

Aspen Live in Care Services Limited

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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

About the service

Aspen Live in Care support people to live independently within the comfort of their own homes. Staff live in with the person they care for providing personal care. The service was supporting 15 people at the time of this inspection.

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

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; however, documentation did not always reflect the good practice.

We have made a recommendation that the provider review their systems in monitoring and recording incidents, to ensure action is taken promptly and lessons can be learned and shared.

People were supported by staff who had completed a comprehensive induction and had access to regular training and knowledge updates.

Systems and processes were in place to keep people safe. People felt comfortable and trusted the staff that lived in their home. Staff were aware of their responsibilities to report any concerns.

People only had positive praise for the staff that supported them. Staff genuinely cared about the impact their role had to people's lives and mutually respectful relationships had grown. The service valued and respected people's individual beliefs and endeavoured to support them in the way they wanted to be supported.

The management were passionate about providing good end of life care to people and supporting their families at this difficult time. People had a clear plan in place of how they wished to be cared for and what was important to them.

People and their relatives could not speak highly enough of the management and the way the service was run. Communication in the service was good and people and staff felt listened to and valued.

Whilst people had been fully supported in practice the management had not submitted expected death notifications. The registered manager told us these would be sent without further delay.

Quality monitoring was undertaken, and people received regular visits to check all was well. The management team were committed to ensuring people received a positive experience when using the service.

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

Rating at last inspection

The last rating for this service was Good (published 19 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Aspen Live In Care Services Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 a short notice period of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 November 2019 and ended on 25 November 2019. We visited the office location on 19 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff, the care manager and the registered manager.

We reviewed a range of records. This included four people's care records and medication records. We looked at five 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. Three health and social care professionals provided feedback about working alongside or with this service.

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 Good. This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong

- There had not been any serious accidents or incidents since 2018. When an accident or incident occurred, these would be recorded in people's files and looked at on an individual level. We reviewed the accident form from 2018 and saw that whilst appropriate action was taken, there was nothing recorded on how a reoccurrence could be minimised in the future. The care manager explained they went through the form with individual staff to discuss the incident, but agreed the recording of this could be improved.
- We saw one entry from September 2019, in a person's records where they had wanted to go to the toilet but had been informed they would have to wait due to needing a second member of staff. We saw that this person had waited from 10.10am until 12.45pm, which was a long period of time to wait. We raised this with the management team who were unaware of this event. Following the inspection, they investigated this and spoke with staff concerned. They also followed up with the staff checking the records to ensure they were vigilant to raising any incidents of this nature higher.

We recommend that the provider review their systems in monitoring and recording incidents, to ensure action is taken promptly and lessons can be learned and shared.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe by trained staff who understood their safeguarding responsibilities and how to raise concerns. The care manager said, "We cover safeguarding in staff competencies and their understanding of this and how it's implemented and when to report. When we discuss it and get anecdotal stories, this is where you can assess their understanding."
- A safeguarding file was in place for staff containing information on who to contact and the provider's policy. The care manager told us, "We make staff aware of the Whistle blowing policy and for them to do this if they have a grievance and know there would be no come back to their jobs."
- Staff told us "I think it is everyone's responsibility, and about people and organisations working together to prevent and reduce risks of abuse and neglect", "I would raise concerns and whistle blow if saw any wrong practice" and "I would record everything then inform the Manager who does an investigation and reports to the Safeguarding Authority."
- People told us they felt safe with the staff who came into their homes commenting, "I trust the staff certainly, I trust all the staff", "I feel very safe with them", "I trust the carers. We often go out, leaving the carer in the house alone. I have never had reason to doubt their honesty" and "We have had a lot of Aspen staff come in, no problems at all, they are very good." One relative said, "No safety concerns, we feel quite at home with the staff and reassured."

Assessing risk, safety monitoring and management

- People's risks had been assessed and plans were in place to make sure people were supported safely. We saw risk management plans were detailed and had been reviewed and updated where required. For people who at times displayed anxious behaviours a detailed assessment was in place, so staff could offer appropriate support to that individual and de-escalate situations early on.
- People's home environment had been assessed for risks to make sure staff were working in safety. We spoke with the registered manager about including an assessment around the responsibility of securing a person's property as staff lived in. The registered manager contacted us following the inspection to say they had implemented 'door locking' information to their new care plans.
- Personal evacuation plans were in place for people in the event of an emergency and staff were clear on these. The registered manager said that staff drew up the evacuation plans themselves to encourage them to think about exits and routes to take in an emergency.
- The provider has a business continuity plan in place containing relative's details and who could be called in the event of an incident. This also had important contact details of local professionals and considered different scenarios and what action would be taken in each event. Staff told us, "I feel safe and there is always someone on call from Aspen Care" and "There is always someone on call from Aspen to give support."

Staffing and recruitment

- The service had a good hierarchy of staff support with care staff, field supervisors and management. The management team were visible within the service and told us, "The whole idea of the company was that we are hands on and small. We don't just support verbally, we support with whatever they need."
- Staff spent around four weeks with a person and then had two weeks off. They had time off during the working day to spend time away from a person's home if they wished. The staff turnover was low, and staff told us they were happy with the hours they worked commenting, "The working hours are fine, I am happy with these. If we are tired or need a break, we tell the office and they support us and relieve us immediately" and "The hours are manageable because there are two hours break every day."
- The service did not have issues with recruiting staff or providing staff to support people. The registered manager confirmed, "We don't measure the time we spend with people, we spend with people what they need. Our phone rings every day with staff looking for work. A lot of our staff are through word of mouth, staff tell others they are supported and looked after."
- We reviewed the recruitment processes and saw the provider had completed checks with the disclosure and barring service (DBS). The DBS help employers to make safer recruitment decisions. We saw that two references from previous employees had not been obtained and instead character references had been relied on. This was not in line with the provider's policy. The staff however had worked for the service for a number of years now and the provider had ensured staff completed a thorough induction prior to commencing work and continuous monitoring. Following our inspection, the provider wrote to update on the action they had taken to ensure going forward, there is at least one previous employer as well as character.
- The provider had not always signed and dated to show that the originals of identification documentation had been viewed, when photocopies were taken. Following the inspection, the provider sent us a new recruitment sheet that they now had to indicate identification documents had been witnessed and signed.

Using medicines safely

- Medicines were managed safely. People were supported to take their medicines as prescribed. People had a medicines administration record (MAR) which was used to record what medicines were given and when. The MAR'S that we reviewed did not contain any gaps. In addition, people had a medicines care plan which detailed the support they needed and information relating to their medicines.
- People and their relatives had confidence in the support provided with staff in relation to their medicines.

Comments included, "Aspen Care are very thorough in the way they administer my relative's medicines, I was very impressed on their initial visit, in the way that they organised themselves especially the medicine box, checking what my relative should take and shouldn't" and "If the doctors do change the medication then the proprietor will give them a call directly to confirm the information. We never have had a situation where medication has been missed."

- People's medicine's records were checked monthly and any updates recorded. Where people had topical creams applied there was a supporting body map to indicate where to apply these. Staff spoke confidently about the procedures in administering people's medicines and storing them appropriately. One staff told us, "We ensure the client is sitting upright, explain what you are giving them and ensure they swallows the tablets before you leave." One health and social care professional said, "A staff raised about a person's medicine they had been taking for a while and requested a medicines review from the person's GP."

Preventing and controlling infection

- Staff would support people with light housework as part of their role. The registered manager told us this included dusting, hoovering and laundry. Relatives told us staff kept their relative's homes clean commenting, "The house is always clean and tidy. Even their allocated bedroom is kept tidy and clean" and "They are very clean and tidy."

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA and found this was mostly the case.

- We saw that where a person lacked capacity to make a decision an assessment had been undertaken. The assessments we reviewed did not contain many details on how this decision had been presented and reached. The registered manager said this would be addressed.
- We saw that relatives had often signed consent forms where a person was unable. Not all these relatives had the appropriate legal authority to consent on a person's behalf. The management team explained this was where a person had been unable to physically sign but they could indicate their consent verbally or through a gesture. The registered manager assured us this would be reviewed, and they would work with families to establish this. Following the inspection, they informed us consent forms had been updated to include how the person would have indicated who they would like to sign for them, should they not have the correct legal authority in place.
- Staff demonstrated understanding around the principles of MCA commenting, "We support people who lack capacity, whatever they want we continue to support and help them, we talk through things" and "If an individual has been assessed and deemed as lacking capacity, I would help with day to day decisions like food and clothing. Bigger decisions are taken by the Lasting Power of Attorney or the court appointed deputy."
- The service had been proactive in putting one person in touch with a solicitor, so they could put things in place and make decisions about their future. One relative said, "Having Aspen care has made my relatives life better in so many ways. They cannot make decisions anymore and the next step would have been a care home which we didn't want because they still enjoy living in their own flat."

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

- People had a thorough assessment of their needs prior to any service being offered. Assessments covered people's health, physical and social needs. Staff had access to the assessments and knew people's needs well.
- The registered manager was very passionate about compatibility and matching staff with people to create good working relationships commenting, "We know our staff personalities, it's so important placing the right staff with the right person, for example not putting a person who is quiet with a loud staff member. Live in care is very different, they need to get on and be suitable." The care manager told us, "We let people know it's ok to say it's not working and for the staff to say they don't find it comfortable. The staff have to be happy too in their work or nothing works."

Staff support: induction, training, skills and experience

- Staff received an in-depth induction when they first started working at the service. An induction pack was provided to staff, which detailed the service's core values of care, including, independence, dignity and rights and choice to be promoted. It looked at areas of staff roles including food hygiene, catheter care, communication and provided worksheets to complete.
- Staff told us they found their induction useful saying, "My induction involved working with a senior carer for a fortnight. It prepared me adequately for the role" and "We went through policies, procedures and competences. It was very helpful."
- Staff received the necessary training to equip them with skills for their role. This was undertaken on commencing employment and then refreshed on a regular basis. Some staff had also been supported to complete higher qualifications. Staff spoke positively about training opportunities commenting, "We have lots of training. We are so supported" and "It is very challenging work, but I am very passionate about it, you learn so much."
- People and their relatives felt staff were well trained and confident in their role stating, "I am confident in the carers I have. The management keeps them all on their toes with training constantly", "The staff are well trained and able. I have total confidence in them" and "We are aware that staff have continual training and we have seen the staff study whilst visiting. The staff are very diligent in keeping records up to date and keeping us informed of any changes." One health and social care professional said, "We do have confidence in the staff and that they have good training and knowledge. We also know that staff are well trained, have up to date moving and handling skills so have no concerns working alongside them."
- Staff told us they had the opportunity for supervision and an annual appraisal. All staff felt supported and able to approach the management if they needed. The care manager told us, "Through knowing our staff, excellent communication with them and people and relatives. You do pick up if something isn't right."

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

- Staff supported people with shopping, preparing and cooking their meals where needed. Information around people's dietary needs was recorded. People told us, "Staff help prepare my meals, they help with everything" and "They provide excellent meals, very co-operative, and go shopping for me if I like."
- The registered manager told us that staff were quick to pick up if a person was not eating or drinking a sufficient amount and a monitoring chart would be implemented where required.

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

- Staff supported people to attend necessary medical appointments and monitored them closely for any changes to their health. The registered manager explained that when a person went into hospital they offered for the staff to continue to stay in a person's home and go to the hospital each day to spend time with them. Health and social care professionals praised the staff for working well with them and responding

proactively to people's needs. One health and social care professionals commented, "They always call us if they notice anything."

- Relatives were reassured that relatives were being well cared for commenting, "We have good communication with the staff and we are informed instantly of any changes in welfare or health" and "My relatives health has improved, he can attend doctors and hospital appointments so much more easily as the carer takes him, and it is reassuring knowing that he has someone with him 24/7."

- People were supported well with their oral care needs. A care plan was in place which had good details on how to ensure a person's oral hygiene routines were maintained.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff made them feel comfortable and they benefitted from consistent staff whom they had built mutually trusting relationships with. Comments included, "They know me well they are excellent. The staff are wonderful, really wonderful, my staff really look after me", "They know me well and are friendly and kind" and "They know me well, we have a lot of laughs."
- Relatives we spoke with felt reassured by the kind and caring service their relatives received commenting, "I am so grateful to Aspen they do a fantastic job. We regard the staff as a member of our family", "They are kind and helpful and maintain a good sense of humour. They do their best to learn what interests my relative and take her on outings to the place's she wishes to go to" and "Her welfare is very much important to the staff."
- Staff demonstrated a genuine interest in the people they supported and spoke easily about people's lives and histories. One staff told us about the things a person had achieved in their working life and spoke proudly about this person. This was also evident from the management team who knew people well and spoke about them as individuals. The registered manager told us, "We are very involved, and we know our clients really well and their families really well. When I set this up I wanted it to be how I wanted to provide care, and we are so passionate about the care we provide."
- The service valued and respected people's individual beliefs and endeavoured to support them in the way they wanted to be supported. A document in people's care plans explored sexuality and relationships for people, focusing on how people liked to identify and what was important to people. One staff told us, "When people have personal and sexual relationships I give them space. We don't listen to private phone conversations. We always knock before entering a client 's room and excuse myself when a client has family around."
- A lot of staff were from abroad and the management team spoke about how people and staff shared their cultural experiences with each other. Some people had been introduced to new culinary tastes and this had proved popular.

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

- People and their relatives were involved and kept at the forefront of how they liked to be supported. One person told us "Staff are very respectful of my choices." A relative commented, "There are few decisions to make, but I am included."
- Staff told us they worked in ways that ensured people were kept informed and offered choice. One staff commented, "We ask for their opinions and let them know they are important to us. We include people in conversations and do not talk about them as though they are not there."

- The registered manager told us they gave people time when joining the service to see if having a live-in carer suited them commenting, "We don't force contracts on people we say trial it for a month as live in care is a big thing to get used to. If someone decides they don't want care, we don't hold them into a notice period. We would never put a person or our staff in an uncomfortable position."

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with understood the importance of promoting people's privacy, dignity and independence. Staff told us, "The best part of my job is making my client feel very comfortable in their own home and promoting their independence. By prompting them to do all they can by themselves without assistance and only assist where necessary", "Work with the client to support them to do what they like or enjoy. During personal care I let them do what they are able to do" and "Encourage clients to utilise the limbs that are less affected, as much as they can to be able to regain confidence e.g. in mobility."
- People and their relatives praised the staff for their respectful natures and understanding commenting, "They are all very caring and gentle, giving me privacy when I want it", "Although I am disabled, I like to try and I'm pleased to say that the carers give me space for that" and "Our staff member is very aware of my relative's personal dignity and where they can do things for himself she lets him do this with a little guidance."

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. At this inspection this key question has now remained Good. This meant people's needs were met through good organisation and delivery.

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

- People all had a care plan in place which had a good level of detail about their preferred routines and care delivery. Staff confirmed they had time to read people's care plans commenting, "All our clients have detailed care plans and I have enough time to read and it guides me to provide care for the client."
- For people that had a diagnosis of dementia, a specific dementia risk assessment was in place. This considered the possible symptoms of the type of dementia a person had, clear detail on how the person may present and how staff should support them.
- There was a good system in place to review people's care needs. People were visited on a weekly basis to check things were going well from the management or office staff. Each person had an annual or six-monthly review and the registered manager told us a review would be called at any time if needed. Care plans were in electronic and hard copy, but would be moving to just electronic in the office shortly.
- Staff completed daily records about the people they supported. We saw that whilst these were detailed, they tended to focus more on tasks rather than the person's wellbeing, mood and how they had spent their day.

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.

- The service had taken account of the communication and sensory needs people had and how to support them effectively. An accessible information support plan was in place to detail what methods of communication were more preferable to people and if there were any resources they needed to enhance their communication.
- One person was unable to communicate their needs and the registered manager told us, "We got to know their family very quickly as they are the only means we could understand their needs to start with. There are some subtle things that you can't express that indicate things. We have been really consistent with the staff and they know them so well."

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

- The service encouraged and supported people to partake in events within the community that were of interest to them. This had not previously been well documented, however the registered manager told us they had recently implemented an activity log to better capture these experiences.

- Staff told us they support people to go shopping, for coffee and other places of their choosing. The management told us one person really enjoyed attending a singing group and they supported another person to go to Hampton Court flower show. The registered manager told us, "We had two people with the same employment history and we put them in touch, so they could share their experiences and chat. We try to do little things with people, and introduce people if they wish." One relative commented, "The carer has taken the initiative to find out local day centres where she can take my relative and this has been such an improvement on his daily life."

Improving care quality in response to complaints or concerns

- The service had not received any complaints since our last inspection. The registered manager told us, "Because we go in so frequently we can pick up on a change of atmosphere. It can be rectified quickly, and we pick this up, or a staff may be struggling with something and we can reassess."
- People and their relatives told us where they had previously raised a complaint it had been managed appropriately and they were satisfied with the actions taken commenting, "We raised an issue once and this was dealt with promptly and healthy discussions all round", "The company are very responsive and react quickly to any small issues which gives me confidence that if there was a big problem they would handle this just as efficiently" and "I have complained and the management have responded appropriately, I was satisfied." One health and social care professional told us, "We have not had any cause for concern. We work collaboratively."
- The provider's complaint policy did not contain correct information about the role of The Care Quality Commission in relation to individual complaints. It also stated that formal complaints should be made in writing. It would not be possible for everyone to make complaints in a written manner and could send a message to people this is the only way they could complain. The management took action immediately to update this policy and provided us a copy of the new one. This was very clear and contained appropriate information.

End of life care and support

- The management were passionate about providing good end of life care to people and supporting them and their families at this time. The care manager was an end of life doula (End of life doulas support a person who is dying as well as their family) and told us a second staff member would be sent to support people at no extra charge during this time. One relative said, "The proprietors have encouraged us to think about this time with booklets and guidance and to put a plan in place."
- The registered manager told us how they had arranged funerals for people who had no family members to do this and had written a Eulogy for them. The registered manager said, "We sit and do vigil with the carers when people are at end of life care, we have chatted through the night and sang songs with people." A photo of one person was displayed at the service who they had arranged a funeral for and wanted to continue to remember.
- We reviewed people's end of life care plans and saw there was clear detail about their wishes around this time. Staff told us they felt confident in providing care to people at the end of their lives commenting, "I know my resident 's last wishes", "I feel confident providing end of life care, we sit and spend time with people."

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

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

- People and their relatives were positive about the service and how it was run. Comments included, "Very nice manager it is well run, I would definitely recommend. They couldn't improve on anything", "Communication between us, the staff and the proprietors are very strong. Any issues we are contacted straight away and we all work together to resolve them", "I think it's very well run, [registered manager] runs a very good organisation. I have always known that there is someone there in the background there for me and my family" and "Very well managed and professional. Aspens came highly recommended from friends who were in a similar situation to us and we have used for 18 months and they have never let us down as a family."
- People were being supported by a staff team who enjoyed their work and felt well supported by the management team. Comments included, "They are very supportive and always attend to any concerns raised. They are very approachable, and they do listen, give all support needed and act upon all issues if raised" and "The service is so nice, we are always happy. The managers are so nice. I have never worked with managers like them, they are always there for you."
- The management team valued and respected the staff saying, "We recognise the staff birthdays and wish them happy birthday. We go to see the staff on their birthday and always buy them a gift. We do this for client's birthdays also."
- The registered manager took steps to ensure that the staff team's cultural backgrounds would be respected commenting, "We make sure that people know the majority of our workforce are black, we are multicultural, and we are proud of that and want to place our staff where they are safe and respected. We ask this in pre-assessment and if they raise a preference we withdraw and don't judge, but we don't want our staff in that position from the beginning."

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 (can go with one above)

- The registered manager was open, transparent and available to people and their relatives. People, relatives and staff appreciated this approach. One relative said, "The staff are friendly and open with us and my relative. We have no communication problems."

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

- Quality monitoring was carried out. The management team did observations and visits with staff to

monitor the quality of interaction. The registered manager told us they regularly carried out visits to people which they enjoyed. They said, "I enjoy doing the care visits as it gives me a chance to ask people questions and monitor the quality." An audit file was completed, and documentation was reviewed on a regular basis.

- The office staff and management held weekly meetings to discuss any issues and share information. This ensured they were all updated. The provider had developed a crib sheet which they sent out to people at the point they were searching for a care company. This had a list of questions on that people should ask and what should be expected from a care provider. The registered manager told us people and their relatives had found this a useful tool as it raised things they had not even thought to ask.
- The rating from the last inspection was displayed on the provider's website but not at the office location. The registered manager explained this was because they did not receive many visitors to the office as they went out frequently to people's homes. This was immediately addressed, and the provider informed us they were putting this in place and putting it in full view in the window.
- Two notifications of expected deaths had not been submitted to CQC. The registered manager understood their responsibility to inform us of any notifiable incidents, but had not realised if it was expected, this needed to be notified. The registered manager said these would be sent without further delay. We saw that these people had been supported appropriately at the end of their life, and their families praised the service for the kindness shown.
- Policies and procedures were readily available to staff. The registered manager told us if a policy was updated they ensured that staff were aware of the changes.

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

- People were able to share their views using quality questionnaires. The most recent survey carried out in November 2019 demonstrated that 100% of people rated the service as very good and had no concerns. One relative told us, "There are regular feedback surveys and the proprietors come unannounced to check on the home situation, chatting to my relative and supervision to staff."
- Compliments had been received which praised the staff for their compassion, care and for fitting so unobtrusively into people's homes. There was emphasis on the fact that staff had supported not just the person receiving care but the wider family network too.
- Due to the nature of the live-in service provided, this reduced the ability to hold staff meetings. Instead a virtual group had been created so that staff could share information, ideas and keep in touch. One staff said, "The managers visit clients every week. They buy flowers for clients on their birthdays and give Christmas presents. They are always there to support the carers."

Continuous learning and improving care

- The management team were open to continuing to find ways to improve the service for people saying, "We want to maintain the standard of care we deliver. We are always looking to improve, and we are open to new ideas from staff and clients. We can all learn new things and see if they work." The care manager told us, "We need to be better at recording and evidencing all the things we do outside of the normal support."
- There was a good sense of team work between the staff and managers and this benefitted the people they supported. The care manager told us, "We are each other's support and we discuss things with each other. Nobody is afraid to talk about anything however insignificant. It's all very open."

Working in partnership with others

- The provider had good links with local health and social care professionals and positive feedback was received about these working relationships. Comments included, "[registered manager] is very approachable and we do work collaboratively sharing knowledge. As a service they are approachable and professional and have the same values as us" and "They are approachable, and we have a good rapport. We

never have any worries with the staff we work with, they raise things."

- The management team were part of the Surrey care partnership and attended meetings and kept up to date with information relating to services in the area.