

The Home Service (Care Agency) Ltd

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 18 and 20 January 2016 and was announced.

The Home Service (Care Agency) Ltd is a domiciliary care service that provides support to people in West Sussex, including in Midhurst, Petworth and Fernhurst. The service has been providing personal care to people since 2009. At the time of our visit the service was supporting 26 people with personal care.

The service had a registered manager. 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, their representatives and staff spoke enthusiastically about the service and the friendships they had developed. One person told us, "They're (the staff) kindly and considerate". Another said, "They're always cheerful and never moaning". A relative had written in a feedback questionnaire, 'My wife likes to be woken to a little light humour in the morning and most of your staff certainly provide it!'

People and/or their representatives were fully involved in planning the care that they received and were extremely positive about the service. As staff got to know people better and understood more about their preferences, the care plans were updated. The registered manager told us, "Usually the initial care plan will change fairly quickly once we start working". There was a minimum visit time of half an hour and people were encouraged to participate in their care and to maintain their independence. Staff encouraged get out into the community. Many people spoke enthusiastically about the provider's Christmas party and how much they had enjoyed it. The registered manager explained how they were planning to build on this idea and hold regular coffee mornings as social events but also to build people's confidence to attend other events in the community. Many people shared stories of how staff had supported them and had gone above and beyond what they expected them to do.

People received a safe service. Staff understood local safeguarding procedures. Risks to people's safety were assessed and reviewed. The service was also proactive in making referrals, such as to the Fire and Rescue Service where there was the opportunity to enhance the safety of the home environment. The service had contingency plans in place to deal with emergencies such as a failure of equipment or severe weather. There were enough staff employed and the rotas were managed effectively so that people received a reliable service. People received their medicines safely and at the right time though we discussed with the registered manager how the level of support people required could be made clearer in the records.

People had confidence in the staff who supported them. One said, "They're very competent". Staff received training to enable them to deliver effective care. They were supported in their roles and professional development by a system of supervision. Staff understood how consent should be considered in line with the Mental Capacity Act 2005. Staff supported people to prepare meals and to eat and drink if required.

Where people could benefit from additional support, referrals were made to other healthcare professionals such as the GP or District Nurses.

People felt able to contact the registered manager if they had concerns and said that they received a quick response. People told us that they understood how to complain but had not needed to. No written complaints had been received by the service.

The registered manager monitored the quality of the service by maintaining regular contact with people and staff. There was also a system of spot checks in place and daily records of the care delivered to people were reviewed monthly. This helped to ensure that the service delivered was of a consistently high standard. One relative told us, "The service is absolutely excellent". Another said, "You don't always get the opportunity to say when things are good. I trust them completely".

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 said they felt safe. Staff had been trained in safeguarding so that they could recognise the signs of abuse and knew what action to take.

Risk assessments were in place and staff made referrals for advice to other professionals or for additional equipment to help mitigate identified risks.

There were enough staff to cover calls and ensure people received a reliable service.

Medicines were administered safely.

Is the service effective?

Good ●

The service was effective.

Staff were knowledgeable about people's care needs. They had received all necessary training to carry out their roles.

Staff understood how consent should be considered and people were consulted on the care they received.

People were offered a choice of food and drink and given appropriate support if required.

The provider liaised with health care professionals to support people in maintaining good health.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People referred to staff as friends and staff spoke with affection about the people they supported.

People had determined the support they wished to receive and were encouraged by staff to maintain their independence and to get out into the community.

Many people shared examples of when staff had gone above and beyond their regular support to ensure they were comfortable and safe.

People described the staff as courteous and were informed of any changes in the rota.

Is the service responsive?

Good ●

The service was responsive.

People's care had been planned and reviewed to ensure that it met their needs. Staff knew people well and understood their wishes.

People were able to share their experiences and were confident they would receive a prompt response to any concerns.

Is the service well-led?

Good ●

The service was well-led.

The culture of the service was open and staff worked to a set of shared values.

People and staff felt able to share ideas or concerns with the management.

In addition to people's feedback, the registered manager used a series of checks on care records and unannounced visits to monitor the delivery of care and ensure that it was consistently of a good standard.

The Home Service (Care Agency) Ltd

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 18 and 20 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

One inspector undertook this inspection.

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 any improvements they plan to make.

We visited the office where we met with the registered manager, a senior care worker and the administrator. We looked at nine care records, medication administration records (MAR) and visit record sheets. We also reviewed nine staff training and supervision records, three staff recruitment files, quality feedback surveys, minutes of meetings, staff rotas and other records relating to the management of the service.

We visited three people who used the service in their homes and met with a further three care workers. We telephoned two people, three care workers and six relatives to ask for their views and experiences. We also discussed the service provided by the agency with a district nurse and a community psychiatric nurse (CPN) who had involvement with the people they supported.

This was the first inspection of The Home Service (Care Agency) Ltd since it was registered on 3 April 2014 at

this address.

Is the service safe?

Our findings

People told us that they trusted the care workers who supported them. One said, "I've always felt safe. I'm really happy with them". Staff had attended training in safeguarding adults at risk. They spoke about the different types of abuse and described the action they would take to protect people if they suspected they had been harmed or were at risk of harm. They also knew where to access up-to-date contact information for the local authority safeguarding team. Staff told us that they felt able to approach the registered manager if they had concerns. One care worker said, "I would note my concerns and would notify the office straight away". When we asked if they felt confident the office team would take action, they responded, "O crikey, yes!" We saw that the registered manager had taken action in response to concerns raised and had made appropriate referrals to the local safeguarding team.

Risks to people's safety were assessed. People's care plans described each risk that had been identified and instructed staff on how support should be delivered to minimise the risk. This guidance was specific to the individual they were supporting. Risk assessments for moving and handling described the person's medical condition, their level of cooperation, whether they used any mobility aids, were prone to sudden movements or had any skin conditions. The care plan then provided a step by step guide on how to move the person safely. Where a hoist was used it was stated clearly at the top, 'Two carers required'. In the details on how to support one person using the shower chair we read, 'Ensure the wheeled shower chair is in position, brakes on!' One person allowed us to observe as staff hoisted them to their wheelchair. Staff gave clear information and checked that the person was ready and comfortable. The transfer was carried out safely.

The initial assessment for people included a review of the home environment. In one assessment we read, 'The house is clear to enable free movement of wheelchair'. Staff had noted risks such as a large step down from a patio door, or step without a rail. We saw that staff had made referrals on behalf of people for equipment that would help to make daily tasks safer. For example a referral had been made for a shower chair for one person. This was to reduce the risk of them slipping or falling and to reduce the time they needed to stand. Staff had also made suggestions to people or their relatives to install grab rails in the home or garden and for personal alarms that can be worn and used to summon assistance, for example in the case of a fall. With the agreement of the person, staff had also contacted the fire and rescue service to carry out a home fire safety check. This is a free service whereby the person is offered advice on how to make the home safer. It may also include fitting smoke alarms or other fire detection equipment, usually free of charge.

Emergency contact details for each person were included in the care plan. This included their next of kin and GP. The service had an out of hours contact number which was shared between senior staff and available 24/7. Staff were able to describe emergency procedures such as what they would do if they were unable to gain access to a person's property, or if they arrived to find they were unwell or had fallen. One care worker said, "They're behind you 100%. If we get somewhere and can't get in we know the procedure". A relative told us, "Mum did have a fall and one of them stayed with her well beyond her allocated time". For people who were at particular risk and would be unable to call if a care worker failed to visit, the agency put in

place a telephone check to ensure that the staff member had arrived. The registered manager said, "We literally wait for it (the call), we give them 15 minutes either way". Similarly if a staff member was working alone late at night, they were required to alert the on call number to show they had returned home safely.

Contingency plans were in place for inclement weather or staff shortages. The registered manager described how they had used the service's four wheel drive vehicle to take care workers to people during snowy weather. They were also registered with an employment agency who could provide care workers if required. The registered manager told us that this was a last resort but they had needed to use their services once before to cover a weekend after two staff had needed to leave unexpectedly.

People received consistent support from a regular staff team. They told us that staff were reliable and that they arrived on time. The registered manager told us, "We have very low turnover which is great for clients". Staff told us that the rotas were well managed and that they were allowed sufficient time to travel between visits. One said, "Generally travel and double ups work". Another told us, "We've always been allocated the right time in between". The registered manager explained how she looked in the local newspaper on a weekly basis for information on roadworks. She said, "We look at that so we can allow more time. It has a knock on effect". People received a weekly rota which detailed the times of their visits and which staff would be attending.

There were enough staff to meet the needs of the people who used the service. The registered manager considered people's needs in relation to the staff available. She told us, "We recruit in response to demand and how our existing clients are. We need to be ready to support them if they deteriorate". One care worker told us, "Generally staffing levels are compatible to client need but there has been sickness". The service had a waiting list of potential clients as they had judged that they could not safely meet their needs with the existing staff group. The service was recruiting. The registered manager told us that they were developing a website so as to raise their profile in the hope of attracting new staff. She said, "We're always looking for more staff. Until we have the staff we can't take on new clients".

Staff recruitment practices were robust. Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions. In addition, two references were obtained from current and past employers. These measures helped to ensure that new staff were safe to work with adults at risk.

People were happy with the support they received to manage their medicines. We observed as one care worker supported a person to take their morning medicines. The care worker checked the Medication Administration Record (MAR) before dispensing the medicines from the blister pack. As the medicines were given she explained what they were for and advised the person that one of the tablets was the final one in the course of treatment. She asked if the person if they wished to have paracetamol for pain relief. This was declined and then recorded appropriately. Staff were confident in their understanding of how to support people with their medicines. One said, "We had training in medication, some you just have to remind them". MAR charts were completed, including for prescribed topical creams, and demonstrated that people had received their medicines as prescribed.

Staff were clear on the level of support each person required with their medicines; that is whether staff were to prompt them or take responsibility for administration, meaning that they had seen the person take it. The MARs in place reflected this. Where staff were required only to prompt we saw that the medicine had not been signed for and the notes section had been completed with a comment such as, 'Left on table – didn't see her take them' or 'Left in pot for later'. The registered manager said, "If we're involved in meds, whether

prompting or not, we log it. If you sign it, you've seen them take it". We discussed with the registered manager how the level of support was not always clear in the care plan. For one person we found the following guidance in different sections of the care plan, 'We will administer', 'We will help to administer' and, '(Name of person) knows what medication she takes but we will assist'. The provider's policy stated that, 'The degree and type of assistance with medication must be clearly recorded on the care plan'. Although there was no risk to people because regular staff who were clear on the person's level of support visited them, the registered manager told us that they would add clarity to the records.

The registered manager had implemented a system of an allocated care worker to oversee each person's medicines. This was to avoid medicines running out. Once the care worker had visited the person to understand the level of support required, they entered the dates for prescription renewals on the system. This was then monitored by the care worker and by the office staff to help maintain a regular supply of prescribed medicines.

Is the service effective?

Our findings

People had confidence in the staff who supported them and spoke very highly of them. One said, "They have been absolutely brilliant. They've been the best I've had. They always come on time. If they have to change an arrangement they always let me know. The carers know what they are doing; they also make sure I know what I am doing". Another told us, "I'm not exaggerating, I genuinely think they do an excellent job". Relatives were equally positive in their feedback. One said, "They're excellent, friendly, efficient and reliable. They're the best".

Staff received a thorough induction to ensure that they developed the right competencies, knowledge and behaviour to support people effectively. Staff described how they underwent a period of training and shadowing until they felt ready to work independently. One said, "I did a workbook when I first started and shadowed until I felt confident. There was so much training". Another told us, "They are so thorough. They listen to you if you've got a problem. I shadowed until I felt comfortable going out on my own". During the shadowing period, existing staff completed a feedback chart on the new care worker. This covered, their understanding, compassion, willingness to learn, ability to follow set procedures (care plan), observational skills and communication with the client. It noted individual strengths and weaknesses and highlighted areas where additional support was required. The registered manager told us, "Staff are very good at informing the new person about the things that are important to that client". While shadowing, the new care worker visited people who they would ultimately support. One person told us, "I had a new lady shadowing. They always tell you before two people come. They ask if that's alright. They sit quietly and absorb everything". A new care worker said, "Everyone that I have been to, I met when I was shadowing".

The provider offered a range of training in-house. This included medication, food hygiene and infection control for which a senior care worker had achieved training qualifications. Another staff member was qualified to train staff in moving and handling. In addition the registered manager had organised external trainers to cover safeguarding, the Mental Capacity Act 2005 (MCA), dementia care and fire safety. One care worker told us, "The training is very good and it is kept up to date. We have yearly training that is compulsory. We have some very good trainers. We had a fireman come in to speak about risk, especially as we cook for some clients". Another said, "I've found some of the courses very helpful. I did a course on recognising the signs of dementia". Staff explained how the in house training was beneficial as it saved them time and meant that new staff could receive prompt training. One new staff member told us, "The training was straight away". The provider had recently introduced the Care Certificate, covering 15 standards of health and social care. This is a nationally recognised set of minimum standards that should be covered as part of induction training of new care workers.

Staff were enthusiastic about their work and felt supported in their roles. One said, "I love it. It's such a good atmosphere and you've always got the backup. You know you've got the support behind you". Another told us, "They're the best employer I've ever had". Staff told us that they had regular contact with the registered manager and the office staff. There was a system of supervision in place which included an observation of practice in a person's home. All of the staff whose records we checked had attended a supervision and been observed during 2015, some more than once. The registered manager was in the process of setting up

appraisals. Four staff had attended appraisal meetings in July 2015 and meetings with all staff had been scheduled during February 2016. The appraisal covered a summary of the staff member's objectives, comments from both parties and a rating of their performance. One staff member had commented, 'I feel like I can grow with the company there are plenty of options and courses to take to broaden skills'. They also wrote, 'The meeting was very informative. I know the areas in which I am good at and where I can improve'.

People were involved in decisions relating to their care and treatment and staff understood how consent should be considered. Care plans included guidance on people's preferences and had often been signed by the person to demonstrate their agreement. Each person's care plan detailed their communication method and ability. For example, we read, '(Name of person) is perfectly able to express her wishes'. In the daily notes we saw that people had declined some support, for example to have a wash or to take particular medicines.

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. We checked whether the service was working within the principles of the MCA. The registered manager had a clear understanding of the MCA and their responsibilities. Staff received training as part of the safeguarding course which was made mandatory by the provider. The registered manager shared examples of how the service had approached the GP for a referral to the community psychiatric nurse (CPN) team when staff had raised concerns about a person's capacity or safety. In one case staff were concerned that a person was unsafe when going out alone. Following involvement of a multidisciplinary team and an assessment of the person, sensor mats were installed to alert relatives to when the person had not returned home after one hour. This helped to maintain the person's independence in going out but introduced a safety mechanism by generating an alert if they failed to return.

Some people were supported to prepare meals and drinks and to ensure that they ate and drank enough. People's care plans included details on their dietary preferences. In one we read, 'Prefers a cooked breakfast, sandwich for lunch and a cooked supper'. When we visited this person they told us how staff would prepare a meal on their morning visit and put it in the slow cooker so that it was ready for the evening. They told us that the lamb hotpot they made, "Really is beautiful". One relative explained how an additional lunchtime visit had encouraged their relative to eat. They said, "She used to have meals on wheels but she wasn't really eating it. Social services suggested carers went in at lunch time to see she eats and it is working very well. Everything seems to be working very smoothly".

Where people were at risk of malnutrition or dehydration, monitoring was in place. The registered manager explained that when a person required regular weight checks, they allocated the same staff member to support them. This helped to ensure consistency. From the food charts we saw that staff supported people to eat a varied diet. We observed staff encouraging people to drink. A staff member said, "I try to get them as nutritious a meal as possible. I make sure that when (name of person) has their lunch they have a drink. I do try to get them to have a drink". One relative told us, "The morning staff always makes Mum a plate of lunch. There is always water by the table".

People were supported to maintain good health. We saw that people had been referred to the GP, district

nurses or CPN when required. The registered manager told us, "We're good at referring to experts in the field". Staff had also recorded forthcoming appointments for people. In the minutes of a staff meeting from March 2015 we read, 'Please let the office know if a client receives a letter informing them of an appointment – anywhere! We can then ensure they get to the appointment or if not convenient for them, make alternative arrangements'. We noted that a staff member had recently participated in a meeting regarding one person's change in behaviour. Following this review and a medication change the person's normal pattern of behaviour had resumed. A district nurse told us, "They're really good, really professional. They ring us up; they let us know if they are worried about anyone".

Is the service caring?

Our findings

People were full of praise for the staff who supported them. They spoke of their kindness and the importance of their friendship. One person said us, "I couldn't speak more highly of them. They try to do their best to do what is best for me". Another told us, "I'm confined to my flat these days; they make my day morning and night". A third said, "I couldn't do without them. They cheer me up. We have a good laugh".

Relatives were equally enthusiastic. One relative told us that although it was a struggle, their mother had insisted on writing Christmas cards to each of the staff who visited. They told us, "She didn't write to all our relatives but she wanted the girls to know she cared". Another said, "Mum and Dad dreaded the idea of people coming in but these girls are on time. They're like friends to the family. I couldn't have coped if it wasn't for them". A third told us, "I like having them because they're all such nice people". One staff member told us that some of the visits on their rotas were social visits to people who they used to support and had since moved to residential care. They explained that the relatives valued the friendship they had developed and had requested these visits from the agency.

We visited three people in their homes. It was very clear that people had a relaxed and comfortable relationship with the staff. Conversations were wide-ranging about people's interests, families and the things they had been involved in. While one person was being assisted to wash and dress in the bathroom, lots of laughter could be heard from where we were in the kitchen. The daily notes included comments such as, 'Lovely chat' and 'Gently woke her' which reflected the approach of staff. Staff spoke with affection for the people they visited. One said, "(Name of person) is an absolute joy!" Another told us, "We hear such wonderful stories because we build up a great relationship". A third added, "You get to know them and they get to know you. I love it".

To foster good relationships and give continuity, the registered manager tried to keep a small team of staff with each client. She explained how she took time to match people and staff. She told us that she considered shared interests and also the level of support that people needed, for example only the most experienced care workers visited people living with more advanced dementia. One relative told us how great it was that the care worker who visited their aunt had lived locally for years. This meant that they knew many of the same people and could reminisce together, as well as the care worker keeping the person updated on current news and local happenings.

People were involved in deciding on how and when they received support. One told us, "I am taken care of beautifully". Following an initial assessment involving the person and/or their representatives, a detailed care plan was put in place. This described people's preferences including any social, religious or cultural considerations. The registered manager told us how they had used a notebook to help one person to communicate as their verbal communication was not always clear. By writing what it was they wanted to say, this had helped the person to communicate effectively. A relative said, "They don't forget hearing aids". A staff member told us, "It is mainly regular clients so you can build up a rapport. Each person has their own routine".

Staff were attentive to people's wishes and needs. We observed staff discussing options with people. One person decided to have a wash rather than a shower as it was a cold day and said they would need to wear trousers as the chiropodist was due to visit. The staff member also discussed the person's plans for the day with them and turned the television guide to the correct date. People had been involved in reviewing their support. One person told us, "They're very good at asking me if anything needs to be changed. I'm quite happy with them!" Relatives told us that they were kept up-to-date on any changes or needs that had arisen. One relative who lived some distance away told us, "We rely on The Home Service people to look after her. (The registered manager) gives me a ring if they need anything; they had to get the plumber in". Another told us, "The carers communicate with me a lot. If they are concerned they call me on my mobile".

Relatives shared examples of how staff had gone above and beyond their duties to ensure that people were comfortable and safe. This ranged from arranging for appliances to be fixed to bathing a pet tortoise. Whilst we were in the office the registered manager was helping a relative to apply for an attendance allowance by finding the relevant forms for them. One relative told us, "The three that come always do more than is expected of them". Another relative had written a letter of thanks to the service. It read, 'We are so grateful for the wonderful care you have taken of Mummy. Your kindness and extraordinary helpfulness have been far beyond our expectations. Living so far away it has been reassuring to learn how pro-active and thoughtful you are in your care-giving'.

People were encouraged to maintain and pursue their independence. The provider had a policy which meant that the minimum visit duration was half an hour. This allowed time for people to participate in daily tasks. One person had written a note of thanks to the provider which read, 'I'm very indebted to you and your excellent, cheerful and caring staff for putting me on the road to a full recovery'. People's care plans included directions for staff to support people in keeping mobile. For example, 'We will encourage him to go outside for a walk or simply in the garden' and 'We will encourage her to keep mobile, walking around the flat for some exercise'. A relative told us, "She doesn't do much for herself unless they prompt her. They try to move her to the kitchen for her meals, to keep her moving".

The provider hosted a Christmas party to which everyone who used the service was invited and, if needed, transported. People that we met and spoke with were still 'buzzing' from the event. One person said, "It was great fun!" Another told us, "We all get to know one another. The days when you have a party help. They really do put on a nice one". The registered manager told us that they were trying to set up coffee mornings for people. She said, "They readily come to our Christmas party so we should do more. They talk about our party for months afterwards". Whilst we were in the office the registered manager was speaking with a relative about ways to encourage their relative to get out and about. She described how the person had struck up a good rapport with another person who used the service during the Christmas party as they had a shared interest. She was exploring ways of fostering this link to encourage the person to attend some of the social events that the other person already participated in. We found that the service took time to consider the person as an individual and to explore ways they could support them to pursue their interests or to make new connections. One relative told us, "They've brought (name of person) out of himself".

People felt respected by staff. One said, 'Carers are aptly named – kindness and consideration at all times'. People were kept up to date if there was any delay or a change in the rota. The registered manager told us, "We tell the girls to call if they are late and we will tell the clients. It's just courtesy and the clients worry for the girls". One relative said, "There's about four or five that come regularly. They always tell (name of person) who is coming next". Another told us, "They're very reliable. If there is ever a change they will phone". Whilst we were in the office we heard staff discussing whether it was a good time of day to telephone a person who used the service. When another staff member said that they would most likely be sleeping, the call was postponed out of respect for them.

Staff understood the importance of respecting people's privacy. They spoke of maintaining confidentiality and not gossiping about people. People told us that staff maintained their privacy when supporting them with personal care. We saw that care plans included guidance for staff, for example, 'Get wheeled shower chair from the bathroom together with two towels to keep (name of person) warm and to preserve her dignity when moving and hoisting'. One person told us, "The women who take care of me are so good and kind". A relative described staff as "Devoted and dedicated".

Is the service responsive?

Our findings

People were fully involved in determining the support they wished to receive and were able to make adjustments to suit their preferences and lifestyle. Each person's needs and wishes were described in a support plan. The registered manager explained, "On my first visit I log my initial findings and as the girls learn we build up a picture and adapt". She told us, "We see the girls every single week so we keep on top of any changes and we can respond quickly". People and staff told us how the continuity in the staff who visited resulted in high quality care. One person explained, "If someone goes on holiday you're not starting from scratch again". A staff member said, "You really do get involved and know all of the clients". One explained that they were trying to arrange a bird feeder for a person who liked to sit facing out to the garden.

People's support plans included sections on how to assist them with personal care, medication, outings, continence, mobility and communication. Any specific needs related to their health were clearly noted. For example we read, '(name of person) finds her condition more debilitating early in the day' and, 'Cannot weight bear, poor coordination and her right hand is very weak'. For each task there were detailed instructions that included where equipment, clothes and toiletries were stored. The details were personalised, for example for one person staff were directed to use a jug to wash their hair rather than the shower since the shower temperature was known to fluctuate. For another we read, '(name of person) needs to have structure to his day and needs to know what is happening and when or he becomes anxious'. For a third there were details about which sports they liked to watch on television. Staff shared examples of how they had shared experiences with one another. For one person they had found that a soft toy helped the person to relax at night and get off to sleep. The registered manager said, "Sometimes they are minor things but they make a difference".

Staff were happy with the guidance available to them. One said, "The paperwork is very good and it is kept updated. We also share information, especially if someone is ill or if the medication has changed". Another told us, "We know we can phone the office and say this has changed and it gets changed". A relative confirmed, "They pass messages to each other. They're doing a full package". In addition to ad hoc updates, people and/or their representatives had been involved in formal reviews of the care they received. All of the care plans that we looked at had been reviewed within the last year, most within six months or less. People had been asked for feedback on the service, which was overwhelmingly positive. One person had said that they were, 'Perfectly happy'. Following the reviews, changes had been made to people's care. One person had extended their visit time to allow more time for staff to assist them with a bath, another had added a lunchtime visit as the person was finding the day between the visits too long. One person told us, "Every time they come, first of all they consult the folder and then afterwards they sit on my sofa and fill it in". Another said, "They check with me and read the book. There is a folder they write in, it's updated all the time by the senior carer as to what's required. I'll be honest I don't look at it!"

People were usually able to make changes to their visit times. One relative said, "I have asked on occasion for an hour earlier. She'll (the registered manager) have a go, they might manage it or offer half an hour earlier". Another told us, "I have had to ring once or twice to say he wanted to go to bed earlier and they managed to change to have someone come earlier". The registered manager explained that they tried very

hard to accommodate changes but that there were some evenings and weekends where they struggled to accommodate changes or additional calls.

Staff knew people well and demonstrated a thorough understanding of their needs. People told us that any concerns were quickly addressed. One said, "I've had them for over three years and I only ever asked (the registered manager) to stop somebody coming to me once. That was the one and only time I wasn't perfectly happy. (The registered manager) sorted it. I've never seen that person again". A relative told us, "If something is not working, it gets sorted".

The registered manager had not received any formal complaints. She told us, "I think that's because we talk to them all the time. That's the luxury of being small; we talk to the clients frequently". The service maintained a record of 'client concerns', for example if a person did not wish to have a particular staff member visit them. Four concerns had been recorded in 2015 and each had been quickly addressed. A relative referred to the agency office and said, "There is always someone to answer the phone". People and relatives told us that they knew how to complain and how to raise concerns. A guide for clients was provided by the agency and this detailed the complaints procedure.

Is the service well-led?

Our findings

There was an open culture at the service. People and staff felt able to approach the management team and felt valued by them. The registered manager said, "We keep it small so we can give a really personal one to one service" and told us, "We know all the girls".

The service had a set of principles and values that were shared in their guide for clients. These included 'individuality and identity', 'choice', 'independence' and 'partnership'; that is 'working with the client, appropriate friends and relatives and any other relevant person to provide the best possible service'. The service lived up to these values with people and relatives giving consistent praise. One person said, "They're (the staff) wonderful, all of them!" A relative told us, "What they offer cannot be bettered".

The provider was planning a number of future initiatives, including regular coffee mornings for people who use the service and a dementia awareness training event for relatives and families. A CPN who had worked with the service told us, "They are really excellent; they look at the whole picture not just what the duties are". The registered manager said, "We get great satisfaction from what we do".

The registered manager owned and operated the service. She was respected by people, staff and other professionals. Comments from relatives included, "(The registered manager) is on the button", "I think she runs a jolly good ship" and, "I think she does an absolutely cracking good job". One staff member said, "(The registered manager) is really understanding, she never makes me do anything I'm not comfortable with". Another told us, "It runs pretty smoothly with this agency".

There was good communication between the office and care staff. Care workers visited the office on at least a weekly basis. The registered manager also communicated by telephone and text, especially if there were changes in a person's care. She told us, "We expect them to read it (the care plan) but we don't rely on it. It's our safeguard to ring them or send a text". People's care reviews, staff training and spot checks were added to the office diary. This meant that time could be set aside in the rota or calls covered by other staff. Staff meetings were held approximately every six months. The most recent meeting had been in October 2015. We saw that suggestions raised at this meeting, for example, to add people's bin days to their care plans so that staff could make sure they were put out, had been implemented.

The registered manager had a system to monitor the quality of the service that people received and to make improvements. They met with people to review their care and monitored staff competency via a system of spot checks. Daily care records were returned to the office monthly. These were checked and initialled by the registered manager or senior care worker. The registered manager said, "It's a valuable exercise, though if there is something in there we've usually swooped on it already".

The administration of people's medicines was checked by senior care workers in people's homes. The MAR were also reviewed by the registered manager or senior care worker when they were returned to the office. Where issues had arisen, medication error forms had been completed. In one case a gap on a MAR chart was noted by a staff member, where another care worker had failed to sign that a person had received their

medicine. The registered manager contacted the previous care worker who was unobtainable and called 111 for advice. It turned out that the medicine was not missed but action was taken to remind staff of their responsibilities and the importance of good record keeping.

The registered manager was active in seeking feedback from people with regard to their experiences of the service and used this to drive improvement. This was done through the formal process of care reviews and also informally in the regular contact she maintained. Feedback questionnaires had been sent annually. In 2015, responses were received from 14 people and/or their representatives. All respondents were positive, with twelve recording a one hundred percent satisfaction rate. Where people had raised questions, the registered manager had responded. In one letter we read, 'Please do let me know if things improve or more especially if they do not!' Comments from the survey included, 'I cannot think of anything to improve the service for (name of person), you do so much for her' and, 'completely satisfied'.

The registered manager engaged positively with our inspection visit, calling it, "Another quality assurance process". The service was also in the process of joining the United Kingdom Homecare Association Ltd (UKHCA) which is a professional association that aims to support businesses and promote good practice in the sector. To become a member, services must sign up to the UKHCA code of practice.