care documentation was regularly reviewed and people's changing needs were responded to.

People and their relatives felt able to raise concerns and were provided with information about the provider's complaints procedures.

Is the service well-led?

Requires Improvement

The service was well-led at the time of the inspection but improved systems were still relatively new and more time was required to ensure these were sustained to demonstrate that the service was 'good' in this domain.

The service had a registered manager in post who was responsive and committed to developing and improving the service.

Staff told us they were well supported by the management team.

The provider had effective quality assurance systems in place.

Staff and management meetings were being held on a regular basis.

Vincentian Care Plus

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected this service as it was six months since it was rated 'inadequate' for a second time in one domain and remained in 'special measures'.

This comprehensive inspection took place on 21 December 2018 and 3 and 4 January 2019. The first day of the inspection was unannounced. We let the registered manager know we would be returning to complete our visit.

Before this inspection took place, we looked at information we held about the service including the provider's improvement action plan, registration information and previous inspection reports. We also looked at statutory notifications received from the provider and other agencies. Statutory notifications include information about important events which the provider is required to send us by law. We reviewed information about any concerns and/or complaints received from the provider, members of the public and external agencies.

On this occasion we did not ask the provider to send us a provider information return (PIR). This is information we ask providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information with us that they felt was relevant, during and following the inspection process.

One adult social care inspector visited the provider's office location on 21 December 2018 and 3 and 4 January 2019. Over the course of the inspection, we spoke with the registered manager, a field care supervisor, an HR manager, a finance administrator and five members of care staff.

We looked at nine records relating to staff recruitment, training and supervision. We reviewed auditing

systems and service quality monitoring data. We looked at nine people's care records and risk assessments. We reviewed a sample of medicines administration records and daily notes where these were available. We also read policies and procedures relating to the service and looked at other relevant information about how the service is managed.

Following the inspection, two experts by experience spoke with 22 people using the service and three relatives by telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We also contacted three local authority representatives to hear their views about the service and the way it is managed.

Good

Is the service safe?

Our findings

At our previous inspection in May 2018, we found a continuing breach of the regulations in relation to the safe management of medicines. At this inspection, we saw evidence that people were receiving the appropriate support to take their medicines as prescribed where this formed part of an agreed package of care.

Staff confirmed they received appropriate training before supporting people with their medicines. The provider's medicines policy permitted staff to prompt people with their medicines only when they were dispensed in pre-packaged blister packs by people's pharmacies. The names of people's medicines were written on medicines administration records (MARs) and recorded in people's care records. Staff completed MARs to indicate when they had prompted a person's medicines and made a note of this task in people's daily logs. A member of staff told us, "Before we administer, we look at the blister pack to make sure it's for that particular person, check by what route, gain the person's consent and offer water or juice. We record in the log book and on the medicines administration record (MAR)." MARs were collected on a regular basis for auditing purposes to ensure any errors or omissions could be addressed appropriately. We looked at a sample of available MARs and found that these were being completed correctly and audited by those responsible for this undertaking.

People and their relatives told us they were happy with the support they received in managing their medicines. Comments included, "[Staff] put them in a little pot and I have to turn the pot upside down so they can see that I have taken them", "[Staff] prompt me. It's all done very professionally. They put [the medicine] in a little cup, write down the date and the time. If I'm running out they tell the office who get in touch with the pharmacy. Also…. they have told me they are not allowed to give me paracetamol." A relative explained that their family member was struggling with their medicines; "[Staff] have done a lot to resolve this. When [my family member] takes them, [staff] make sure [they] have swallowed them." Another relative told us, "They have been very prompt with medication. They won't put eye drops in, the district nurse does that."

At our previous inspection we found that risks in relation to people's safety were not always being addressed through the implementation of robust risk assessment processes. At this visit, we found risk assessments in relation to people's nutrition and hydration, personal care support needs, home environment, level of mobility and risk of falls were being completed and reviewed on a regular basis. Appropriate guidance was available to staff in relation to skin integrity, moving and re-positioning and any specialist equipment that people required. Staff demonstrated a good understanding of people's needs and abilities and were able to explain how they reduced the risk of avoidable harm when supporting people with their care. One staff member told us, "We ask people's permission before using the hoist, we talk to them, check the battery is working and that the brakes are on and we check the environment." Staff told us they would report concerns about people's welfare to their managers and liaise with the relevant health and social care professionals to promote good health outcomes for people using the service.

At our previous inspection we found that staff were not always following correct procedures in relation to

handling people's money safely. Everyone we spoke with confirmed that staff returned the correct change and receipts when they purchased items for them. Comments included, "They are so darned honest", "I trust them absolutely" and "I write them a shopping list and pay by cash. They give me a receipt and count the change out when they come back and put it down in the book." We saw that receipts of purchase were returned to the office and financial transaction records were complete and audited appropriately.

People using the service told us they felt safe and trusted the staff who visited them in their homes. Comments included, "Yes, I'm quite safe, no problems", "Yes, they treat [my family member] well" and "My carers know me inside out, they are more like friends." One member of staff told us how they made sure people stayed safe; "We have risk assessments, we make sure doors are locked before we leave, we don't discuss clients outside, we have procedures for people's finances, we make sure equipment is serviced." Staff completed safeguarding training and demonstrated a good understanding of related policies and procedures. Staff told us they would report any safeguarding concerns they may have to their managers and where required, to local authority representatives, the Care Quality Commission and the police.

At our previous inspection we found a breach of the regulations in relation to the management of risks associated with missed and late visits. People and their relatives told us, "Punctuality has been a lot better lately. They ring me if they are going to be late", "They are always on time", "Sometimes they are a bit early but I don't mind" and "The office rings to say they will be late." The provider used an Electronic Call Monitoring (ECM) system and each member of staff was provided with a mobile hand set which was used to log in and out of people's homes via a simple scanning mechanism attached to people's care plan folders. Visits were monitored by staff working in the main office. When staff were running late or where visits appeared to have been missed, systems triggered a call to staff who were able to explain their whereabouts and whether or not the service had been provided.

Monitoring records showed that there had been no missed visits within the last three months. Some visits continued to be recorded as late but these figures were significantly lower than those recorded at our previous inspection. On the whole, people told us that staff arrived for visits on time and stayed for the allotted time. Comments included, "They finish on time, they don't leave before the time", "I often have to remind them they should be off", "They're not rushing" and "They stay as long as they should." Staff told us they were given sufficient time to travel between calls. However, where people required double up care, staff were not always able to coincide their arrival times at people's homes. People told us they often encountered delays where two care staff were required to provide support. The service operated an out of hours (OOH) number between 5.00 pm and 10.30 pm Monday to Saturday and from 6.30 pm to 9.00 pm on a Sunday. People were aware that an OOHs number existed should they require support in the event of an emergency.

Staff told us they followed safe infection control procedures and had access to personal protective equipment (PPE), such as gloves, aprons and shoe covers. People told us, "When the carer comes she washes her hands and wears gloves for personal care", "They use gloves all the time" and "Yes they wear gloves." Direct observations with staff recorded whether safe infection control practices were being followed appropriately.

The provider followed safe recruitment procedures to ensure staff were suitable to work with people who used the service. Staff records contained copies of proof of identity and address, reference checks from previous employers, documents confirming the right to work in the UK and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have. There were enough staff who had been safely recruited to meet people's needs.

The provider had systems in place to record accidents or incidents. Records indicated that the provider responded to these events appropriately if and when they occurred.

Good

Is the service effective?

Our findings

At our previous inspection we identified a lack of specialist training for staff deployed to provide care and support to people with complex health conditions such as a stroke or Parkinson's and/or drug and alcohol misuse.

At this inspection, we noted that the provider had arranged specialist training for staff supporting people with complex healthcare needs. Training was designed in line with best practice guidance. A member of staff told us they had recently attended face to face training sessions in relation to substance misuse and neurological conditions. They commented, "It was helpful, it gave me an idea of how to relate to people in those situations." Further specialist training was planned for 2019 and included topics related to the aging process, complex behaviours and financial abuse. Staff were positive about the content and quality of the training they received.

Records showed that staff completed an induction at the start of their employment which included elements of the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. Training topics included health and safety, moving and re-positioning, medicines, mental health legislation, safeguarding, first aid and infection control. Some members of staff had completed national vocational training courses in health and social care at levels two and three. Staff were contacted whenever new training was available or when it required updating. Staff received regular supervision and an annual appraisal at which they were encouraged to identify further training needs and opportunities for professional development.

Care co-ordinators referred to previous professional assessments that had taken place and met with people and their relatives (where appropriate), before they began providing a service to better understand what care people required and how they wanted their care delivered. Where possible, people were supported by regular members of care staff. Where this was the case, people told us staff knew them well and understood their preferences in relation to care delivery. Comments included, "It's wonderful now. There was a time when it wasn't so good but now [my family member] gets regular carers" and "I now have two established carers. It's been like this for a few months and as long as it stays like that I'm quite happy." However, it was clear that consistency of service delivery was an issue for some people using the service. Comments included, "My [family member] had six different carers and it's been a nightmare. I stressed that I needed to know if there have been changes in the rota but they don't let me know. I've completely lost confidence in them", "I told [the provider] I want regular carers" and "My [family member] needs regular people, [they] worry about who's coming all day."

Care and support was reviewed in response to changes of circumstances and on a regular basis to ensure support was still appropriate to the person's needs and wishes. People were supported to maintain their health and the provider worked closely with a range of health and social care professionals to ensure people received effective care and support. We saw from records that staff made referrals to local health and social services when people's healthcare needs changed. People told us they were supported to access healthcare services when needed.

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 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

People were supported by staff who understood the main principles of the MCA. Where possible, care plans were developed with people and their relatives and signed to indicate agreement with the terms and conditions of the service to be provided. Where people lacked capacity to make their own decisions about their care, correspondence from local authority representatives and relatives evidenced their involvement.

Meals were provided by staff where this formed part of an agreed arrangement. People's dietary needs and the level of support they required (if any) was recorded in their care plans. Nutritional risks were highlighted where for example, people required soft or pureed diets or where health conditions, cultural needs or lifestyle choices indicated the need for a specific dietary approach. People told us, "They feed me. I have a choice and it's done satisfactorily", "I always tell them either tea or toast. They make a lovely cup of tea and a lovely sandwich" and "They warm my dinners up or make me a sandwich, it's all fine." Staff were aware of the support people needed, their preferences and any involvement from relatives. People were encouraged to have regular meals and drinks of their choice and staff made a note of food and fluid intake in people's daily logs.

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and considerate. Comments included, "They are the best, they really are and I wouldn't change them for the world. They are very good to me", "They are just marvellous", "[Name of staff] is so nice, I have told [them] not to go away", "[Staff] are very polite and patient", "excellent" and "work really hard."

Staff developed positive and caring relationships with people using the service. One person told us, "I always find the carers excellent. The evening ones are fantastic, they are like family. [They're] always prepared to do extra, if I ask [them] to do a job [they've] already done it! It's the little things that make the difference. For example, [they] put my clothes out for the morning.... They always ask my consent, I like to help them, guide them, there's no bossiness. And....They always wear gloves, knock on the door before they come in, are polite and speak to me respectfully. I feel totally respected." A member of staff told us, "You have to have a good heart to do this work. I'm happy when I'm near [people using the service]. It's like being with my Mum or my Grandma. You can learn many things from them."

Another person commented, "They do their best, [name of staff] is the top carer [they] come in have everything in hand, make my bed and put my hot water bottle in and a glass of water on the side table. I like people who come here and know what to do, [name of staff] is always considerate and caring, will do a bit of shopping for me on the way in if I've run out. On the whole I'm satisfied as long as I have the same carers."

Staff promoted people's independence and encouraged them to do the things that they were able to do for themselves. A person using the service told us, "If I need help [staff] would come in and help. We all work together." Another person commented, "They do offer [to help] but I say, I must do it myself." A relative told us, "There are times when [my family member] says [they] don't need help and they respect this. [My family member] washes [themselves]. They support [them] to get into the shower and leave until [they] call."

People were treated with dignity and respect. People told us, "[Staff] are always polite and charming", "If I'm getting dressed they would leave me and wait until I call. I'm happy with the service", "[Staff] are aware that I'm a private person" and "The lady I have puts a towel around me. Before they do anything, they ask." Relatives told us, "I feel [staff] are respectful", "If [my family member] asks to be alone for a few minutes, they will leave [them]" and "They always knock on the door."

Staff were mindful of people's cultural and religious needs. People told us, "We often discuss various religions", "I'm a Catholic but I don't go to Church now", "We have a mutual respect for each other", "They asked if I had had a nice Christmas" and "I'm a Londoner born and bred so I don't have cultural needs." A relative told us, "[Staff member] is a Christian. We are Muslim and [they] respect our religion and we respect [theirs]."

Staff took time to talk with the people they were supporting in order to better understand their individual needs and preferences. Staff were aware of people's communication abilities and care plans documented any individual needs that needed to be taken into consideration when supporting people with sight or

hearing impairments.

A relative told us, "[My family member] has dementia. [They] can chat about [their] life with the carers and they know all about [them]. It helps to lift [my family member's] mood." We asked people how staff responded when they were feeling low or unwell. Responses included, "[Staff] would ask me why and ask if they could do anything to help", "[Staff] would sit and talk to me and ask me what was wrong" and "[Staff] would sit and listen."

People using the service and their relatives were provided with a service information booklet and a copy of the provider's statement of purpose outlining its aims, objectives and philosophy. People and their relatives were involved in care and treatment decisions and their views were taken into account. People confirmed they had been given copies of their care documentation. The provider ensured people's personal information was stored safely.

Good

Is the service responsive?

Our findings

People were assessed before staff delivered care to ensure their needs could be met appropriately and effectively. Care plans included an overview of people's health conditions, a summary of the care to be carried out and information in relation to people's needs and preferences.

People and their relatives told us they were involved in reviews when these were needed. One person told us, "A couple of ladies came in to review my care about six weeks ago." A relative told us, "Before Christmas they came to review the plan and spoke to me to arrange for myself and [my family member] to be there. [My family member] is very independent and they checked with me if [they] were happy if we discussed [their] situation to make sure it would be appropriate to talk about [my family member's] problems. They have been very understanding." Another relative stated, "Since [my family member] went into hospital, they have reassessed me and I am now getting extra help."

The provider was aware that people's needs changed and endeavoured to be as flexible as possible in response. Relatives told us, "[My family member's] care has changed because the nature of [their] needs have changed; it's been adjusted since [they] had a five week stay in hospital. The visits have been increased. I was involved in the discussions and am happy the care is appropriate." Not everyone we spoke with could recall having had their care and support reviewed although records we looked at demonstrated that reviews were taking place either face to face, over the telephone or during spot checks in line with the provider's policies and procedures.

Staff told us that in a medical emergency they would contact the office and remain with people until assistance arrived. Staff were aware that they could contact other agencies and services if they wished to raise a concern about someone they were caring for.

Although no one using the service was currently receiving end of life care, the registered manager provided assurances that people would receive the appropriate care and support to ensure they had a comfortable, dignified and pain-free death. The registered manager told us they would seek support from relevant healthcare professionals and ensure staff were appropriately trained where palliative care was being provided.

People were encouraged to provide feedback and raise concerns if they were dissatisfied with the service provided. People and their relatives told us they would feel comfortable making a complaint. However, not everyone we spoke with was confident that their concerns would be dealt with effectively. We heard several complaints about staff lateness, changes to staff rotas without notice and office staff not returning calls. Records of complaints received since the previous inspection demonstrated that people's formal complaints were investigated and responded to appropriately, including a written explanation of the investigation and an apology.

We reviewed a sample of compliments that the provider had received from relatives and health and social care professionals. Compliments were passed on to relevant members of staff with a thank you from the

provider in recognition of a job well done.

Requires Improvement

Is the service well-led?

Our findings

Following our previous inspection of this service in May 2018 we found the provider was in breach of regulations relating to safe care and treatment, safeguarding, staff training, failure to display performance ratings and good governance. We served a warning notice in relation to poor governance and ineffective quality monitoring. The provider was given until 10 July 2018 to demonstrate they were meeting the legal requirements and regulations in relation to the above.

The provider had a live service improvement action plan in place which took into account the findings of our previous inspection. We have been in receipt of updated copies of this action plan on a weekly basis.

The provider has made improvements to all aspects of service delivery and demonstrated a willingness to work collaboratively with local authority representatives, the CQC and others in order to improve outcomes for people using the service. A quality assurance officer from the local authority stated in an email to us, 'Vincentian Care Plus has worked tremendously hard to take the service to the next level, I have no doubt that this trend will continue, they know their clients well and are determined to continue to demonstrate 'continuous improvement'. They are a very passionate service with a drive to do better'.

The service manager was registered with CQC. People told us, "[The registered manager] seems to be much more responsible", "[The registered manager] is very responsive, she gets back to you which wasn't the case before." Staff spoke positively about the registered manager and told us they felt supported. Staff told us "[The management team] are helpful, they resolve issues" and "The registered manager is somebody who is always available, ready to explain things."

People and their relatives provided a mixed response when we asked them if office based staff were helpful. Comments included, "The office staff are friendly and approachable", "It has improved significantly, things are working well", "It's wonderful now. There was a time when it wasn't so good", "Overall I'm satisfied" and "I'm happy and grateful for the care." Other comments reflected a continuing sense of frustration in relation to communication. Feedback was as follows, "I think they could do with talking to one another more", "When [staff] are late, I ring the office…. they say they will ring me back but they don't", "They have a policy of 'you say, we do' but the problem is they don't" and "The office should inform us [when staff are running late] but they never do."

We recommend the provider reviews its communication strategies, policies and procedures in order to provide a consistent response to people using the service, their relatives and others when they are seeking updates, information and/or a response to urgent queries.

The provider had quality control and auditing systems in place which effectively addressed any shortfalls identified. Action points clarified what steps had been taken to reduce the occurrence of repeat events, for example, in relation to daily reporting, medicines administration and record keeping. People's care records were complete and up to date with no evident omissions, errors and/or inaccuracies. Systems and processes in place to monitor people's financial transactions were being completed appropriately. The

management team had a clear oversight of any service issues and a thorough understanding of regulatory requirements, service obligations and its duty of care to people using the service and their relatives. The registered manager was aware of her registration requirements regarding statutory notifications and had submitted the necessary notifications for any incidents that had occurred within the service.

Staff and management meetings were being held on a regular basis. The last care staff meeting was held in October 2018. Staff told us, "We say what we want to say" and "It's an opportunity to say what you think or how you feel and this is addressed." We reviewed meeting minutes which showed a range of issues were discussed such as; safeguarding, provider policies and procedures, complaints, financial management, mental health legislation and record keeping. Staff told us that they were regularly reminded about their responsibilities to ensure they were providing a good service and we saw evidence of reminders, messages, updates and guidelines sent to staff via their mobile phones. Spot checks and direct observations of staff performance, both announced and unannounced, were carried out on a regular basis. Care co-ordinators addressed any minor issues found directly with staff, and where necessary invited staff into the office for a meeting to discuss matters and offer further support and training.

The provider sought people's views about the quality and overall satisfaction of the service. The results of a June 2018 satisfaction survey returned by 34 people showed that 65% of people were very satisfied with the service they received from staff with 62% stating that their independence, choice, dignity and privacy was promoted. Comments included, 'We feel there has been a definite improvement in the last six months' and 'Keep up the good work'. The provider had recently organised an open floor feedback session for people using the service, relatives and representatives. Issues raised included staff ID badges, staff training and record keeping. The provider used feedback to continually improve the service.

The provider worked in partnership with other agencies for the benefit of both people using the service and staff teams. The registered manager attended regular provider forums with other registered managers in the area to discuss current issues within the homecare sector and to share good practice. Health and social care professionals were confident in the management of the service. A local authority representative working closely with the provider told us, "They have truly worked so hard and have been totally receptive, cooperative and resolution focussed, no matter what it took."

A copy of the provider's latest inspection report was displayed at their office location and on their website so that any current or prospective users of the service, their family members, other professionals and the public could easily access the most current assessments of the provider's performance.

Although the provider has demonstrated that they have made significant improvements and worked very hard in a collaborative way to improve the quality of the service we have been unable to provide a Good rating for Well-Led following this inspection. This is because to achieve a Good rating the provider needs to demonstrate consistent good practice over time and insufficient time has passed for the provider to be able to demonstrate that the improvements can be sustained. We will continue to monitor the service and check this at our next inspection.