

Platinum Care Solutions Limited

Platinum Care Solutions

Inspection report

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Date of inspection visit:
04 September 2019

Date of publication:
07 October 2019

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

Platinum care Solutions is domiciliary care agency which provides support and personal care to people living in their own home. 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. At the time of our inspection 73 people were receiving a regulated activity from Platinum Care Solutions.

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

People and their relatives told us they were happy with the care provided and staff were caring and compassionate.

People told us they received safe care and treatment. Risk assessments were completed for people which identified any risks. These were managed well. Care staff understood the importance of safeguarding people they supported, and they knew how to report any signs of abuse, or any accidents and incidents.

Staff had completed training in the safe administration of medicines. People were encouraged to maintain their independence and, where required, protocols were in place to support people to self-administer their own medicines. People were happy with how they were supported around their medicines.

The provider utilised a values-based recruitment process, which encouraged a diverse workforce with varying skills and backgrounds and considered their ability to provide person centred care and meet people's human rights. There were sufficient numbers of staff to keep people safe. Staff had received appropriate training and support to enable them to meet people's needs.

Most people told us staff visited as planned and they were punctual. The management team had processes for monitoring visits and endeavoured to ensure that office staff contacted people when care staff were held up or were running late for visits.

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 told us they felt listened to and told us staff were caring and kind. Care staff were skilled in delivering people's care in the way they preferred, and which improved their quality of life.

People's care plans showed that their care needs had been assessed, and they received good quality care from staff who understood the type of support they needed and promoted their independence.

People were encouraged to maintain good health and well-being, and the service supported people to

access their GP and attend regular health checks.

People and their relatives understood how to make a complaint. Staff were supported by a management team who had a clear vision for the service. Systems and processes were in place to monitor the service and identify and drive improvement. To ensure people using the service were supported in the most effective way, the service worked in partnership with other health and social care organisations.

People and their relatives provided positive feedback about the registered manager, office staff and individual members of the care staff. One said, "All the carers [staff] are very kind and friendly."

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 (report published 31 January 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 ●

Platinum Care Solutions

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 conducted by one inspector and an Expert by Experience [ExE]. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had experience of care for older people.

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 who was also the registered provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. There was also a domiciliary care manager, who was responsible for the day to day management of the service and was applying to be registered with CQC. The domiciliary manager will be referred to as 'the manager' throughout this report as they were present throughout the inspection.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the manager or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 4 September 2019 and ended on 4 September 2019. We visited the office location on 4 September 2019.

What we did before the inspection

Before the inspection we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also 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 12 people who used the service and two relatives of people about their experience of the care provided. We spoke with the registered manager, the domiciliary manager, the business operations manager and office staff. We reviewed a range of records. This included eight 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 spoke with four members of care staff by telephone. We reviewed records relating to staff training and supervision and, quality assurance records and staff meetings.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- There were sufficient staff available to people to meet their needs and keep them safe. Staff were introduced to people before they started supporting them and worked alongside more experienced staff before working alone with people.
- Records showed that people were supported by a regular team of care staff that knew them. Where visits ran over or under, this was monitored and analysed using an electronic system to establish whether people were receiving the correct amount of support to meet their needs.
- We received mixed views about staff arriving on time for their visits. Relatives comments included, "Staffing levels at the weekends seem to be rather thin. I can tell because of lateness" and "Sometimes they are late. I am not always told, so it would be nice to be informed if they are going to be significantly late." However, other people's comments were more positive. Comments included, "They are almost always on time or apologise if they are late" and "Weekends can be difficult, but someone always turns up." We discussed this with the manager and who told us they would look into the timeliness of staff visits and address the issues.
- The provider had a recruitment process in place to help ensure that staff they recruited were suitable to work with the people they supported. All of the appropriate pre-employment checks were completed for all staff.
- The provider recognised the importance of recruitment and retention of staff. They had recently adopted a value-based recruitment approach. Value based recruitment assesses and matches potential candidates' personal values and attributes with the service's organisational values. The staff interviewed displayed these values.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and the staff looked after them well. Comments we received included, "I feel safe; the carers do all I need", "They [staff] reassure me that I am safe" and "I feel confident with the carers. I don't worry."
- The provider had appropriate policies and procedures in place to protect people from abuse. Staff knew how to recognise abuse and protect people. We saw records that confirmed that when abuse was suspected, staff took immediate action and reported concerns to the management team. One staff member said, "I would always report any concerns to the office and make a clear record of what had happened."
- The registered manager and manager were aware of their safeguarding responsibilities and had reported concerns to CQC and the local authority, as required.

Assessing risk, safety monitoring and management

- The registered manager and management team assessed and managed risks to keep people safe. This

occurred before they started to provide a package of care. Risk assessments had been completed for people on an individual basis and support plans reflected how their safety would be protected.

- Assessments had been undertaken for people's physical and emotional needs, their home environment and medicines management. Consideration was also given to the safety of the environment and any risks from a staff safety point of view.
- Risk assessments included information on actions to take to minimise risks to people, including the use of any equipment. There was detailed information about the number of staff required and how to support people safely. Risk assessments were reviewed and amended to ensure they reflected people's changing needs.
- Staff told us they felt people received safe care. One staff member said, "People are safe, and we make sure we support them in the way we are told and follow any guidelines in their care plans."

Using medicines safely

- People received their medicines in a safe way, where this support was required.
- Staff received medicines training and systems were in place to assess staff competencies.
- Records were well maintained and electronic medication administration records (MAR's) had been signed as required. Medication audits were completed as part of the spot checks on staff competency.
- People's care records included specific information about the level of support they required with their medicines and how they liked to take them. For example, one person's care record showed that they wished to have their medicines given to them on a spoon.
- Where people had allergies to specific medicines, this was clearly identified. One person was allergic to penicillin and this information was clearly detailed in their care plan.

Preventing and controlling infection

- People were protected against the risk of infection. Staff had access to protective clothing and had received training in infection control and food hygiene.

Learning lessons when things go wrong

- Systems were in place to monitor people's safety. The management team were proactive in learning from incidents, accidents or issues of concern. These were discussed with staff and improvements made to the service as a result.
- The manager and registered manager knew how to seek support from external professionals when they required additional guidance. Staff members said that they had no qualms about letting office staff and relatives know of any incidents when things might have gone wrong.

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 the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental and social needs were holistically assessed, and their care, treatment and support was delivered in line with legislation, standards and evidence-based guidance.
- People's care plans contained details of their background, any medical conditions, and information about choices and preferences. Information had been sought from relatives and other professionals involved in their care. This meant that staff understood people well and supported them in line with their wishes.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Comprehensive checks of staff practice helped to ensure people received good quality care.
- The provider had an equality policy and staff completed training in equality and diversity. The management team were committed to ensuring people's equality and diversity needs were met.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities.
- New staff completed a blended learning program of classroom-based training, e-learning and a period of shadowing an experienced staff member. Prior to working on their own directly with people, the management team observed new staff member's practice before signing them off as safe and competent to work with people.
- All staff completed robust training which included: moving people, infection control, medicines, health and safety, first aid, food safety and safeguarding.
- Staff received supervision and an annual appraisal, which enabled the manager and registered manager to monitor and support staff in their roles and to identify any training opportunities.
- Staff told us they felt supported in their role. One staff member said, "Oh yes I feel very supported, we can always ask if we are not sure of something."

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

- People were supported to eat and drink enough. One person said, "They [staff] usually prepare and cook a meal for me. They serve it well."
- People's care files showed that their needs had been assessed in relation to nutrition and hydration and took into consideration their preferences and dietary requirements. Plans for eating and drinking were developed jointly with people and where appropriate, with other health professionals, such as dieticians, GPs and speech and language therapists [SALT]. For example, one person had a SALT assessment that identified they needed to use a specific type of cup when drinking, this was detailed in their care plan, with a

description of the support they needed, which followed the SALT guidance.

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

- Information about people's health needs was recorded in their care plans.
- People's health was monitored by staff and they were supported to access healthcare when needed. For example, GP's and community nurses were contacted with people's permission, when needs changed or staff were concerned about people's wellbeing. One person said, "They [staff] always notice any health problems."
- Details about people's specific care needs were shared with other agencies when people needed to access other services, such as hospitals.

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. None were required for the people supported by the service when we inspected

- The service had a consent policy which clearly described what a person must be able to understand to be able to consent to their care. People signed to show they had consented to the support provided.
- Where people had lasting power of attorneys (LPA) in place, this was recorded in people's care plans and records kept to evidence this. An LPA is someone appointed in law to make decisions for a person who lacks capacity.
- People were supported by staff that understood the principles of The Mental Capacity Act 2005. One staff member told us, "You can't assume people don't have capacity, you have to treat everyone as if they can make decisions and have choices and freedoms. We support them to make decisions when we need to."
- When we spoke with the manager it was clear they understood their responsibilities under the MCA and around protecting people's rights. However, decision specific mental capacity assessments and best interest decisions were not clearly presented in people's care plans. We discussed this with the management team who took immediate action and updated their electronic care record system, to ensure that decisions made under the MCA were properly recorded.

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 remained the same. 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 they felt the staff were kind and caring. Comments included, "Nothing is too much trouble for them [staff]", "They [staff] are very kind" and "They [staff] are very kind indeed. They do whatever I ask."
- Staff were trained in equality and diversity and people's support plans showed assessment of people's needs and preferences in relation to sexuality, gender, age, culture and religion. In addition, people's support plans contained information about their background and life history. This enabled staff supporting them to understand what was important to them and provided prompts for conversation.
- The management team tested the values and ethos of prospective new staff at interview to ensure they embodied the person-centred culture of the service. Discussions with people and staff showed that staff treated people with respect and got to know them individually. One staff member said, "We talk to people and give them choice, its just what we do, we listen and try to support people in the way they want."
- Relatives told us about their experience with staff members providing support to their loved ones and showing kindness to them. One said, "They [staff] are brilliant. They have helped me also. They are very thoughtful and supportive." Another said, "They [staff] are kind and considerate and on their way out will take the rubbish, I don't even have to ask. It makes such a difference."
- In addition to the running of the service, the manager remained involved in the delivery of people's care. The manager knew everyone who used the service and possessed a strong oversight of people's care. This arrangement benefitted people and staff as they felt supported by the manager and changes which required management approval, happened promptly. One person said, "I know who the manager is and [they] are approachable. They come out on visits when they are short on staff."

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

- People and their relatives were encouraged to be involved in the care planning process and to make decisions about their care. Records showed that people were involved in services provided. One person told us, "They [staff] always say what they are doing and make sure I am okay with it."
- The manager regularly visited people to seek their views, review if any changes were needed and check if they were happy with the service they were receiving. One person told us, "I know who the manager is, and they are approachable." Another person said, "Communication is good. I have their [office] phone number and they have mine."

Respecting and promoting people's privacy, dignity and independence

- The service was committed to helping people remain independent living in their own homes. The staff and management team regularly engaged with external professionals, seeking their expertise to ensure people

had access to the most up to date support. For example, the management team had worked with healthcare professionals to support a person who had been cared for in bed for a long period of time. They worked together to identify a chair that would meet their specific needs and enabled them to sit out of bed. Following this they supported the person to increase their independence so that they were eventually able to go out into the community. Another person was supported to return home from a care home. The service supported them to be safe in their own home and regain some independence.

- Staff treated people with respect and recognised the importance of maintaining their privacy. A relative told us, "When they are giving (relative) personal care they shut the curtains and the door, and they talk them through what they are doing." Comments from people included, "They take care and never miss things out. When they wash me, I am well covered" and 'When they shower me they get on with it and keep me covered."

- Staff understood the importance of keeping people's personal information confidential. The provider ensured the electronic record system staff used to record the care and support they had provided to people, was password protected.

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 remained the same. 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

- Initial assessments were completed so that essential information was captured, and the service was clear they could meet people's needs. Care plans were written in a person-centred way that gave staff clear guidance about how to support people. They incorporated people's likes and dislikes, preferences, physical, social and emotional needs, risks to their safety and wellbeing and risks of social isolation and loneliness.
- Care plans were reviewed regularly and were a continually developing record of people's needs. The electronic system the provider used, meant that as people's needs changed, or they shared new information about how they wanted to be supported, this could be quickly added to their care plan. A relative told us, "We have been with the agency about a year. Two or three times my [relative's] care plan has had to be reviewed. The agency has always met their needs."
- Where appropriate, relatives were also able to access the electronic care record to be kept up to date on people's daily progress.
- Staff were responsive to people's changing needs and informed the management team promptly, so that support could be offered to contact external healthcare professionals or review the support the service provided. For example, one person had a pressure injury developing and records showed that staff took prompt action to request a district nurse visit the person to assess and treat the injury. The care plan was then updated to reflect this, so that staff could safely manage the risks.
- We had mixed comments about the timing of people's visits and if they were informed when staff were going to be late. Comments included, "Carers [staff] will go early and arrive late and seem to be trying to catch up all the time. They regularly appear rushed", "Some [staff] are in a rush" and conversely, "Most of the time the staff arrive on time. They don't seem rushed", "They are always on time or apologise if late. They don't rush me" and "They have sufficient time with me." We discussed timings of people's visits with the manager. They agreed to review their systems so that they could improve people's experiences.
- Staff told us they felt they had time to meet people's needs and provide person centred care. Staff comments included, "I don't rush as I want people to be supported properly", "I feel I am always on time for people" and "We always have enough time to spend with people."

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 were monitored for social isolation and the service provided additional support free of charge to people they recognised were socially isolated. For example, one person had ready-made meals which staff heated up for them. The staff in getting to know the person, identified that they really enjoyed home cooked food but had no family near by or opportunity to have home cooked meals. The management team then provided them with some additional support to cook fresh meals, as they recognised the person had no

social engagement. Another person was admitted to hospital. The staff regularly visited them and checked how they were progressing. It was identified that the person wanted a hair wash, but the hospital staff had not been able to do this. Staff then went to the hospital with shampoo and washed the person's hair for them. This demonstrated that the service actively cared about the people it provided support to and was committed to improving their wellbeing.

- People were supported to maintain relationships and attend social activities. For example, staff had arranged trips to local areas of natural beauty and to the seaside for ice creams and supported people to attend.
- The provider had a staff member who was the 'wellbeing champion' This role was to actively identify people who needed support to access activities and to share information about community events.
- The management team and staff clearly demonstrated they cared about the people they supported and wanted to provide a service that recognised individuality. During the summer months the staff delivered ice creams to people and when it was a person's birthday, they all received a card and birthday cake. For those people who had special dietary needs an alternative was provided such as a trifle or flowers. This demonstrated that they recognised people's isolation and wanted to ensure people felt truly cared for and supported.
- The service looked for ways to actively engage the people they were supporting and involve them in activities in the community that may be beneficial to them. One of the management team worked with a local community scheme to raise awareness about people living with dementia. For example, they arranged dementia accessible walks, looked at how people could access local leisure centres and organised events such as indoor cricket. The management team supported to people to attend if they wished, and provided staff support where needed.

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, recorded and highlighted in their care plans. We saw evidence that communication needs were met for individuals. The provider had an Accessible Information Standard policy, which staff understood.

Improving care quality in response to complaints or concerns

- The provider had a policy and arrangements in place to deal with complaints. These provided detailed information on the action people could take if they were not satisfied with the service being provided. Complaints were listened to, taken seriously and dealt with appropriately. For example, one person had complained about a staff member's conduct. The management team investigated and had taken action to support the staff member's learning and development and to ensure the person was satisfied with the outcome. Records confirmed this.
- People knew how to contact the office to raise any concerns if they needed to. For example, one person told us, "I had a complaint about the time of a visit. I got an apology and it was sorted out."

End of life care and support

- Where the service supported people at the end stage of their life, staff worked alongside other healthcare agencies to ensure they received appropriate care.
- However, people did not have their end of life wishes captured in the electronic care plan that had recently been implemented by the provider. We discussed this with the management team who took prompt action and updated the electronic care plans to include this information.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a registered manager who was also the provider for the service. In addition, there was a manager who was responsible for the day to day running of the service and who was applying to CQC, to become a dual registered manager. The registered manager was supporting the manager and was overseeing the management of the service at the time of our inspection.
- Staff were clear about their roles and had a job description and employment contract which specified the provider's expectations. The registered manager and management team had good awareness about what information needed to be shared with all regulatory bodies.
- Notifications the registered manager was obliged to make, such as those involving injury or alleging abuse, had been made to CQC and the local authority.
- The registered manager and management team worked together to ensure there was oversight in all areas of the service, with each having assigned roles and responsibilities. The registered manager held regular meetings with the management team and care staff to discuss any issues and improvements to the service.
- There was an on-call system that provided support to people and staff. Staff said that this reassured them, and they felt supported.
- The registered manager and management team undertook a range of audits and checks on the service to monitor the performance. The registered manager was proactive within the service and had oversight of the quality of care being provided.

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

- Protected characteristics, including sexuality, religion, race and disability, were respected and supported.
- Surveys were sent out annually to assess people's level of satisfaction with the service. Most people and their relatives we spoke with were positive about the service. One person said, "I get questionnaires every six months. Communication is good." However, we also had some negative comments about the timings of care calls and the service informing people if they were going to be late. One person said, "Sometimes they [staff] are late. I am not always told, so it would be nice to be informed if they are going to be late." Another person said, "I am not informed if carers are going to be significantly late." We discussed this with the manager who said, "We are working to improve communication and although staff may sometimes be late, they never miss a call. We will continue to look into this and improve our communication with people."
- Staff meetings took place to inform staff of any updates, discuss issues, concerns and promote best practice.

- Staff were supported in their role and the management team had 'staff member of the month and year' awards. Staff members could nominate colleagues for care and support they provided that went the extra mile. Staff would be rewarded with a voucher if they won and put forward for the overall staff member of the year award.

- Staff were positive about working for the service and felt supported by the manager. One staff member said, "I feel supported and can get support and help whenever I need it." Another said, "They [management team] are definitely supportive, they are brilliant."

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

- There was a positive culture which was centred around providing person-centred care. This was noted whilst talking with care staff, office staff, and the management team.

- The service supported people to feel valued and actively looked for ways to address social isolation and support activities in the community. For example, members of the management team were actively involved in working with a dementia group which provided social opportunities for people living with dementia and their families in the community. Where people had been recognised as being socially isolated with no friends or family to support them, the service supported people to attend these activities free of charge.

- Overall people gave us positive feedback about the registered manager, the management team and staff. Comments included, "I have been with them [Platinum Care Solutions] three years plus. All is put right when I have had concerns, I can telephone the office or can visit as they are nearby, and I feel welcomed when I do", "They [service] have never let me down" and "The management are doing a good job."

- The service's systems ensured people received care which met their needs and reflected their preferences. The management team led by example, treating people as individuals and encouraging people, relatives and staff to be involved in the service. The service had recently been nominated for a local area care award which they won. They were also put forward for the national care award as recognition of their work. In addition, they had won two local county awards for 'new carer of the year', and 'best home care assessor.' This demonstrated that the provider had a commitment to continual improvement and development to meet people's needs well.

- Staff were aware of the provider's values and told us they enjoyed working for the service. Comments from staff included, "I love the company, I love doing this job", "I think we do a great job and I really enjoy working to support people" and "I absolutely love this job and feel we have time to support people well."

- Relatives told us they felt their family members were well cared for and they were happy with the care provided. One said, "The carers [staff] deal effectively with my [relative's] dementia. They [relative] feel confident and happy with them [staff]. They [staff] let me know if there are any problems." Another said, "I consider my [relative] is well looked after. When we need a sitter, they provide the extra cover."

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

- The registered manager understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The registered manager was working in accordance with this regulation within their practice.

- The management team promoted a culture of openness were committed to ongoing service development. This included seeking the views of people using the service and developing systems to enable improved communication between them, so they could address concerns quickly.

- The previous performance rating was prominently displayed in the main office.

Continuous learning and improving care; Working in partnership with others

- The registered manager met with all staff regularly to ensure that there is a shared understanding of the vision, values, challenges, concerns, achievements, and good practices of the service.
- There were systems and processes to monitor, assess and evaluate the service. The management team maintained clear auditing records and evidenced when action had been taken to change or improve the service.
- Where complaints had been received, action had been taken promptly. Complaints and concerns raised were used in the service development to learn lessons and ensure a more effective service.
- The staff and management team worked in partnership with other agencies to ensure best practice was learnt and people received the support they required. People's support plans showed engagement with health and social care professionals and staff were encouraged to seek advice if they were unsure of how best to support an individual. We noted that this included work with district/community nurses and GPs to ensure joined-up care.