

Westminster Homecare Limited

Westminster Homecare Limited (Bexley)

Inspection report

12 Westgate Road
Dartford
DA1 2AT

Tel: 01322280680
Website: www.whc.uk.com

Date of publication:
13 January 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Good ●

Summary of findings

Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the provider.

About the service

Westminster Homecare Limited (Bexley) is a homecare agency providing personal care to people living in their own homes and specialist housing in the Dartford and Bexley area. At the time of the inspection the agency supported 247 individuals with their personal care. The agency provided care mainly to older people living with dementia and some people with physical support needs or learning difficulties.

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

People's care records were sometimes disjointed, and details on people's needs and risks were included in different pieces of care documentation. Staff knew people and the provider's recording systems well, hence there was no impact on the quality or safety of the service people received. However, the recording systems could make it difficult, especially for new staff to retrieve the essential information quickly which could affect the consistency of the care provided. The provider took action to review those records and to consolidate them.

People felt safe receiving care and support from Westminster Homecare Limited (Bexley) and were protected from avoidable harm. Staff were aware of safeguarding and individual risks to people and able to support them safely. This included safe administration of medicines where people required support. People were protected from infections. The provider ensured staff adhered to the Covid-19 national guidance.

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 enabled and supported people to be as independent as possible and respected their individual choices.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support,

right care, right culture. The agency supported some people living with learning difficulties in their own homes and everyone had individual person-centred care plans and care package in place. The service worked in partnership with people, their representatives and local social services which enabled people to live in the community as independently as possible. People's care plans were person-centred and promoted their independence, dignity and human rights.

People told us staff were kind, attentive to their needs and took effort to get to know them. When people shared concerns, the provider took prompt action to address and resolve those to improve people's experience of care. Staff knew people well and encouraged them to be involved in their day to day care.

People were involved in planning of their care and regular reviews. They told us care was tailored to their individual needs and preferences and most felt the support they received was person-centred. Their care records confirmed this. People knew how to raise complaints if needed and most people felt listened to by the provider who acted to respond to their comments and improve the service when needed.

People, their relatives and staff were mostly complimentary about the management and leadership of the service. Staff felt valued and supported. The management team completed regular checks of quality and safety of the service and where shortfalls or lessons learned were identified, remedial action was taken. The service worked in partnership with the local authority and other local professionals' networks as part of the response to the Covid-19 pandemic.

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 good (published on 25 July 2018).

Why we inspected

This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the provider.

The pilot inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westminster Homecare Limited (Bexley) on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Inspected but not rated

Is the service caring?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

Inspected but not rated

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Westminster Homecare Limited (Bexley)

Detailed findings

Background to this inspection

The inspection

As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 10-12 November 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

Inspection team

The inspection was carried out by two inspectors, Expert by Experience and CQC support services. 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 also provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

Notice of inspection

We gave a short period notice of the inspection to ensure we could speak with a representative group of people using the service and that the provider was able to share the evidence with us remotely. This was because it is a large service and we needed to ensure the provider and the registered manager would be able to support the inspection.

Inspection activity started on 10 November 2020 and ended on 12 November 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch, the local authority and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information shared by the provider. We used all of this information to plan our inspection.

During the inspection

We spoke with 47 people using the service and their relatives about their experience of the care provided. We spoke with seven staff members including the registered manager, operations director, senior and care staff. We contacted people, their relatives and staff via telephone.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional management records. We spoke with further five staff members.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People overall felt safe receiving care from Westminster Homecare Limited (Bexley). One person said, "Yes, I feel very safe with them." Another person said, "The carers are second to none and I trust them completely." Where people shared some concerns with us, the provider then took immediate action to address those and resolve any issues. They were also open and transparent in sharing feedback with the local authority.
- Staff were aware of how to protect people and able to give examples of how they would recognise and act on any concerns. One staff said, "If (the person) were out of character, withdrawn, acting differently to normal then that could be an indicator so I would report back to the office so the steps can be taken to safeguard that person." Staff told us they would report any concerns to the management, social services, CQC or the police.
- There were clear and robust safeguarding and whistleblowing policies in place. The provider addressed and reported any safeguarding concerns as required and acted to protect people. Staff explained they completed a safeguarding course during their initial training which was refreshed every year.

Assessing risk, safety monitoring and management

- Staff were aware of individual risks to people and how to support them safely to minimise those risks. However, different pieces of guidance on individual risks were recorded in multiple places which sometimes made it difficult to fully understand what support was in place to protect the person. The risks to people were minimised as staff supporting them knew them and the provider's systems well.
- People felt protected from avoidable harm and received safe care provided by staff who knew their needs well. One relative told us, "There is a lot of personal care given (to the person). Yes, without doubt, it is safe care." One person said, "I'm safe because they (the staff) know what they are doing. When they roll me over, they make sure that I don't fall. I'm in bed and I haven't got any sores." Another person told us they felt safe, as staff always checked if they had the safety pendant available to them.
- Staff were aware how to recognise changing risks to people and what to do to protect them from avoidable harm. One staff gave an example, "[One person] went into hospital as [their] mobility declined, [their] mobility aid needed to be changed when [they] came home, we got in touch with the nurse who got the OT (occupational therapist) to come to see what equipment would be good for [them]." They explained feedback had been shared with the manager so this person's care plan could be updated.
- People's care plans and other records available to staff included information on individual risks and how to support them safely. For example, around moving and handling, skin integrity, continence, hydration and nutrition or falls. Staff could also refer to additional information on specific risk, such as risk of infection, how to safely support a person living with diabetes or epilepsy.

Staffing and recruitment

- There were enough staff employed to ensure people received their care as planned. Most people told us they were happy with the timeliness and duration of care visits they received. One person told us, "99% of the time they (the care staff) arrive on time and they stay for the right amount of time and (it is) the same staff every day." Another person said, "They (the care staff) are always on time. We've never had any problems."
- Most of the people using the service commented they knew who would visit and there were not too many changes of staff. People told us their preferences were listened to, for example in relation to the gender of the carer. People felt the management would inform them if staff were to be late due to unforeseen circumstances. One person said, "They will say if they are going to be late, it's the same carers who come." Another person said, "Now I know which carer is coming to my house. I'm comfortable with that. The manager gave me a choice (of carers)."
- Staff felt supported to raise any concerns around timeliness and scheduling of the care visits. People's care needs were under review when staff felt there was not enough time to provide quality support. Staff knew what to do should they experience unforeseen delays. One staff said, "I would call my line manager or whoever is on call so they can inform my client I am running late."
- The provider had clear recruitment policy in place. Pre-employment staff checks included references check and disclosure and barring service check (DBS). A DBS check ensures potential staff members are safe to work with vulnerable people. Staff received robust induction training aligned with the national standards as well as mentoring support from senior carers, and their competencies were checked prior to them supporting people as their main care staff.

Using medicines safely

- People and their relatives said when they needed support with medicines, it was provided safely. One relative commented, "The carers give [the medicines] and they also give [the person] the pain killing patches. It's recorded. I can see when [they] last had medication. There are clear guidelines." People told us where they wanted to remain independent with their medicines, staff made sure they checked with them if they took their medicines as prescribed.
- People's care plans included information on support they required with their medicines, application of creams or pain management. There were suitable body maps and patch change records in place.
- Staff were trained in medicines and competency assessed to support people. Staff knew how to recognise and report potential medicine errors. One staff member gave an example, "We have our own regular clients, you would look at the blister pack and count up how many pills are supposed to be in there. If one is missing, then there's an error. If that happens, I would get in touch with pharmacy and line manager and log on care notes."
- There was a senior member of staff responsible for overseeing the support people received with their medicines. They carried out regular monthly audits and provided support to senior care staff carrying out regular medicines checks. Any discrepancies identified during those audits were addressed appropriately to ensure people received their medicines as prescribed.

Preventing and controlling infection

- People told us staff knew how to protect them from infections and adhered to the Covid-19 national guidance around personal protective equipment (PPE) when attending care visits. One person said, "The carers wear gloves, aprons and masks. They wash their hands." We saw evidence confirming Covid-19 risks were discussed with people.
- Some people received additional support to keep their living spaces clean and hygienic in addition to support with personal care. One person said, "When the carers come they check the room is tidy and pull the curtains open. They use separate towels to clean my top half and bottom half. They use a flannel for my

face."

- Staff knew how to recognise symptoms of Covid-19 and felt supported by the provider throughout the Covid-19 pandemic. One staff said, "We're dressed up to the nines in PPE." Another staff said, "The symptoms of Covid-19 are dry persistent cough, loss of taste and high temperature. I would inform the office straight away so they can follow the correct steps to minimise who goes there."
- Staff received additional Covid-19 and infection prevention and control (IPC) training. Staff had regular opportunities to discuss any changes to the Covid-19 national guidance communicated by the management. One staff said, "It has been brilliant, very good. Zoom meetings were set up or we can call with any concerns. I did online IPC training refresher last week, we are not allowed to work if not up to date with training."
- The provider had a Covid-19 risk assessment and business contingency plans in place. The provider prepared a range of other supportive documents including specific Covid-19 monitoring forms. The service accessed Covid-19 testing for staff and other pandemic support available in the local area.

Learning lessons when things go wrong

- The provider had good systems to monitor incidents, accidents, complaints and audit outcomes which enabled them to recognise any recurring issues. The evidence viewed during this inspection confirmed the provider took action when things went wrong, for example, when medicines audits showed multiple errors in recording.
- The provider identified a series of recording errors where people received support with their medicines, but staff did not always sign to confirm support was provided as required. In the past this had not always been appropriately addressed during routine checks. The provider reviewed their auditing systems and allocated a dedicated staff member for a role of medicines officer to support senior staff and care staff to address this.
- The medicines officer provided an additional level of scrutiny and support for senior and care staff which enabled the service to fully investigate and action any potential errors. Staff were also provided with additional support and training including medicines refreshers and focused supervisions. The provider's review showed 80% reduction in the number of recording errors between June and September 2020.

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. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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.

- People told us staff asked for their consent to care, respected and enabled their day to day choices. One person said, "The carers ask me what I want doing and ask me first before helping." Another person said, "Yes they listen to me. They asked me what I wanted for dinner tonight and I asked for chicken which they left out." Third person said, "(The carer) respects my choices."
- Staff were aware how to support people's choices. One staff said, "I would speak to them one to one, tell them what I'm doing, ask them if it's alright, give them choice." Staff could explain how they supported people to make their own choices by following their care plans. For example, providing two or three options of clothing or meals to enable their choice.
- Where people lacked capacity to make certain decisions, we saw records of mental capacity assessments completed and best interests' decisions made. People's care plans referred to those records and identified where people had a legal representative.

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. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt care staff were kind, polite and respectful. One person said referring to the staff visiting them, "I have three beautiful and kindest people I have ever known." Another person said, "They are very capable and helpful. Very polite. They treat me with respect." A relative said, "They are genuine. They treat [the person] as if she was their own mum."
- People felt listened to by staff. One person said, "Now we have lovely and brilliant staff. [The care staff] talk to us. We have a laugh and a joke." Another person said, "I do feel listened to. They sort of know me."
- Staff were aware of the provider's values and how to provide support in a caring way. One staff member said, "Dignity, be kind, never shout, respect what people say and their choices." Another staff said, "I always chat to my clients because sometimes I'm the only person they see."
- People's care plans were written in a respectful and kind language, referring to them as individuals with their own unique preferences and life stories. The care plans also included information on how to support people's emotional wellbeing, for example when people had mental health support needs.

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

- People's relatives told us staff involved people in their care and respected their choices. A relative said, "Carers always ask before (providing support). Mum is calm with them. They don't forget that she is a person." Another relative said, "They always make mum aware of what they are doing." People we talked to confirmed they were asked what support they needed and felt listened to.
- Staff supported people's independence and involved them in their care. One staff member said, "We try (to support) them to do as much as they can. We talk through things, help if any problems or read things before filling in the forms." Staff were able to explain people's individual abilities, for example one person was known to be able to choose their meals, clothing and do their laundry, but required support to communicate and prompting to attend to personal hygiene.
- The management team involved people in the reviews of their care. We saw records of telephone reviews or visits by senior staff. People's concerns were also recorded and addressed by the management. People told us they knew how to contact the provider when they wanted changes to be made in their support and felt listened to.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

- People and their representatives felt involved in the creation of their individual care plans. One person said, "We had a chat with the carer's supervisor about what I wanted. The medical people mentioned what I needed." Another person said, "I made it clear what I like and don't like." A relative commented, "At the beginning, I laid out what I thought [my relative] needed and the agency have gone above and beyond for that."
- People mostly felt staff knew them, their individual needs and preferences well. One person said, "[The care staff] are very friendly. We get on well. We always have a chat about different things. I think [the staff] knows me well after a year now." A relative told us, "They (staff) know [the person] well. I can't speak too highly of them."
- Staff knew people and their preferences well. One staff member said, "Most of them I have been going to for quite a while, any new clients I always read the care plan, I would still always ask them (about their preferences)." Staff were aware of people's life stories, could give examples of their favourite activities or what support would make them at ease, such as looking at their photos with them.
- People's care plans were person-centred and included information on things important to them and some information on their personal likes and dislikes. The care plans were regularly updated to reflect any changes. One staff member said, "The seniors, they come out and update all the care plans regularly and we go from there. We read the care plan to see what they need, and we get told by the office when things change."

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 and their relatives told us staff supported them to communicate effectively, even though face masks made it more difficult. One person said, "It's communication muffled by a mask, but I ask [the care staff] to repeat and they can get it across. It's a part of general life at the present." A relative told us, "[The person] is very dependent. It's hard to understand [them] because of [their medical condition]. [The staff] are patient with [them]. I do think they are trained to work with [people with this medical condition]."
- Another relative told us the staff visiting talked with the person in their first language which had a positive impact on the person.
- Staff were aware of people's individual communication needs. For example, staff explained how they

supported people living with dementia to communicate. A staff member said, "Look at body language, writing things down for people, show and explain. Maintain eye contact."

- People's care plans included information on their individual support needs around communication. For example, when people had sensory impairments such as poor hearing or sight impairment, it was included in their care plan and guidance was provided on how to communicate with them. When people used signs, lip read or could get distressed around certain topics, this was also included in their care plans to guide staff.

End of life care and support

- The agency did not provide end of life care at the time of the inspection. However, there were suitable policies and resources in place for people and staff should any person require care at the end stages of their life. People's wishes around their future care were included in discussions around care plans which for some people included information on legal representatives, important family arrangements or wishes around resuscitation.

- Staff were aware of the provider's guidance and support resources around end of life care. Some staff had already completed end of life care training and some were enrolled for refresher courses. Staff we spoke with were aware of how to provide compassionate and caring support to people at the end stages of their lives. For example, by effective oral care, pain management, respecting people's cultural and religious preferences and individual wishes to ensure their comfort.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People's individual care records contained pieces of information across different documents or systems which then made it difficult for staff to retrieve essential information in order to provide consistent support. For example, one person was at risk of leaving their home and would be vulnerable on their own in the community. Their care plan did not mention how to protect them from that risk, however staff were made aware of how to do so as guidance was provided in electronic notes.
- Information on how to support another person to make their own choices was recorded on electronic notes, but not included in their care plan. The mental capacity section of care plans was not clearly referenced to the decision specific mental capacity assessments which were completed, hence including unclear information which could be misleading to staff. The application and removal of pain management patch for one person was recorded in separate documents which made it difficult to easily identify any errors.
- There was no impact on people's care as staff knew people and the recording systems well and had access to all pieces of documentation. However, there was a potential risk the disjointed records could pose to people's care, for example if a new staff member needed to provide support to someone then there was a risk they could miss a vital piece of information. We discussed this with the provider and they took immediate action to ensure staff were prompted to check electronic records before providing care and acted to consolidate the records.
- The provider had a good governance and quality assurance system in place and there was a stable management structure in the service. Regular audits were carried out around medicines management, complaints, care documentation, staffing and other areas of the service. The registered manager completed monthly service reports which also detailed what action was identified and completed to address any shortfalls.
- Staff felt supported in their roles and had clear understanding of their responsibilities. One staff said, "She's brilliant (the registered manager), definitely approachable, I can always phone her." Another staff member said, "[The registered manager] deals with issues, lets us know we're doing a good job and shares praise." Staff told us the management ensured they always had enough PPE which was important to them, their wellbeing was checked, and that they had regular supervisions.

Continuous learning and improving care; 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 ensured the service was continuously improving. For example, they worked with the local authority to supply electronic tablets to clients to support their communication. This had positive impact on clients and one person was able to call the office staff and have a virtual cup of tea with them or call emergency services when needed, which reduced their anxiety. The person told us they 'screen talked' with staff and it was easy to use the device. They explained they called staff on the day and staff helped them to resolve an issue with one of their deliveries.
- The registered manager understood their legal responsibility to notify CQC about certain important events and were aware how to work in an open and transparent way. They had submitted all relevant notifications of significant events which happened in the service since the last inspection.

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

- People and their relatives were mostly complimentary of the service and felt the care they received helped them to achieve good outcomes. One person said, "[The staff] are good people. I see them every morning and I feel better after their visit." Another person said, "[The staff] do it (care) well. It's making a lot of difference to me." A relative said, "I think it is managed well. I know what good is."
- Most people were happy with the service leadership and complimented the service management team. One person said, "The manager is honest. Another lady is also open." Another person commented, "They are very kind. The people in the office are very kind and understanding too."
- Staff and management team were clear on the values of the service. They shared a common vision to provide safe and quality care to people in their own homes and to support their independence. One staff said, "Our vision and values are to help those in need, to help those people do what they can for themselves." Another staff member said, "[The provider] looks after their clients, every month [the manager] asks carers how they are doing. I'm happy with the company."
- Staff said the service culture was positive and they were able to access support from management on an ongoing basis. One staff said about the team, "Yes, we get on really well, couple of incidents in the past where carers were clashing, but the manager resolved it. I love it all." Another staff member said, "My supervisor is good. (There is) always someone on the other end of the phone, I feel supported. Carers help each other out."

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

- Most people and their relatives felt staff and the manager gave them open and honest answers to any questions raised and were generally happy with the communication from the service. One person said, "They are always ready to listen." Another person said, "If I ask anything then I'm always satisfied with the answer."
- People knew how to raise complaints or concerns and in general felt the management would take action to resolve any issues. One person said, "I'd ring the office and ask for the manager if I had a problem." We shared some individual feedback gathered during the inspection with the provider who promptly addressed the issues raised.
- Staff felt engaged and involved in the service and had regular opportunities to raise any suggestions during staff meetings. One staff said, "Any time [the registered manager] sent an email out, it said we could contact her to discuss." Another staff member said, "Every Friday at the moment, we talk about things that are happening on calls (care visits)."
- The provider worked closely with the local authority, local healthcare professionals and other provider support organisations. For example, the registered manager was preparing a presentation on infection prevention and control to share within local provider network and chaired local Skills for Care registered

manager's support network.