

Flexicare Homeservices UK Limited

# Flexicare Home Services UK Ltd

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Flexicare Home Services UK Ltd is a domiciliary care agency providing personal care to 60 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

We heard positive views about the service from people, their relatives and professionals such as "Flexicare have a good reputation in Gloucester.", "Flexicare really care about the service they provide." and "They are brilliant, responsive and nothing is too much trouble."

Strong leadership had created an exceptionally positive culture within the service. This drove an innovative and creative approach with people at the heart of the service, they received the high standard of care and support expected. Staff in all roles were exceptionally positive and motivated to provide a high standard service and were proud to work for Flexicare.

People received care which was safe, and staff understood how to support people to maintain their safety. People's medicines were administered as expected. The provider checked the suitability of new staff through robust recruitment processes. Care staff used personal protective equipment (PPE) and supported people to reduce the risk of infection.

People received compassionate care and they and their relatives felt respected and valued as individuals. Staff exceeded expectations to ensure people's needs were met and they were comfortable and safe.

People received high quality personalised and innovative care delivered by well trained and highly motivated staff. 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.

People's care had been planned with them and was highly individualised to them. The service worked closely with health and social care professionals to ensure people's needs were met, particularly where people received care at the end of their life.

This service was registered with us on 13 March 2020 and this is the first inspection.

The last rating for the service at the previous premises was Outstanding, published on 29 December 2017.

## Why we inspected

This service had not been inspected since their registration; therefore, this inspection was carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Gloucestershire. To understand the experience of social care providers and people who use social care services, we asked a range of questions in relation to accessing urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

## 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 exceptionally effective.

Details are in our effective findings below.

Outstanding 

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

# Flexicare Home Services UK Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector 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 older people and people with a physical disability living in their own houses and flats. At the time of our inspection the service was not providing personal care to people with a learning disability.

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

#### Notice of inspection

We gave the service prior 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.

#### What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in

the provider information return received in June 2021. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and ten relatives about their experience of the care provided. We spoke with ten members of staff including the chief executive officer, the nominated individual, the registered manager the recruitment and compliance manager, care coordinators, the palliative care lead, team leaders and a care worker. 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 three people's care records and multiple medication 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from five professionals who work with people who use the service and received responses from two of these.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they were assured people were safe when staff visited to provide care and support. One relative told us, "Yes (the person) tells me he feels safe with what they do for him".
- People were protected against abuse. Staff received training on safeguarding adults and were aware of the procedures for reporting any safeguarding concerns. Staff were confident any safeguarding issues they reported would be appropriately responded to. Contact details for reporting any safeguarding concerns were printed on the reverse of staff's identity badges.
- Staff demonstrated a clear awareness and understanding of whistleblowing procedures. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

### Assessing risk, safety monitoring and management

- People were protected against identified risks. Risk assessments identified the potential risks to each person and described the measures in place to manage and minimise these risks. Care plans described the actions staff would take to ensure people's safety. People's relatives commented, "Yes, [my relative] is absolutely safe and hasn't had a fall. They escort her from the lounge to the kitchen for meals and shower her" and "Yes, most of the time they are on time and stay for the right amount of time." A health care professional commented, "Things we discuss often, is skin integrity. Carers will observe this on a more regular basis than us nurses, so will liaise any concerns, and we can intervene as needed".
- Staff were trained to promote people's safety, for example they received training in minimising the risk of falls and fire safety in the home.
- Environmental risk assessments had been completed for identified risks in and outside of people's homes to ensure the safety of people receiving care and the staff who supported them.
- Plans were in place for staff to follow in the event of staff being unable to gain entry to people's homes.

### Staffing and recruitment

- Suitable staffing levels were in place to meet the needs of people using the service. An electronic rota system ensured people received continuity of care from staff who knew them.
- People told us they felt assured that they would receive their care. The registered manager told us telephone calls would be made to warn people of any late visits, and this practice was confirmed by people using the service and their relatives. A relative told us, "Yes, they are normally on time and if they are running late and delayed they will let us know".
- A plan was in place to ensure people with the highest needs were prioritised to receive their care in the event of any disruption to the service provided such as in bad weather.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment, as well as identity and

health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable staff from working with people.

#### Using medicines safely

- People were satisfied with how they were supported with their medicines. Electronic records of people's medicines were used which enabled regular audits to be carried out to ensure people were receiving their medicines correctly. One member of staff described how an issue with a person's medicines had been swiftly dealt with by the registered manager when reported by the staff through the electronic system.
- Staff had received suitable training to support people to take their medicines.

#### Preventing and controlling infection

- Effective infection prevention and control procedures were in place to reduce the risk of spread of infection.
- Staff had received training in infection control and COVID-19. People and their relatives told us staff used personal protective equipment (PPE) such as disposable gloves and aprons appropriately. Staff we spoke with confirmed they had access to sufficient stocks of PPE. The service had been pro-active in making and supplying face coverings for staff and people using the service at an early stage of the COVID-19 pandemic.
- The provider ensured staff were regularly testing for COVID-19 in line with current guidance.

#### Learning lessons when things go wrong

- Accidents and incidents were analysed by the registered manager for any patterns or trends which may require a response to keep people safe. At the time of our inspection no themes had been identified through the ongoing monitoring.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- The provider adopted a research-based approach to providing high quality personalised care to people using the service. This approach described as "connecting thinking to doing" was part of a broader approach driven by the chief executive officer (CEO). As well as using published research, the provider worked in conjunction with a research organisation founded by the CEO which aimed to create a better world in health and social care for future generations.
- Research in the areas of loneliness, the benefits of animals for people including those living with dementia and an approach to provision of care in small local areas had shaped how the service was delivered in response to people's needs.
- Research had shown the benefits of stroking dogs or cats in terms of enhancing mental wellbeing and reducing blood pressure. The provider initiated visits by the therapy dog to people who may no longer have pets of their own.
- Taking into account research into loneliness the provider initiated a programme of letter writing by children of the management team to people who lived on their own. It was identified the period of lockdown during COVID 19 would further isolate people. Some people's only social contact was with care staff.
- Research into providing care through small largely locally based staff teams was followed and adopted. This approach had ensured people are assured they will receive their care by staff who know them all through the year.
- Feedback from people and their relatives showed the effectiveness and positive impact of the innovative approaches used. People responded positively to the loneliness campaign writing back to the letters they received and expressing their appreciation. As well as photos of people clearly enjoying visits from the therapy dog.
- People's needs were assessed to ensure their needs could be met by the service.
- Technology was used to monitor visit times and provide important information to staff. This supported the registered manager and staff to ensure people received their care as planned. A relative told us, "The electronic app allows us to know which tasks have been done that day. It's a really effective use of modern technology." and "We get real time feedback after the carers visit."

Staff support: induction, training, skills and experience

- People using the service were supported by staff who had received induction and training relevant for their role such as promoting independence, fire safety, moving and assisting, and dementia. Staff were positive about their roles and told us they received enough training and support.
- The provider placed a strong emphasis on staff training. They ensured all staff had achieved the Care

Certificate qualification. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of staff working in social care. A robust approach ensured staff renewed their training when required. Staff commented, "They don't let us slack on anything."

- People's relatives were confident staff had the right skills for their role, A relative commented, "Yes they have the right skills and are very helpful." , "Some carers are young but they are well trained and my parents are comfortable with them."
- Staff were supported in their role through individual meetings and team meetings with the registered manager and senior staff.

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

- People and their relatives told us they were satisfied with how staff prepared meals. A relative commented, "They make a cup of tea and do his porridge and give him another fresh cup of tea before they leave."
- Staff had received training in food hygiene to ensure the safety of any meals they prepared for people.

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

- People's health needs were supported through proactive liaison with health care professionals on people's behalf, as well as support to attend health care appointments. One person told us, "they tell me if they see a circulation issue in my legs and they phone the GP for me and back me up." A relative commented, "Mum needed to go to hospital appointment and they were able to take her which was good for her and us." Another relative described how staff had been at the person's home when a letter arrived about a COVID 19 vaccination. This was immediately acted upon and an appointment was booked and arrangements made to transport the person to the appointment.
- Staff worked proactively with other agencies involved with people's care. One healthcare professional commented, "As a team we have a very good rapport with Flexicare and will often recommend them to patients and their families, when they are searching for a respectable care agency. We communicate well with Flexicare and believe this has led to the positive professional relationship we hold with them."

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's support plans described if they needed any support with decision making in relation to the care and support they received. People and their relatives confirmed staff asked people for their consent and understanding before starting care.
- Staff had received MCA training to enable them to understand how mental capacity may affect people's

decision making.

- There were no people using the service subject to Court of protection orders in respect of their liberty.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Staff and management were prepared to work beyond expectations to ensure people received care and support using a strong person-centred approach. We heard examples of staff exceeding expectations to deliver kind and compassionate care and support.
- During a visit to one person on a Sunday, it was found their boiler had stopped working. Care staff realised the importance of restoring heating and hot water and so one staff member rang their relative who was a plumber to get advice on how to safely get the boiler working again. Staff were also able to respond to requests from the person and their relative to visit to provide reassurance. The person's relative commented, "When you live 100 miles away this is invaluable for the assurance it provides."
- One person told us "I have a regular carer and a few others who do the odd day. They get rotated so they are familiar faces and they know what I need. They have become friends. My regular carer brought me a cake on my birthday. I feel spoilt rather than cared for."
- Another person was enabled to leave their home for the first time in over nine years. They commented "My team of carers from Flexicare go above and beyond what is expected. For example, they have taken me to the theatre and when I returned they had decorated my bedroom."
- A person's relative told us, "They are attentive. One phoned me to let me know that a lens had come out of his glasses and she took them to the optician for dad so this could be fixed."
- Initiatives by the provider such as the loneliness campaign were part of the approach of the service to provide compassionate care and support. As part of the provider's loneliness campaign people received parcels of toiletries during the COVID 19 lockdown and letters from children. Four hours free care a month was also available for each person using the service to enable family carers to go out. The service realised some people did not have much disposable income and responded to this by providing them with hampers at Christmas.
- People received care and support from staff who knew them and had developed positive relationships with them. We heard, "They are very caring and couldn't be more friendlier. I can hear him upstairs and he is chatting and laughing with them whilst they are supporting him", "Yes, (the person) has regular carers and without a doubt we have both built a relationship with them." and "(the person) has two or three regular carers and he is comfortable with them. There is a fantastic young male carer who talks to (the person) about the garden and his plants. I've also noticed that the cat has relaxed with the carers which says a lot." A health care professional commented, "Families of patients often comment on the professionalism displayed by Flexicare carers, and how they have developed a positive relationship with them."
- Staff were able to work with a relative of a person to enable them to regain the trust of having staff provide care to their spouse following a negative experience with another care service. This was successful and

feedback from the person's relative demonstrated how trust had been built and maintained.

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

- People and their relatives confirmed staff took account of their views and wishes when providing care to people. One person told us, "We have a running conversation. We work as a team." People's relatives told us, "They do listen to me and they come up with ideas on how we can make things better for (the person).", "They listen to what dad says, listen to what I say." and "Yes, they listen to him and they make him feel comfortable and not embarrassed."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and upheld. A health care professional commented, "Privacy and dignity are always adhered to, and carers always present themselves in a respectful and approachable manner." People's relatives told us, "They talk to mum in a non-patronising and gentle way.", "They always say "Good morning and "How are you". They are gentle with him and don't push him around." and "Yes, mum is treated with dignity and respect." One person only received personal care from female care staff in response to their request.

- Staff acted to promote and preserve people's independence. We were told, "The care assistant uses a trolley to bring him into the kitchen for breakfast, she stays behind him, keeping an eye on him whilst letting him be independent, she doesn't take over." One person told us, "They have brought me back to as near as normal as I can be. I've got a routine again." Staff had received training in reablement to support people to regain independence.

# Is the service responsive?

## Our findings

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

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

### End of life care and support

- Exceptional care was provided to people at the end of their lives, particularly in response to their changing needs.
- Comments from relatives of people who had received End of life care from the service described an approach "Beyond and above the duty of care expected", "Way beyond what you needed to do" and "The care and attention paid to (the person) by your palliative care team was quite exceptional". Health care professionals acknowledged the standard of End of life care provided, "End of Life care is one of our most key services in District Nursing, and to be able to liaise and request a competent care agency is involved to work alongside us, is vital. As a team we have a very good rapport with Flexicare and will often recommend them to patients and their families, when they are searching for a respectable care agency. We communicate well with Flexicare and believe this has led to the positive professional relationship we hold with them." and "I have passed onto the Gloucester palliative care specialist how great you and the team are with palliative patients and in a crisis."
- The service adopted a pro-active stance to providing care when people's care needs increased, stepping in to provide additional care hours based on need alone and before funding had been agreed. A professional commented, "Flexicare used their initiative as this lady deteriorated and increased her package of care while we were awaiting funding to be agreed" and "doing an amazing job in short notice".
- A dedicated 'hand-picked' palliative care team provided care to people at the end of their lives. The team lead by a Palliative Care Lead was intentionally small to ensure people and their families received consistent care and support. The importance of supporting the team to continue with their work was recognised and acted upon, as the palliative care lead described, "The team will hold a debrief on each client to review the care and we are always looking at ways in which we can improve."
- People experienced care which was comfortable, dignified and pain free. Comments received by the service described the care people had received, such as, "as comfortable as was possible" and "The way you treated (the person) with care, humour and dignity was so reassuring" A health care professional described the collaborative approach to pain management, "I remember Flexicare raising concerns with unmanaged pain to ourselves. GP was contacted the same day, who carried out a home visit, and a syringe driver was set up to manage pain. This proved effective." All staff had received training in Responding to pain and End of life care.
- Staff engaged with people nearing the end of their life in a positive way. They supported people nearing the end of their life with young families to write cards with messages to be passed on after their death. intended to mark significant events in the future such as birthdays, weddings or graduations.
- The practical and emotional support given to relatives of people receiving care was positively acknowledged in comments such as "particularly appreciative of the emotional support" and "Many have

gone well beyond anything we expected, providing additional support and advice to my mother in their own time." The palliative care lead described the approach to supporting people's relatives. "As part of my role, I take it upon myself to provide all the families with my direct number so that they can call on me at any time of the day or night. There are always occasions when this does happen and myself or one of my team will be with that client at the drop of a hat. This could be just for advice, informing me of changes or to lay their loved ones out if they have passed away. If during a scheduled visit we can see that death is imminent, we will always stay with the families if they wish for us to do so. This provides them with reassurance that we are there. We also explain the next steps as this may be the first time they have ever had to go through such a sad experience."

- Following the death of a person the service palliative care team were available to lay out the person's body if the family wished. A health care professional commented, "The patient's daughter contacted Flexicare during the early hours when she died, to request they visited to provide personal care, this was carried out without question."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received highly individualised care and support in response to their needs and wishes. A healthcare professional commented, "Flexicare ensure person centred care is provided, and every patient's individual needs are respected, and met."

- Staff knew the importance of respecting people's individual preferences. People's relatives told us, "Sometimes dad doesn't want to get up and they respect his choice." and "They know dad's needs, preferences and interests and have responded to this. They know dad likes to sit with a drink and read his paper so now they post his key back through the letter box so as not to disturb him when they leave."

- People's cultural needs were understood and respected. Staff were aware of expectations to remove shoes when entering a person's home.

- The individualised approach was successful in meeting people's needs. We heard, "They've got him to do things he wouldn't do before like have a wash/shave by chatting with him." and "They encourage him to wash and shave. He listens to them which he didn't do with me."

- People and their relatives contributed to individualised and clear care plans which were kept under ongoing review using an electronic care planning system. When asked if they had a care plan one person told us, "Yes I do and the things in it are done every day". A relative commented, "Yes mum has a care plan and I am involved in reviews".

- The care planning system enabled people and their relatives to access their own or their relative's care plans and medicines records. Operating with data protection safeguards, the system provided assurances to people's relatives who lived away that people were receiving their care. A relative commented, "The electronic app allows us to know which tasks have been done that day. It's a really effective use of modern technology."

- People were supported to engage in activities and have access to education making a positive impact on their life.

- One person was supported by a small team of staff. The person had ambitions to become a counsellor. Staff were able to provide flexible care and support to the person which enabled them to attend university and to graduate. Staff would accompany the person in lectures when required and a member of staff went away with the person for a weekend training course.

- Another person had a specially adapted tricycle and so they could use this staff would accompany them on rides at weekends allowing them to access open spaces. Staff also accompanied the person on a holiday to France.

- Staff recognised one person was very socially isolated. Through building relationships with the person's

neighbours, they were able to increase the person's social interaction within the community and arrange for them to have afternoon tea with neighbours. Staff also accompanied the person on trips out such as to the seaside.

- The purchase of a minibus has enabled people to enjoy trips out and social gatherings.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified through initial and ongoing assessment. The Provider information Return (PIR) stated, "Flexicare has a comprehensive Accessible Information Policy which is readily available to all staff members We constantly ensure all staff are fully trained and updated in communication skills".

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

- A system was in place to manage and respond to complaints. No complaints had been received by the service and the registered manager described a pro-active approach to responding to any issues raised to ensure they were addressed and resolved swiftly. Information on how to complain was provided to people and their relatives.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Outstanding: This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- Management of the service was imaginative and leaders facilitated a can-do staff approach and an exceptionally people focused culture. People experienced staff as treating them as unique individuals and their care had enhanced and enriched their lives as described throughout this report. We saw leaders had ensured the provider's aim of providing a streamlined, effective, safe and compassionate service for people became a reality for those who used the service.
- Strong leadership and collaborative work with other organisations, drove continuous improvement in the service as part of a broader research-based approach driven by the chief executive officer (CEO) to create a better world in health and social care for future generations. The service worked closely with the Centre for Practical Innovation in Care, a research organisation created and operated by the CEO. People benefitted from provider driven initiatives in areas such as loneliness, research based use of small care teams to ensure consistent care and the use of a therapy dog.
- The Provider information return (PIR) described the approach, "Our culture is positive, and empowers both Clients and Personal Assistants to achieve their very best desired outcomes."
- Staff were positive in their roles and clearly proud to work for the service, receiving ongoing support to continue to provide a high quality innovative service. We heard comments such as "I love this job." and " We get amazing support."
- The provider adopted a proactive approach to the lack of PPE at the start of the COVID 19 pandemic. The service initiated their own programme of making and supplying masks for staff and people using the service. The service sourced suitable materials and followed information available on the internet to make suitable face coverings until proprietary supplies were available. Initially masks were provided to people using the service and their relatives. The provider also launched an appeal on local radio and was able to source masks for staff until their own production was sufficient. An eventual surplus in masks produced also enabled supplies to be made to NHS staff. The nominated individual arranged to have their first COVID 19 vaccine live on regional television as an example for others to follow.
- As well as working collaboratively with health care professionals, the provider worked in partnership with a number of other agencies in the wider community. For example, working with a local school to provide and distribute food hampers to families during the pandemic. Research which has shaped the delivery of the service has been carried out in conjunction with The Leaders Council and Bath University.
- The provider worked with Proud to Care, which is an organisation that promotes employment in social care to develop an on-line learning system based on the Care Certificate.

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

- There were effective systems in place to monitor the quality of services and care provided to people. Regular audits were taking place to support the registered manager to meet the regulatory requirements and identify shortfalls in the service.
- The registered manager was able to monitor the care visits provided to people on a daily basis using a screen in their office. This gave real time information about visits planned for the day and staff attendance enabling any issues to be identified and responded to.
- An on-call system of senior staff operated outside of office hours to respond to any issues raised by people, their relatives and staff. The service had been enhanced to provide a senior member of staff early in the morning who could respond quickly to any staff absence and ensure people received their care.
- The registered manager and other members of the management team ensured staff were fulfilling expectations to deliver a high-quality service. Checks through observations based on the Care Certificate qualification were made on staff during visits to ensure standards were being maintained and people were satisfied with the care and support they received.
- The provider ensured they met CQC's registration requirements by completing and forwarding all required notifications to support our ongoing monitoring of the service.

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

- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

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

- People and their relatives had positive experiences when they communicated with the service. One person told us, "There is a 24-hour phone number. Someone is on call when the office is shut." A relative commented, "I had three days to arrange care for dad when he left hospital having had a stroke following mum's death. The registered manager was so helpful and everything has worked well from day one and it's given me peace of mind."
- During the COVID 19 pandemic a telephone listening ear service was established to support people using the service with their mental health.
- Surveys had been sent out to people and their relatives to gain their views. Results from the 2021 were positive. Staff surveys had also been carried out. The results from the 2021 survey were positive and showed staff felt valued and were happy in their roles.