

Libertas Care Limited

# Libertas Care Limited - 3 The Barley Yard

## Inspection report

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Date of inspection visit:

15 December 2015

18 December 2015

Date of publication:

11 March 2016

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 15 and 18 December 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

Libertas Care Limited - 3 The Barley Yard provides personal care to people living in the area of Chard, Crewkerne, Yeovil and surrounding villages. At the time of this inspection they were providing personal care for 35 people. They also provided a domestic service to people living in their own homes.

The last inspection of the agency was carried out on 09 October 2013. No concerns were identified with the care being provided to people at that inspection.

There is a registered manager in post. 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.

People who received care and support from Libertas Care Limited said they were very happy with the service provided. Everybody said the staff went above and beyond what was expected of them. People were supported by caring and compassionate staff who went that "extra mile" to ensure people were able to live as independently as possible in their own homes. This meant people were able to continue to enjoy social interests as well as receive personal care. For example one person living with dementia was supported to attend a family wedding whilst another person was supported to go for walks or visit the shops. Arrangements were being made for one person who did not have family living in this country to spend Christmas Day with a care worker and their family. A relative said, "They [staff] are all very caring and go that extra mile for [the person] he is so happy when they are around."

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. Care workers were allocated to people who had similar interests so the person could build a relationship with them if they wished. People told us staff knew them and how they liked to be looked after. People were supported by a consistent staff team. One person said, "I know all the girls who visit me and when they take on someone new they introduce them and make sure I know them."

The agency operated an out of hour's service when an on call manager would be available by phone. The registered manager found this service was very beneficial to some of the people living with dementia. One person living alone would call the number regularly during the night for a chat and reassurance. This meant the service enabled that person to continue to live independently in their own home with the reassurance that someone was there to support them.

A full assessment of people's needs and expectations was carried out before a care package was agreed. The registered manager confirmed they would only take new people on if they could meet their needs and had the staff available to provide consistent support. If they were unable to meet their needs they would signpost them to another agency or health care professionals.

People told us they thought staff had been trained appropriately to meet their needs. Care workers had access to training specific to their roles and the needs of people. For example the agency specialised in providing support for people with complex needs such as living with dementia, motor neurone disease (MND) or mental health problems. Staff received training specific to those needs such as from the MND Society. Care workers understood people's needs and were able to explain to us how they would care for each person they visited. A healthcare professional said, "Without exception the staff I have encountered have been professional, knowledgeable and above all caring."

Care plans included clear guidance for staff, to enable them to deliver consistent care the way people preferred. Care plans had been reviewed regularly with people and changes made when needs had changed. People confirmed they discussed their care plans with staff and had signed to show they agreed with them. People said staff always sought their consent before providing care and support. One person said, "They are always very polite and respectful and ask me before they do anything." One relative said, "They [staff] know how to communicate with [the person] so they can still obtain consent from him so he feels in control."

People were protected from abuse because the provider had systems in place to ensure checks of new staffs characters and suitability to work with vulnerable adults were carried out. Staff had also received training in protecting vulnerable people from abuse. People said they felt safe when being cared for; we observed people were happy and relaxed with staff during our home visits.

People who needed support to access health care professionals were given assistance to do so such as visiting the GP surgery or attending hospital appointments. Care plans included an emergency information sheet which gave important information for ambulance crews or hospital staff in an emergency. This meant vital information would not be overlooked in an emergency situation. Staff monitored people's health with their consent and could direct to healthcare professionals as appropriate.

The agency had a complaints policy and procedure that was included in people's care plans in large print. People said they were aware of the procedure and had numbers they could ring. People and staff spoken with said they felt confident they could raise concerns with the manager and senior staff.

There were systems in place to monitor the care provided and people's views and opinions were sought on a daily basis. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

## 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.

People were protected from the risk of abuse as staff had been trained to recognise and report abuse. Staff were confident any concerns would be acted on and reported appropriately.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

### Is the service effective?

Good 

The service was effective.

People received effective care and support because staff understood their personal needs and abilities.

Staff had the skills and knowledge to meet people's needs. The provider had a programme which included specialist training specific to complex care needs.

Staff ensured people had given their consent before they delivered care.

### Is the service caring?

Outstanding 

The service was caring.

People received care from staff who were kind, compassionate and went the extra mile to make sure people were respected and their likes and dislikes were taken into consideration.

The agency was innovative in finding ways to help people come to terms with receiving a care package.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

People were involved in making decisions about their care and

the support they received.

### Is the service responsive?

Good ●

The service was responsive

People received care that was responsive to their needs because staff had an excellent knowledge of the people they provided care and support for.

The service was extremely flexible to make sure people received support that was person centred and met their changing needs and wishes.

People were able to make choices about who supported them and build relationships with regular staff.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

### Is the service well-led?

Good ●

The service was well-led.

People and staff were supported by a registered manager who was approachable and listened to any suggestions they had for continued development of the service provided.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

People were supported by a team that was well led with good staff morale.

# Libertas Care Limited - 3 The Barley Yard

## **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 took place on 15 and 18 December 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

The last inspection of the agency was carried out on 09 October 2013. No concerns were identified with the care being provided to people at that inspection. The inspection was carried out by one adult social care inspector.

Libertas Care Limited - 3 The Barley Yard provides personal care to people living in the area of Chard, Crewkerne, Yeovil and surrounding villages. At the time of this inspection they were providing personal care for 35 people. We visited six people in their homes. We spoke with two relatives during our home visits. We spoke with six staff members individually and joined a staff meeting. We also spoke with the registered manager, the care manager and the provider.

We looked at records which related to people's individual care and the running of the service. Records seen

included nine care and support plans, quality audits and action plans, three staff recruitment files and records of meetings and staff training. Before the inspection questionnaires were sent to some people using the service, staff, relatives and healthcare professionals. Thirty six people, fourteen staff, eight relatives and six healthcare professionals responded.

# Is the service safe?

## Our findings

Everybody we spoke with said, they or their relative felt safe with the staff that supported them. One person said, "I always feel safe, I know who's coming and they are all very nice." Another person said, "Very safe, they don't boss me about, always kind and never grumpy." Whilst another person said, "I feel really safe, love having them around they are all so kind and good." The CQC surveys completed by people and their friends and family indicated that people felt safe with the care and support provided.

People were protected from harm because staff had received training in recognising and reporting abuse. Staff told us they had attended training in safeguarding people. They also confirmed they had access to the organisation's policies on safeguarding people and whistle blowing. Staff understood how to recognise the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. People had access to information on how to report abuse; contact details were clearly recorded in people's care plans. One staff member said, "I am very confident that I could talk to the managers about anything I was not happy with. I would have no hesitation in reporting anything I thought might be abusive."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the agency. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Records showed that new staff had not commenced work until all checks had been received by the registered manager.

The agency's policy and procedure for the safe handling of money protected people from financial abuse. When handling people's money as part of their personal care package staff kept a record and receipts for all monies handled. Record showed staff had followed the procedure and had obtained receipts and signatures from people when they returned the change.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Everybody said they received care and support within the time agreed. One person said, "They never rush and then they take the time to sit down and have a chat. I really look forward to them coming." The registered manager confirmed they had sufficient staff to meet the needs of the people receiving personal care. They told us they would only take on new referrals if they were able to meet the care package with the staff they had. An on-going recruitment programme was in place to ensure staffing levels remained consistent. This meant people could be reassured they would receive the care package agreed.

Everybody we spoke with said they did not have any problems with late or missed calls, one person said, "Sometimes they may be a little late but never more than ten minutes. They may stay longer with someone or the traffic is bad. The office will ring if they are going to be really late." In their Provider Information Return (PIR) the provider explained how they were updating their electronic monitoring system to ensure both people and staff were safe. "Call monitoring is a strong feature of the safety systems we have to ensure that



calls planned are carried out at the right times and if staff are running late we can advise clients of the delay. Any call, should it be missed, triggers an alarm system for all the managers. It is also a safety feature for staff working alone as the alarm is raised if staff are not where they are planned to be and enquiries can be made to ensure they are safe."

Care plans contained risk assessments which established whether it was safe for the person to receive a service in their own home. An initial environmental assessment established whether it was safe for staff and people receiving the service to carry out the care and support required. Risk assessments were completed in relation to falls and the assistance people required moving about their homes. Care plans contained written information about how risks were reduced. For example, in one care plan it was recorded the person sometimes forgot to make themselves a snack/meal. There was clear guidance for staff to make a sandwich and put in fridge so they would find a snack available for them. Another person had been identified as at risk of contracting urinary infections. Staff had clear guidance on maintaining fluid records to show the person was taking sufficient fluids to prevent a recurrence.

Staff informed the registered manager if people's abilities or needs changed so that risks could be re-assessed. We saw care plans had been up-dated following changes in the risk assessments.

There was a system in place to record any accidents or incidents that occurred. These would be reported directly to the manager so that appropriate action could be taken. For example during the inspection one person's mobility had deteriorated. Staff contacted the office who then arranged for an update to the care plan and informed other staff of the change and the possible reasons.

Some people required assistance with their medication. Clear risk assessments and agreements were in place and recorded to show how and when assistance was required. There were clear protocols to show at what level the assistance was required for example, just prompting or reminding a person to administer prescribed medication from a blister pack. All staff were trained in managing medication, the registered manager and care manager assessed staff competency during spot checks. One person said, "They always remind me to take my tablets when they come. I think they think I will forget." The registered manager confirmed some calls could be time critical to ensure people had the correct therapeutic gap between each dose to ensure best outcomes for them.

People confirmed staff used personal protective clothing to ensure they were protected from infection. One person said, "They always make sure they have gloves and aprons on, first thing they do." We observed staff used gloves and aprons appropriately and washed their hands before preparing food.

## Is the service effective?

### Our findings

People received effective care and support from well trained staff. People said they felt all the staff were well trained and knew their needs well. One person said, "They are all very well trained they understand what I need and I never have to explain anything to them." A relative said, "They have a very good understanding of my [the person's] needs. They have had training in their specific condition and understand exactly how to look after them correctly." In the written surveys another relative said, "They are very knowledgeable about the care my [the person] needs. They have a good understanding of the needs of a person with Motor Neurone Disease (MND)." A health care professional said, "Without exception the staff I have encountered have been professional, knowledgeable and above all caring."

People were supported by staff who had the skills and knowledge to meet their needs. All staff confirmed they had access to plenty of training opportunities. This included annual updates of the organisation's statutory subjects such as, manual handling, dementia awareness, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. Records showed all staff had attended all the statutory training. Care staff were also offered the opportunity to attend training in end of life care. One staff member said, "I really enjoyed the end of life training by the hospice. It helped show how to respect people's wishes and support them and their family." The registered manager said they had recently introduced champion roles to support staff to provide meaningful care and support to people. One area being developed was the dementia champion. They planned to ensure all staff who provided a sitting service for people living with dementia had received the Alzheimer's Society training, "Yesterday, Today and Tomorrow." This would enable staff to provide meaningful and stimulating activities during their time with the person.

The agency specialised in providing care for people with complex needs such as Motor Neurone Disease, Alzheimer's and mental health problems. In their PIR they stated, "Preservation of the client's independence is the underpinning of the service we provide and we are effective in supporting a number of people with complex needs who may not have family or friends to support them." We saw in records how the agency supported people whose family lived in another country. They kept the family informed of all the person's needs, with their permission, and liaised with health care professionals on their behalf. For example one person had required an increase in care and support. The agency was unable to provide the level of care the person needed. However they acted as an advocate on behalf of the person and their family to obtain the care and support they required to remain in their own home from another agency.

The agency provided training for staff in the specific needs of the people they visited for example they provided a complex care package to one person with motor neurone disease (MND). All the staff who supported this person had received training from the MND Society. One relative said in their CQC survey response, "They have experience with my [the person's] condition (MND) and the staff attending my [the person] are experienced, caring, friendly and supportive." Another person had complex communication needs. Staff had been trained in the use a book of pictures and signs developed with the person and their family so they could communicate their needs them self. Their relative said, "They are all brilliant they are very well trained and can look after [the person] exactly how they want." A healthcare professional stated in

their CQC survey response, "In particular Libertas have an approach to staff training that is about the best I have seen."

People received their care from staff who were well supported and supervised. Staff confirmed they received regular supervisions. These were either through one to one meetings, team meetings or spot checks. This enabled staff to discuss working practices, training needs and to make suggestions with regards to ways they might improve the service they provided. One staff member said, "They are really good at listening to us about how we could improve the outcomes for people." We joined a group of care workers at their staff meeting. They discussed the care packages they were working on and suggested ways they could adjust or improve the care and support provided. One staff member mentioned the difficulty they had with a surgical stocking applicator. Other staff shared their experiences discussing best practice and the manager informed staff an applicator was available at the office for them to practice with. The manager confirmed the staff meetings could also include an outside speaker for example a district nurse had attended to talk about tissue viability and preventing pressure sores.

Some people needed support to eat and drink as part of their care package; care plans were clear about how the person should be supported. They also explained how people liked their food prepared and whether finger food such as sandwiches and biscuits should be left for people to eat whilst staff were not there. During one visit we observed the care worker help a person drink their cup of tea. They were very supportive and took time with them rather than rush. During another visit we observed the care worker ask the person which meal they wanted and whether they wanted extra gravy. The person told us the staff always arrived at a suitable time to eat lunch they said, "This agency is really good I get my lunch at lunchtime not at three o'clock like the last agency." One person had been identified as at risk of weight loss. Their care plan provided clear guidance for staff on how to fortify their food to provide more calories. Another person had not been eating, we observed the care manager instructing a care worker on a change of care plan. This meant staff would spend more time with the person and sit with them to ensure they ate. A clear record of food eaten or discarded was kept so the family knew what they were eating.

People only received care with their consent. Care plans contained copies of up to date consent which had been signed by the person receiving care or a relative if they had the relevant authority. The registered manager confirmed they asked to see Lasting Power of Attorneys so they were sure the right person was giving consent on the person's behalf. Everybody spoken with confirmed staff always asked them first before the carried out any care. One relative said, "They always ask first they know [the person] so well now they understand their facial expressions."

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. For example the registered manager had requested an Independent Mental Capacity Advocate (IMCA) and the GP to be involved in arranging for another agency to provide support for one person, when they were unable to do so.

People were supported to see health care professionals according to their individual needs if they informed the agency they required assistance. Some people did not have families living close enough to provide this support. The agency would provide staff to help people attend doctors' appointments and hospital

outpatient follow ups if needed. During the inspection one care worker rang the office with concerns a person's health had deteriorated. The care manager rang the GP surgery to arrange a home visit for the person. Some people said they received support from their relatives to attend appointments.

## Is the service caring?

### Our findings

People said they were supported by kind and caring staff. Everybody said the staff were very caring, one person said, "They go above and beyond their duties. They all seem to love the job they do." Another person said, "It's not just the coming in to provide my meals and helping me get up, they also came with a birthday card and wished me a happy birthday." A relative said, "What makes it special for me is they don't just care for the person in the care package. They care for, and about, the family as well." One comment from a close relative on a review of the agency said, "I got the impression that they really cared for their clients and that the carers were chosen with care and attention to their attitude. I felt that they did their job because they cared and not just for the money." The manager said they aimed to provide holistic care for the whole family rather than just the individual.

More than one person said the staff went that extra mile for them. The manager explained how many of the people they provided care and support for had families who lived far away, or in another country. They explained how they supported one person to talk with their daughter over the internet. Another person's family would not be in the country for Christmas so the agency had sought permission from the family for their relative to spend Christmas day with their regular care worker with whom they had a good relationship. The registered manager told us this person had become anxious and, "Hostile to having care we contacted their relative to ask permission to give some extra time to offer to take [the person] out in a staff member's car. This was willingly given and the outing was a great success. [The person's] hostile demeanour changed and they became reflective that they were finding life very lonely. It is often easier for people to communicate when sitting next to each other in a car than sitting face to face and this may have been what happened here." This meant the agency looked for innovative ways to help people come to terms with their needs and receiving a care package. During the inspection we heard one staff member had finished providing personal care and in their own time had stayed with the person as they had wanted someone to watch the space rocket launch with them.

During our home visits we observed staff were very caring and compassionate. We did not observe personal care being carried out. However we did observe one care worker helping a person with their medication. They were aware the person as not having a "good day" and supported them with patience and gentle persuasion. Another care worker helped a person have breakfast in bed and sat and chatted as they wanted them to rather than rush them to get washed and dressed. At lunchtime we observed a very cheerful and relaxed relationship with one person whilst they were preparing their lunch. This person said, "Highlight of my day I look forward to them coming."

People commented on the consistency of the staff team. Everybody told us they had a team of staff whom they knew and could rely on. One person said, "I know who is coming and I know everybody who visits me even the manager." Another person said, "It is important for me I know who is coming into my home. I know all the girls really well and we can have a chat, they are more like family now than carers." One relative responded in the survey, "My [the person] has dementia so it is important they have a few regular carers so they can build a relationship and be happy. We have four regular girls and he is very happy with them."

Each care plan we looked at had a page with the tasks for each visit. The first guidelines for staff were, "Respect privacy and dignity by closing curtains and blinds and doors before carrying out any personal care tasks." People confirmed staff carried out this direction every time they visited to provide personal care. One person said, "They always treat me with respect. They are always closing doors and windows; if it's open they close it." The care plan for another person said they could carry out their own personal care but just needed a care worker near the bathroom in case they required assistance. This person confirmed they were able to look after themselves in privacy. They said, "They always shut the door but I know they are near if I need them." People told us personal care was carried out in a dignified way with people's preferences for care and support being respected. One relative said, "They are all very good at making sure they do things the way [the person] prefers it makes the visit more relaxed as he is happy." One person liked to go out to the shops or for a walk once a week, the care plan clearly stated no uniform when out, this meant the person's dignity was respected as it did not let people know they were out with care staff.

People were supported to express their views and remain involved in decisions about the care they received. People were included in all care reviews and their comments taken into account. Either the registered manager or the care manager visited people to carry out a review of their care plan. This could be every six months or more often as care needs changed. People were always involved in the reviews and the review form included questions about how happy they were with the care and support or if there were any changes they would like made. One person said, "We discussed what I wanted and what I needed, not always the same. They wrote it all in my folder and that is what they do. If I want any changes I only have to say. I feel in control and nothing has been taken away from me." Another person said, "I can always tell them my view of things and they always listen."

The agency kept a record of all the compliments they received. The manager confirmed if compliments were specific to an individual member of staff the person's message was shared with them. All staff would also be informed of general compliments received. One compliment card said, "I want to say thank you again for everything you and your excellent team of carers did for granny to help prolong her life. More importantly however, you gave her a quality of life her dignity and companionship in her home."

One staff member told us how the provider and registered manager supported and cared for their staff as well as the people in their care. They said, "It is always sad to lose someone you have cared for for a number of years. The management go that extra mile to make you feel you are valued and support you through the grieving process. They really cared how we felt."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

## Is the service responsive?

### Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about how the service supported aspects of their day to day lives. They or their relatives were able to commission the services required. People were able to choose how much support they required and when it was delivered. People could receive support up to four times a day seven days a week. One person said, "They really listen, if I want to cancel or need extra time they can put it in place." One relative said, "Libertas is so flexible it is brilliant. They provide a personalised care package that takes the whole person into consideration."

Staff had a good knowledge of the needs and preferences of people they cared for. One Staff members was able to describe how they supported one person living with dementia. This person would become upset when they visited as they would not remember why the care worker was there. The staff member explained at each visit they would explain how the person's daughter had asked them to visit and check they were alright and whether they needed anything. The staff member said once they had the initial conversation the person was happy. One relative said, "They know what [the person] wants as well as I do now. We have the pictures and signs but they also understand their facial expressions. [The person] loves them coming." This relative also said, "They don't just look after the person, they look after the whole family. One of the carers is a qualified masseur, she massages [The person's] legs which is very beneficial for their mobility, then she will do mine which helps me wind down and relax."

Staff had a good understanding of what was important to people and provided support in line with people's social and cultural values. As far as possible people were introduced to staff with similar interests to enable them build a relationship. For example one person who liked to go for walks was supported by a care worker with a dog so they felt their walks had a purpose rather than escorted by a member of staff. Everybody said staff respected them as individuals with their own lifestyles and preferences. Records showed staff supported people to visit clubs, the shops go for a walk or to attend family occasions. For example one person living with dementia had been supported to go to a family wedding.

People said they could express a preference for the care worker who supported them. One person said, "I was given the choice of a male or female carer. I prefer female and that is what they provide." A relative said, "We had a bit of a personality clash with one carer, I had a chat with [the registered manager] and they arranged for them not to come again, we get on really well with the team we have now" This meant people felt they could maintain some control over the staff who supported them.

The agency operated an out of hour's service. An on call manager would be available by phone when the office was closed. They would have access to the staff allocations and could make changes immediately if a person's care needs changed or unplanned absence of staff occurred. The registered manager had found that this service was very beneficial to some of the people living with dementia. One person would call the number regularly during the night for a chat and reassurance. This meant the service enabled that person to continue to live independently in their own home with the reassurance that someone was there to support them.



People's care needs were assessed on their first meeting with the care manager. All needs were discussed and the initial package agreed with the person or a relevant person if they were unable to take part. The registered manager confirmed they would discuss with the person the support they were able to provide. If they felt the agency could not meet the persons' needs they would signpost them to another agency who may be able to provide a package of care. This was to make sure the service could meet the person's needs and expectations. Following the initial visit care plans were developed outlining how their needs were to be met.

All the care plans we looked at gave clear information about the support people required to meet both their physical and emotional needs and had information about what was important to the person. They were person centred and included what people liked and disliked. There was also a section on social and leisure interests, so staff would be aware of topics the person would be happy talking about. The registered manager said they were now including the Alzheimer's Society "This is me" booklet in all new care plans and when a care plan was reviewed. Each care plan included a front sheet which informed care workers about any changes; each person also had a communication book which was read at each visit. This book would contain messages from other staff, families or visiting health care professionals. For example one relative in their survey response said, "Sometimes [the person] refuses a wash, they [staff] are really good as they make a note in the communication book so the next person can try again and it usually works."

Daily visit records showed staff had carried out the care and support in line with the person's care plans. For example one person had experienced an increase in urinary incontinence. The care plan asked for staff to carry out a five day assessment for the incontinence nurse so they could review the type of continence aids they required. Daily records showed all staff were aware of the temporary care plan and the assessment forms were being completed on each visit. This meant the person would benefit from a timely reassessment of their needs.

All care plans included an emergency information record. This contained essential information for care staff to hand to ambulance crews or hospital staff in case of an emergency. The manager said, "In an emergency the most basic things can be forgotten so we provide this information which can be taken to the hospital. If the person experiences frequent admissions to hospital there are multiple copies in the home." In their PIR the provider explained how staff would accompany a person to hospital and provide support during the visit. "This service is especially relevant to clients who have dementia and need support, and it provides a service to the hospital staff as information can be given to help them with an assessment of the health emergency of our client. With a member of our staff present in accident and emergency, discharge home can be considered as the hospital staff can be confident that relevant care will be in place if the client can return home. We can prevent an unnecessary hospital admission and the exacerbation of the effects of dementia that admission can bring."

People said they felt they could complain if they needed to and the agency responded to their concerns. One person said, "I have never had to complain, nothing to complain about but I know I can just pick up the phone and talk with [the registered manager] they are always there." A copy of the agencies complaints procedure was available in the care plan folder kept in the home. Staff members said they felt they could raise a complaint on behalf of a person if necessary. The registered manager said, "We haven't had any complaints this last year, lots of compliments. I think it is because everybody knows they can just talk to us about anything."



## Is the service well-led?

### Our findings

People were supported by a team that was well led. The registered manager was supported by a team of staff who all said there were clear lines of responsibility. Staff also confirmed they had access to senior staff to share concerns and seek advice.

Everybody we spoke with said the agency was well managed. One healthcare professional responding in the CQC survey said, "The care agency managers are very approachable and responsive, having a good knowledge of their service users. I have been impressed with how proactive and caring the staff are, they are willing to go the extra mile." One relative said, "The agency is very well managed, they know exactly what is needed and could come and stand in for the carers if necessary. They keep in touch and always want to know if there is anything they could improve."

People, relatives and care workers told us the registered manager was open and approachable. They all said they felt they could talk with the manager at any time. One person said, "That [the registered manager] she's a good one, comes and sees me herself, even came when it was my birthday just to see me." Another person said, "I've met the manager she was really nice and cared about how I feel." All the staff spoken with said they could go into the office or ring at any time and the manager was prepared to meet with them. People who spoke with office staff said they were always polite and listened. One person said, "The office staff are always nice and if there are any changes they get onto it straight away. One health care professional said, "I am always impressed with the knowledge the staff have about their clients even the office staff."

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. When a new care plan was written it was audited and signed off by the care manager to ensure all relevant information was included. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. For example the provider had decided to give each member of staff a copy of the UKHCA Home care workers handbook instead of their staff handbook as it contained more information for staff. Also the training matrix was being computerised to enable the registered manager to monitor more effectively when staff training needed updating.

The registered manager had a clear vision for the agency they told us they wanted to provide a service where, they could, "Deliver outstanding care to more people but keep the small agency ethos." The aim of the agency was to, "Help people live a full and interesting life whilst ensuring they are fully involved with all care decisions." Staff spoken with reflected this aim whilst talking about the care and support they provided. One staff member said, "They are a fantastic company to work for, they really care about supporting people to be independent and maintaining control." Another staff member said, "The fact it is a small agency is important we all know each other and we all know the clients in our area. The management are there all the time it is like working with a family."

People were supported to share their views on the way the service was run. The agency did not carry out formal annual surveys. However when they visited people to review their care plans with them they

completed a survey about how the care had been delivered, whether they were happy with the service and if there were any changes they would like made. They also sought feedback from people about the staff they provided when they carried out spot checks. People spoken with said they felt they were involved and could make their views known. One person said, "I know what I think counts. They talk to me about what the girls do and ask me if they could change anything."

The agency was in the process of revising their policies and procedures to reflect the new regulations and CQC's five domains of, safe, effective, caring, responsive and well led. They included a new policy on the duty of candour. The policies had been signed and a review date included.

The registered manager looked for ways to continually improve the service and keep up to date with current trends. People were supported by a service in which, the registered manager kept their skills and knowledge up to date by on-going training, research and reading. They shared the knowledge they gained with staff at staff meetings/supervision.

The manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.