Caritas Care Solutions Ltd

Caritas Care Solutions

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 28 and 29 August 2018. We announced the inspection to ensure that someone was available to speak with us during the inspection. The provider also had time to speak with people and gain their consent for us to visit them in their home.

This service is a domiciliary care agency. It provides the regulated activity personal care and treatment of disease, disorder or injury. This includes support with activities such as washing and dressing, the provision of meals and the provider also had individual arrangements in place to support people with their medicines where necessary. It provides a service to older people, younger adults, people with sensory impairment, physical disability, dementia and learning disabilities or autistic spectrum disorder.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of this inspection the provider was not supporting any people with learning disabilities.

Not everyone who used Caritas Care Solutions Limited received a regulated activity. CQC only inspects the service being received by people provided with 'personal care' or help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection 29 people were receiving a service, and 28 of those received a regulated activity.

The registered manager had been in post since 7 September 2016. 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.

Staff were fully supported in their role. The registered manager had ensured staff received regular supervisions and appraisals.

Manager's audits used to maintain and improve standards in the home were always dated and regularly completed to drive improvements across the service. Action plans were in place and had been followed up to address the areas identified as requiring improvements to be made.

Records had been updated and regularly reviewed so that information for staff was current and reflective of people's needs. Staff had access to records via their handheld devices when providing care to people in their homes. In addition, paper documentation was available should they need to check or reference anything.

Quality assurance checks had identified and driven improvements across the service since our last inspection.

Staff had received additional training and the registered manager had regularly checked staff knowledge and understanding of the Mental Capacity Act.

People told us that staff arrived on time. If staff were running late people received a call from the office staff to inform them. All the people and their relatives we spoke with were happy with the service and felt staff knew their needs well.

Staff could describe the different types of potential abuse and knew how to report any incidents of abuse or potential abuse. The provider had ensured that notifications were sent to CQC in line with their registration requirements.

Policies were in place to support the safe administration, storage and disposal of medicines. Where people received support with their medicines, these were administered and recorded appropriately and regular spot checks were completed.

Recruitment procedures included appropriate checks to ensure prospective staff were of suitable character to work in a care setting and had the right to work in the UK.

Training records showed that staff had completed induction training and shadowed an experienced member of staff to observe and learn about the duties expected of them before being approved as competent to work alone. Refresher training was completed and scheduled for all staff.

People and their relatives told us that staff were kind, conscientious and caring towards them. Some staff had listened to people's aspirations and supported them to achieve their goals.

A complaints policy was in place and records showed the provider had managed issues and concerns in line with their company policy.

The registered manager visited people and their relatives to obtain their feedback about the service. In addition, annual surveys were sent for people to complete. The provider was keen to ensure everyone's views were taken on board so their experiences could be enhanced where it was possible.

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.

Policies and procedures for medicines management had been reviewed and updated to ensure people received their medicines in line with best practice.

Staff we spoke with were knowledgeable about the different types of abuse and knew how and who they could report them to.

The registered manager was aware of their responsibilities and had been reporting all safeguarding incidents to the appropriate external agencies.

Is the service effective?

Good

The service was effective.

Care plans had been regularly reviewed to reflect people's current needs.

Staff had been supported through training and regular discussions to understand their responsibilities in relation to the Mental Capacity Act (MCA).

Records showed that supervisions and appraisals had been regularly completed. These had been improved to include feedback from both other staff and people receiving a service.

Is the service caring?

Good

The service was caring.

People and their relatives told us that staff were kind and caring towards them.

Staff knew the importance of maintaining people's dignity and respecting their right to privacy.

Relatives told us that staff promoted people's independent living skills which promoted their independence and well-being.

Is the service responsive?

Good

The service was responsive.

People told us that care was delivered in a way that took into account their personal preferences.

Staff took time to spend with people to ensure they were free from social isolation.

Communication was available in different formats and staff adapted the way they communicated to meet people's needs.

Is the service well-led?

Good

The service was well-led.

Staff described the culture of the service as open and honest.

The registered manager attended events and received email updates from various external agencies to keep informed of best practice and any key changes in legislation.

People and their relatives felt that management listened to their views and suggestions. Alongside regular audits and quality assurance checks the provider had worked to continuously improve service delivery.

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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.

This inspection started on 28 August and ended on 29 August 2018. We gave the service 2 days' notice of the inspection site visit because we needed to be sure people would be available to speak with us during the inspection.

Before the inspection we reviewed information sent to us by the provider, such as notifications. Providers are required by law to submit notifications to us when important events happen at the service. For example, serious incidents and allegations of abuse or abuse. We contacted the Local Authority and safeguarding teams to ask for their feedback about the service which was positive.

Due to technical problems on our part, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We visited the office location on 28 and 29 August 2018 to speak with the registered manager and review records relating to the management of the service. These included; recruitment, training and supervision records for five staff, medicines administration records, care plans for four people including risk assessments and policies and procedures.

On 28 August 2018, we visited two people in their homes with their consent. We looked at records kept in people's homes and asked people for their feedback about the service. We also spoke with one member of staff and observed them delivering care and support to people.

On 29 August 2018, an assistant inspector contacted four people receiving a service and four relatives for their feedback about the service. The inspector contacted three carers and a nurse to obtain additional

information.

Good

Is the service safe?

Our findings

At the last inspection in October 2017, we rated this service 'Requires Improvement.' We found that policies and procedures around medicines administration were not clear for staff to follow. Safeguarding policies and procedures were in place, but one safeguarding incident had not been reported to the Care Quality Commission (CQC) in line with the providers legal responsibilities. Some of the staff we spoke with had poor knowledge of safeguarding and the procedures to report incidents to the appropriate agencies.

At this inspection, we found improvements had been made and as a result the rating has improved to 'Good.'

The provider had reviewed their policies and procedures in relation to the management, storage and disposal of medicines. Guidance was clear for staff to follow. Staff received training in how to manage medicines during induction and regular checks were recorded to ensure each person was competent in their role. People we spoke with that received support with their medicines told us they received them on time and were happy with the level of service they received. Records confirmed that medicines had been administered. Any medicine errors were identified through audits and appropriate actions had been taken, such as re-training staff.

Staff could describe the different types of abuse they may see in a care setting and how to report instances of abuse or potential abuse. One member of staff described several types of abuse and advised, "I would report them to my manager immediately. I would ensure the family was informed, safeguarding team, CQC and the police if necessary." This showed us that staff were well informed about their responsibilities when reporting safeguarding incidents.

Records showed that safeguarding incidents had been documented and reported to the local authority. The registered manager had adhered to their legal responsibilities by informing CQC of all safeguarding incidents. Staff were aware of the whistle blowing policy and felt confident they could use this to raise any concerns in confidence should they need to.

Recruitment procedures were robust and included; employment and character references, Disclosure and Barring Service (DBS) checks prior to employment being confirmed and photographic identification. DBS checks provide detailed information to employers to help them make informed decisions as to people's suitability to work in a care environment. When necessary the provider had checked people's immigration documents to ensure they had the right permits to work in the UK. Records showed that when necessary the provider had followed their own disciplinary processes to ensure when staff did not adhere to company policies and procedures this was addressed consistently.

People we spoke with told us that staff were usually on time for their calls and only on the odd occasions where they a few minutes late. One person told us, "They [staff] are mostly on time, there are the odd occasions where they are a tiny bit late." However, when asked all the people we spoke with told us that they were usually contacted by the office when staff were running late. Records showed us that staff were on

time to their calls give or take a few minutes either side of the call times. People told us that staff stayed for the duration of the call, unless they asked them to leave early.

Staff told us they had sufficient travel time in between calls and drivers were allocated to pick people up across each of the four geographical areas. One member of staff told us, "Quite a lot of our calls are double ups and so we tend to travel in pairs. Having drivers works well". A second member of staff advised, "It does seem to work, we all get picked up within a few minutes of finishing and all our calls are close by so it's not usually too far to travel."

We reviewed four people's care plans and associated documentation, such as risk assessments. Risks for both the internal and external environment had been assessed to ensure people's safety was maintained. Guidance for staff to follow gave prompts on checks they may need to do prior to leaving someone's home. For example, risk assessments were in place for those people that chose to smoke cigarettes. Staff were aware they needed to ensure the ashtray was emptied in the external bin, making sure the ash was not hot or still alight. For those people unable to mobilise, staff made sure that they were safe by keeping their lifeline within reach in case they needed assistance and ensuring external doors were locked and keys stored appropriately before leaving.

Risks had been identified and assessments had been completed and regularly reviewed. One person had a risk assessment in place for pressure care and another person to prevent falls. These detailed any equipment in place to support people and detailed information to guide staff in how to support them. We discussed with the registered manager that a small number of cases did not have risk assessments in place for risks associated to people's health conditions. They advised this was an area they would look to improve so that in all care files staff had guidance to support people in line with best practice.

Staff were aware of the need to record any accidents and incidents and documentation was available in people's homes to facilitate this practice. The provider analysed this information regularly to identify any themes or areas of concern. This allowed them to re-assess any areas of concern and if necessary involve other health professionals for further support or advice.

Where people received support with their shopping, staff kept a record of receipts and financial transactions. Policies and procedures were in place to ensure staff maintained accurate records that were reviewed and audited regularly.

During our inspection we observed staff wearing appropriate Personal Protective Equipment such as disposable gloves and aprons. Staff also visited the office to collect further stock during one of the inspection days.

Business contingency plans were in place and provided information for key contacts should there be an emergency. For example, loss of utilities, severe weather and loss of IT services.

Good

Is the service effective?

Our findings

At the last inspection in October 2017, we rated this service 'Requires Improvement.' We found that some staff were unsure of their role and responsibilities in respect of the Mental Capacity Act (MCA). Staff we spoke with did not fully understand the principles of the MCA. Care plans were not always reflecting people's current needs and information to guide staff to support them appropriately. Staff supervisions and appraisals had not been completed in line with the provider's policies and procedures. This resulted in a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.

At this inspection, we found improvements had been made and as a result the rating has improved to 'Good.' At this inspection, we found the provider had improved practices to achieve compliance with the breach of Regulation 18.

Care plans had been regularly reviewed to ensure they were reflective of people's current needs. Initial assessments were received from the local authorities for those services commissioned by them. The provider then met with people and their relatives to produce a more person-centred plan in line with people's current needs. These included important information about people's health conditions and how to best support them. Any changes due to visits from health professionals or local authority reviews had been recorded.

People told us that staff were knowledgeable and had the skills required to meet their needs. Peoples comments included; "They look after me well", "Yes, they are good" and, "Most of them know what they are doing." The last person said the reason for this answer was that some new carers were in the process of learning. A relative advised, "From what I have seen, they [staff] are very good with [name]."

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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. We checked whether the provider was working within the principles of the MCA. We saw evidence that people had been involved in decisions about their care and support. People's capacity to consent to aspects of their care, including personal care, support with nutritional needs, finances and support in the community were assessed and recorded. The provider had noted when they had seen evidence of a Lasting Power of Attorney (LPA), to show where someone had the authority to make decisions on the person's behalf for financial matters and/or health and welfare.

Staff completed training in relation to the MCA as part of their induction and understood the importance of gaining people's consent prior to completing cares for people. One member of staff told us, "Any changes to

a person's capacity such as forgetfulness I would report to the manager. We are trained to support people to make everyday decisions themselves when they are able to. I support people to choose their clothes by laying a couple of items out and it they don't like them I get them something else to choose from."

The registered manager had completed regular supervisions and appraisals in line with their policies and procedures. Supervisions incorporated feedback from other staff and people using the service, so that meaningful feedback could be given to staff and any issues addressed immediately. Disclosures were signed by staff at each supervision to confirm there had been no changes to their records since the DBS had been returned. Staff told us they felt supported by the registered manager and the team of staff they worked with. One member of staff said, "I feel supported by management. We have regular discussions each week with the registered manager" and a second member of staff advised, "I have supervisions three to four times a year. We get feedback which keeps us on track and stops us getting complacent. They are not intimidating, I feel they build me up and it promotes delivery of a good service."

Supervisions also checked staff knowledge in relation to various topics, such as; MCA and safeguarding. Where the supervisor had identified a lack of understanding training and support had been arranged for staff. This showed us that the provider was supporting staff understanding and knowledge to ensure they would be competent and confident in their role.

Induction training had been streamlined since our last inspection. A four-step process had been introduced which included; recruitment checks, initial e-learning and practical moving and handling training. The registered manager also completed a checklist and encouraged new staff to discuss the visions and values of the service with them. Staff were allocated a 'buddy' to shadow, this was a more experienced member of staff that completed a checklist of everything they were expected to do as part of their role. These two checklists had to be fully signed off before any new staff including nurses were allowed to commence their first shift alone. Within 12 weeks staff were expected to have completed the 'Care Certificate' and this had to be signed off to demonstrate their competence in practice. The registered manager had an action plan to complete to monitor progress and decide whether extensions to the induction programme were required. The Care Certificate is a set of standards that all people working within Health and Social care settings must adhere to.

All training deemed mandatory was included in the induction process and we saw evidence of annual refresher training. This had been out sourced to an external provider and included training in various subjects. For example; Safeguarding, fire safety, equality and diversity, basic life support and moving and handling. The provider told us that any staff requiring additional support with moving and handling techniques could access one to one training. This would be delivered by the clinical governance manager, also a registered nurse. A training room was available at the office which included a profiling bed, slings and a hoist for staff to practice. In addition, the provider checked staff competencies in practice when they completed observations within people's homes. The registered manager told us that specific training for individual conditions was sometimes accessed through specialist nurses, such as; cough assist and the use of ventilator masks or Percutaneous Endoscopic Gastrostomy (PEG) training. A PEG is when a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. A training matrix was in place to schedule regular training courses, these were current and up to date.

People that required assistance to eat and drink or with meal preparation were satisfied with the service received from staff. We observed staff tentatively and patiently supporting people to eat and drink. Staff gave gently encouragement to people and spoke with them constantly to ensure they were happy with the way they were being assisted. One member of staff told us, "The hospital had changed a device to digital,

which I was a bit worried about. I contacted the office for support and within ten minutes [name of clinical operations manager] was here to support me. They made sure I was confident using the new equipment and did not make me feel uneasy because I called them out. I find managers are extremely supportive and helpful, it makes me feel confident as they are always available if I am unsure about anything."

Staff had handheld devices to enable them to log in and out of each call. This information was uploaded in real time to the call monitoring systems so that the provider could monitor any late or missed calls. Should a call not be logged as attended, an alert was sent to the office. This enabled the provider to check the reason for the non-attendance and re-allocate a worker or inform people that their call may be a little late.

People told us they had good communication with the provider and their staff. Comments included; "Yes. I know more or less what time they are coming. I think they are brilliant" and "Generally yes, one or two don't have good English, they come in twos and usually always one who has good English." People told us that they were usually informed in advice of the rota's so they knew which staff would be visiting them.

Good

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service remained caring.

People who received a service told us that all their staff were very kind and respectful towards them. Comments from people and their relatives included, "Very respectful. As a matter of fact, I have formed quite a connection with some of them", "They treat [name] with dignity, give [name] privacy when required and treat [name] gently. Ten out of ten" and "They are very pleasant and interact with [name]. They are all really lovely." A relative advised, "It's nice to know we have the same set of girls. They are all lovely. It's nice to have the same faces."

People and their relatives told us that staff treated them with dignity and respect. One person said, "Very much so, I have no complaints whatsoever. They are quite professional." One member of staff told us, "When bathing people I ensure the door is closed, windows shut and I only expose the area I need to wash. If necessary I kindly excuse us both if family members are around." We observed staff awareness of promoting people's dignity, they involved people in decisions about their care and support. Staff were patient and caring towards people and knew their needs and preferences. It was clear that people enjoyed the company of their regular carers and this maintained their well-being.

Staff knew the importance of choices and supporting people's independence. This meant they did not take away people's existing life skills. One member of staff told us, "We give people choices to promote their independence. If I know someone can walk independently I encourage that whilst I am visiting." Other staff spoke about allowing people to prepare food whilst they were supporting them. One relative told us, "[Name] has got problems standing. If [name] legs are okay they will help and make sure [name] doesn't fall. They are giving [name] encouragement to be more independent."

Care plans included information about people's families and their life histories. This helped staff to build stronger relationships with people and encourage meaningful interactions. People told us that they felt involved in making decisions and that their relatives were included if they had given their consent. One person said that staff were, "Quite obliging, quite helpful. I wouldn't ask for any more." One relative advised, "Yes, they do involve us in [name] care and planning. They [provider] discuss with us what [name's] condition is and how they are treating [name]." We observed staff explaining to people what they were doing before carrying out any duties. Staff asked people if they were ok with the plan of action and asked if there was anything else they needed at the end of the calls. One person requested a fresh drink, they had just had some juice during the visit and the staff replaced the existing drink with some fresh juice for them.

People told us that they felt staff genuinely cared about them. One relative said, "Yes they care. They do help [name]. My [name] is very pleased with them and has a feeling of love for them and how they treat [name]." A second relative commented, "Yes, they come in as carers but they end up as friends."

Care plans supported people's community links. For example, one person visited the church regularly and

staff ensured they accommodated the days and times they wished to attend a service by rescheduling the time of their calls. Equality and diversity policies were in place which staff read through during their induction. Records showed that some people were supported in different ways to meet their needs. Staff were quick to notice any changes to people's needs and for one person with a specific health condition staff had liaised with a specialist nurse to look at new adaptations that were available to support them.

The provider had updated their data protection policies and procedures to ensure staff were compliant with the new data protection laws. Personal information was securely locked away in cabinets and the office premises was locked when unattended. This ensured that people's personal data was stored securely.

Advocacy information was available to people and their relatives in the service user handbook and the registered manager had additional information on contacts should they require them.

Good

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service remained responsive.

People and relatives told us the staff were responsive to their needs and delivered care and support in the way they preferred it. One relative told us they felt the care was person-centred, they commented, "There are two carers where there is laughing and giggling during the whole visit - from all three of them."

Staff were aware of how to best support people, especially those with communication difficulties. They adapted practices accordingly and used more detailed communications when necessary. For example, satisfaction surveys completed by people and their relatives stated; "The carers are very kind and do their best to make [name] comfortable and to ensure that [name] feels safe when they move him." This person was very weak and frightened due to past experiences, they were unable to fully communicate their needs to staff. The relative continued to praise the service; "Your staff always make sure [name] knows what they are doing. They are efficient and careful with his care." Staff were also aware that communications were available in various formats should people need them.

Care plans contained information about different aspects of people's care to guide staff, such as; mobility, nutrition, medicines and personal cares. People's personal preferences and the level of support needed was detailed. For example, one person's care records for nutrition and hydration stated; "Prefers soft food, nothing chewy. Tea or coffee, milk and no sugar. Requires assistance to prepare food."

Information about people's care and support needs is uploaded onto staff's handheld devices. These update in real time so the provider can relay messages to staff as and when changes happen. The staff ensure each area of care is ticked to confirm completion and then add additional notes to ensure a more person-centred approach is adopted. The care notes had improved since our last inspection, but had not always been added during each call. We discussed this with the registered manager who was aware and taking measures to support those unable to write fluently in English. Some staff were attending English courses to improve their written English. The registered manager said they would encourage them to write more content as this would also help them to practice their English writing skills.

Care plans were reviewed six monthly or sooner should a person's needs change significantly. Where people had requested additional support, staff had contacted the office to ensure referrals were made to the appropriate social services team and a re-assessment completed.

Relatives spoke about how staff spent time interacting with people to ensure they had a social element if they were unable to get out due to their health conditions. One relative told us, "They [staff] talk about different things. It's nice for the interaction so they are part of [name] everyday life." Relatives had noted the difference in their loved ones when staff visited them. One relative advised, "There is one or two very regular staff. She always has a smile for the carers. I think that's a good sign in itself." People told us, "If I want anything changing they have told me to ring them and they will sort it" and, "They [staff] usually do extra for

me. Such as errands to the shop. They have got milk when my family are away." This showed us that staff worked above and beyond what was required of them at times to ensure people were not isolated. Management supported this practice and encouraged staff to be as caring as supportive as they could be for people.

Staff received training in end of life care so they could provide the best care and support to both people and their relatives. Advance care plans noted any preferences or choices people had made. One relative had sent an email to thank staff and management, it stated, "We would like to thank you and all the staff who cared for [name], from the bottom of our hearts. Your service is truly exceptional. We were extremely grateful, for all the time you took to see if we could get [name] home, and for all the kindness of your staff in visiting her at [name of residential home]."

One person that was receiving end of life care had asked staff to support them to spend a day at the races. They had told staff this was on their bucket list of things to do. The registered manager advised they were quite humbled as the regular staff wanted to help support this person to achieve their wishes. Staff arranged a taxi and took the person in their wheelchair in their own time.

People and their relatives told us they would be confident speaking with the management or staff about any issues or concerns. Most people told us they had not needed to raise any complaints. One person said, "Yes, they are very good at responding." This person told us they were happy with any outcomes from issues they had raised. Records showed the provider dealt with complaints in line with their own policy. The provider fully investigated concerns and ensured people received an apology and explanation of the findings. When necessary the provider had actioned further training to support staff and utilised their disciplinary processes when necessary.
People were happy with the quality of care provided by Caritas Care Solutions Limited and provided positive feedback about the staff. One person said, "The staff are quite nice." We looked at compliments and thank you cards that had been received from people and their relatives. These thanked carers for all their care and support to enable their loved ones to stay at home and some relatives had named specific carers to personally thank them.

Most staff did not speak English as a first language. The registered manager told us that staff were supported to attend courses at the local colleges in the area and records showed that many staff had either completed or were in the process of studying to improve their knowledge of the English language. One person told us, "I enjoy talking to them as I have visited [name of country]. I talk to them about their home country. They are quite able to speak English."

We viewed compliments thanking staff for their kindness and constant care and attention. In addition, satisfaction surveys showed people had praised staff. Comments included; "Your staff are excellent" and, "The staff do very well and take care." In one section of the survey it asked people – "what do you feel we do well?". One person had answered, "Listening to our needs. We are most grateful, thank you!"

People told us they were regularly asked for feedback about the service and the registered manager came out to see them regularly. One person said, "The manager sometimes comes in to ask if things are going alright and if there are any complaints." A second person said, "Now and again there is a short questionnaire." This showed us that the provider was actively seeking people's views and opinions to improve the service.

Good

Is the service well-led?

Our findings

At the last inspection in October 2017, we rated this service 'Requires Improvement.' We found that some staff were unsure of their role and responsibilities in line with the Mental Capacity Act (MCA). Care plans were not always reflective of people's current needs and information to guide staff to support them appropriately. Staff supervisions and appraisals had not been completed in line with the providers policies and procedures. Records from audits lacked follow up information to show the actions the provider had taken. This resulted in a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

At this inspection, we found improvements had been made and as a result the rating has improved to 'Good.' At this inspection, we found the provider had improved practices to achieve compliance with the breach of Regulation 17.

The provider had taken on board the feedback from our last inspection and made significant improvements in the service. A deputy manager had been employed to support the registered manager in their duties. Supervisions and appraisals had been completed in line with the company policy and schedules were in place to ensure these were monitored. Accidents and incidents had been clearly recorded and analysed to ensure measures were put in place to mitigate any risks. Regular audits and checks identified where improvements were needed and the provider had various action plans in place to ensure these were actioned. For example, where staff knowledge had been poor in relation to MCA the provider had booked refresher training and checked their knowledge to ensure compliance in this area.

Staff described the culture of the service as open and honest. People knew the registered manager and felt confident that they managed the service well. Feedback from people included; "We think it's excellent. When we had problems, and needed help the management replied that they will contact the carers and get them to us as soon as possible", "I think it is well managed. They [staff] are all very nice" and, "I think they are brilliant. They do work very hard, it must be difficult for them."

Records showed that the registered manager was transparent and took responsibility for the services delivered to people. Many of the people we spoke with told us that the registered manager had visited them to check they were ok and ask for their views about the service. This showed us that the provider was actively seeking people's views to improve the quality of the services delivered.

Some staff did advise that they had not yet attended a staff meeting. However, they did advise they had regular chats with the registered manager and spoke with them when they visited the office. All staff felt supported and valued by the management team. One member of staff advised, "I attended a staff meeting last week. We discuss any changes, updates and training needs." A second member of staff said, "I enjoy my work. It's a pleasure, they [management] always thank you for what you're doing" and a third staff member told us, "Everyone's fantastic. I enjoy working for them, they are supportive and are there 24/7 for us. I love the job."

Management worked in partnership with various professionals to ensure the service continued to improve. We saw evidence that the local authority had completed an audit of some records at the service. The registered manager had worked with them to share any requested information and took on board any feedback to improve service delivery. For example, the local authority had recommended three to four staff supervisions per year and the provider had completed these. We also reviewed evidence of partnership working with health professionals to obtain specialist training for staff to deliver the best outcomes for people.

The registered manager had freed up some of their time by out sourcing some of the training to an external company. This had enabled them to take a more active role outside of the office, working alongside staff when necessary to cover absences and holidays. This time was utilised to observe competency amongst staff in a supportive way to encourage their development.

Since our last inspection the registered manager had empowered staff to make direct contact with health professionals to ensure people received timely care and support. This included contact with GP's, District Nurses and informing people's next of kin.

The registered manager told us they kept up to date with best practice by signing up to receive updates from various external agencies. These included; Information Commissioners Office (ICO) for data protection information, CQC and managers rotated attendance at the Care Sector Forums. These are run by the local authority to share important information with providers such as, updates to legislation and current best practice.

Since our last inspection the provider had also signed up to become a "Disability Confident Committed" employer. This is part of a government initiative to ensure equal opportunities are available and things such as; reasonable adjustments are considered and support for existing employees who acquire a long-term health condition so they can choose to stay in work.