Sunderland Home Care Associates (20-20) Limited

South Tyneside Home Care

Inspection report

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18 July 2018
23 July 2018
24 July 2018
15 August 2018

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an announced inspection which took place on 18, 23, 24 July and 15 August 2018. We gave the provider 24 hours' notice to ensure someone would be available at the office.

We inspected the service to follow up on the breaches and to carry out a comprehensive inspection.

At the last inspection in May 2017 the service was not meeting all of the legal requirements with regard to regulation 17, governance, regulation 9, person-centred care and regulation 12, safe care and treatment.

Following that inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe care and treatment, person-centred care and governance to at least good.

At this inspection we found improvements had been made and the service was no longer in breach of regulations 9, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

South Tyneside Homecare Ltd is a domiciliary care agency. It provides personal care to older people in their own home. At the time of inspection 100 people were using the service supported by 50 staff members.

A registered manager was in place. 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 and their relatives told us the service kept them safe. They trusted the workers who supported them. Risks to people were assessed and plans put in place to reduce the chances of them occurring. Policies and procedures were in place to safeguard people from abuse. People's medicines were managed safely. The provider and registered manager monitored staffing levels to ensure enough staff were deployed to support people safely. The provider's recruitment process minimised the risk of unsuitable staff being employed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. Staff had received training and had a good understanding of the Mental Capacity Act 2005 and Best Interest Decision Making, when people were unable to make decisions themselves. There were other opportunities for staff to receive training to meet people's care needs.

Staff were aware of people's nutritional needs and made sure they were supported with eating and drinking where necessary. People's health needs were identified and staff worked with other health care professionals to ensure these were addressed.

People praised the kind and caring approach of staff. Staff were respectful and explained clearly how people's privacy and dignity were maintained. Staff understood the needs of people and care plans were person-centred. People and their relatives spoke very positively about the care provided.

People were provided with opportunities to follow their interests and hobbies. They were supported to contribute and to be part of the local community.

Staff said the management team were supportive and approachable. Communication was effective, ensuring people, their relatives and other relevant agencies were kept up-to-date about any changes in people's care and support needs and the running of the service.

People had the opportunity to give their views about the service. There was consultation with people and family members and their views were used to improve the service. The provider undertook a range of audits to check on the quality of care provided.

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.

Improvements had been made to keep people safe. Systems were in place to ensure their safety and well-being. People received suitable support to take their prescribed medicines.

Appropriate steps were taken to safeguard people against abuse. Risks were assessed and managed, including measures to control the risk of infection.

Enough skilled staff were employed to safely meet people's needs. Appropriate checks were carried out before new staff began working with people.

Is the service effective?

Good

The service was effective.

Staff had access to training and a system was in place to ensure this was up-to-date. Staff received regular supervision and appraisals.

People's rights were protected. Best interest decisions were made appropriately on behalf of people, when they were unable to give consent to their care and treatment.

Staff liaised with General Practitioners and other health care professionals to make sure people's care and treatment needs were met.

People received food and drink to meet their needs and support was provided for people with specialist nutritional needs.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received and were well supported by staff. They said staff met their needs

appropriately and with dignity and respect.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide individualised care to the person.

People were encouraged to express their views and make decisions about their care. People were supported to maintain contact with their friends and relatives.

Is the service responsive?

Good

The service was responsive.

Improvements had been made to record keeping. This helped to ensure people received support in the way they wanted and needed because staff had detailed guidance about how to deliver their care.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to and expressed confidence in the process.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who had registered with the Care Quality Commission.

An ethos of individual care and involvement was encouraged amongst staff with people who used the service.

The provider monitored the quality of the service provided and introduced improvements to ensure that people received safe care that met their needs.

South Tyneside Home Care

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, 23, 24 July and 18 August 2018 and was announced. We gave the provider 24 hours' notice to ensure someone would be available at the office. We carried out a site visit on the first day of inspection and on days two, three and four we carried out telephone interviews with people who use the service, relatives and staff.

The inspection team consisted of one adult social care inspector who carried out the site visit on the first day and telephone interviews on day four with staff and an expert-by-experience carried out telephone interviews on days two and three. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service for older people.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the Local Authorities who contracted people's care.

During the inspection we spoke with the registered manager, the operations manager, one co-ordinator and three care workers. We reviewed a range of records about people's care and how the service was managed. We looked at care records for six people, recruitment, training and induction records for five staff, staffing rosters, staff meeting minutes and quality assurance audits the registered manager had completed. After the inspection we telephoned and spoke with four people, 18 relatives and four support staff.

Good

Is the service safe?

Our findings

When we last inspected the service we found not all aspects of the service were safe and the provider had breached regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Risk assessments did not always contain up-to-date information about people's support needs. Risk assessments were not reviewed appropriately. During this inspection we found the provider had made improvements to the risk assessment process and the service was no longer in breach of regulation 12.

People who used the service and staff were kept safe because suitable arrangements for identifying and managing risk were in place. People's individual risk assessments were in place with a system of review to ensure they remained relevant, reduced risk and kept people safe. People's care plans highlighted any areas of risk to people's safety and wellbeing, in areas such as mobilising, falling or choking. Where a risk was identified, there was clear guidance included in people's care plans to help staff support them in a safe manner. Risk assessments were also used to promote positive risk taking and support individual lifestyle choices, such as medicines management. Staff could explain how they would help support individual people in a safe manner.

People using the service felt safe with the staff who supported them. One person told us, "I have got some good care workers and I trust them." A relative commented, "[Name] trusts the staff." Another relative said, "Yes, [Name] feels comfortable with the staff. They are lovely." Other people's comments included, "Staff are here when they are supposed to be here" and "Time keeping is okay, staff always turn up."

There was sufficient staffing capacity and people felt they received a reliable service. One relative commented, "If I have to increase the care because I cannot visit, the office will arrange an extra care visit if we need it." Staff told us they thought there were sufficient staff to support the number of people using the service. At the time of inspection 50 staff were employed by the service to support 100 people. Teams of care staff worked into geographical areas and work schedules were planned electronically. Staffing levels were determined by the hours contracted for each individual care package. These were totalled and planned for by the provider. This enabled senior staff to plan for each person's care and match this to available staff. Each person's dependency was assessed and where necessary people would be supported by two carers at a time. Care plans were well recorded and gave staff detailed information on how to provide safe and appropriate care.

People and staff had access to emergency contact numbers if they needed advice or help from senior staff when the office was not open. One relative commented, "I have got all the numbers for the office." Other relative's comments included, "There is an out-of-hours number available" and "We had to ring the emergency number and someone came out to help [Name] when they were discharged from hospital."

Staff were clear about the procedures they would follow should they suspect abuse. They expressed confidence that the management team would respond to and address any concerns appropriately. Staff had received training in relation to safeguarding. Staff understood the need to protect people who were potentially vulnerable and report any concerns to managers or the local authority safeguarding adults team.

Procedures were followed to safeguard against financial abuse. Risk assessments were completed around finances and support plans were agreed with the person and/or their representative. Each person who was supported with financial transactions had a ledger to record them. Receipts were obtained for all purchases. Regular checks of the records were carried out by management. These measures helped assure people that their money was being handled safely.

Staff confirmed they had the equipment they needed to do their job safely. They were provided with protective clothing, having access to gloves and aprons. They had completed training in infection control.

People received their medicines when they needed them. One person said, "The care workers keep me right with my medicine and they check on my insulin." Relative's comments included, "The care worker prompts [Name] with their medicine and there have been no problems", "[Name] always gets their medicine on time and the care workers make sure they are taken" and "Staff give [Name] their tablets. They have been very good about this." Staff had completed medicines training and periodic competency checks were carried out. Staff had access to a set of policies and procedures to guide their practice. Medicines were obtained on an individual basis, with some people managing these by themselves, or with the support of their relatives. The management team also undertook regular audits, and any shortfalls were identified and suitable actions put in place.

The service had policies on data protection, confidentiality and obtained people's consent for sharing their personal information. Care plans were well recorded and gave staff detailed information on how to provide safe and appropriate care. An overview of the care plan was also sent electronically to staff in advance of when they covered visits to people. An electronic system used by staff recorded the times of their visits to people's homes. Clear expectations were set for staff about documenting the care they delivered at each visit. Records were held in the person's home, readily available to the relevant staff, and were kept up-to-date.

Robust recruitment processes were in place. This included thorough checks of applicants for any role. The service ensured the correct information was available in personnel files. This included proof of identity, criminal history checks, and references from prior employers, job histories and health declarations. The service ensured only fit and proper persons were employed to care for people.

Good

Is the service effective?

Our findings

People and their relatives told us the staff were appropriately skilled in providing their care and support. One person commented, "The care workers are well-trained, so they know about medicines and moving and handling." Staff said they received training and support to carry out their role. One care worker commented, "There is loads of training." Another care worker commented, "There are opportunities for training." Other staff comments included, "We get person-specific training about people's needs" and "I have done dysphagia (swallowing difficulties) training."

The service had its' own training suite and training manager who organised and delivered a range of courses. Training in safe working practices was refreshed every one to three years and courses specific to the diverse needs of people using the service were provided. The registered manager told us the organisation had been accredited as a training provider to deliver training to external organisations.

Staff told us when they began working at the service they completed an induction and they had the opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to begin work. One staff member commented, "I spent two days shadowing other staff when I started." Another staff member said, "I spent two days in the office doing training as part of my induction" Staff told us induction included information about the agency and training for their role. They were issued with an employee handbook and key policies and procedures to make them familiar with the standards expected of them. The registered manager told us staff studied for the Care Certificate as part of staff induction to increase their skills and knowledge in how to support people with their care needs. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care.

Staff training records showed staff were kept up-to-date with safe working practices. There was an on-going training programme in place to make sure that all staff had the skills and knowledge to support people. Staff completed training that helped them to understand people's needs and this included a range of courses such as dementia care, dignity in care, mental capacity, falls awareness, equality and diversity, nutrition, stoma and catheter care, mental health awareness, delirium awareness, positive risk taking and end-of-life care, autism, principles of care planning and Percutaneous Endoscopic Gastrostomy feeding (PEG) to show staff how to feed a person. (PEG is a tube which is placed directly into the stomach and by which people receive nutrition, fluids and medicines.) Staff also had the opportunity to study for a diploma in health and social care at level two or three.

There was a delegated system for making sure all staff received supervision and appraisal throughout the year to support their personal development. This included observing care staff carrying out their duties with people, assessing their care practice, competencies and communication. Staff told us they received supervision from the management team, to discuss their work performance and training needs. One staff member said, "I get all the support I need." Another staff member said, "I have supervision every three months." Staff also said they found these meetings useful and records confirmed they were encouraged to raise any support needs or issues they had. Staff told us they could also approach the management team at

any time to discuss any issues.

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives.

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.

The service worked within the principles of the MCA and trained staff to understand the implications for their practice. Mental capacity assessments had been carried out, leading to decisions being made in people's best interests. Records showed people were involved in developing their care and support plan and identifying the support they required from the service and how this was to be carried out. For people who did not have the mental capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interests'.

The registered manager was aware of where relatives were lawfully acting on behalf of people using the service. Such as where they had a deputy appointed by the Court of Protection to be responsible for decisions with regard to their care and welfare and finances when the person no longer had mental capacity.

Staff said there was good communication and that they worked well together in providing people's care. One staff member said, "I get a text not to visit if someone is in hospital." People told us they could contact the office if they needed to. They said communication from the office was organised. One person commented, "I don't have much contact with the office because the girls are so efficient." A relative told us, "I have had to ring the office and every time I have left a message it has got through." Another relative said, "The staff at the office have been very helpful."

People were provided with different levels of support to meet their nutritional needs. This ranged from help with food shopping, support in making choices about and preparing meals, to assisting people with eating and drinking, and specialist feeding techniques. One person told us, "They [staff] help me to chop the vegetables and prepare a soft diet. The morning worker will prepare the meal and I turn it on and the tea time worker serves the meal." A relative commented, "They [staff] tend to do a microwave meal and serve it for [Name] or they will make sandwiches." Other relative's comments included, "Staff make sure [Name] has plenty of fluids and there is a choice of food", Staff give [Name] their breakfast" and "The care worker cooks the tea at night time and tidies the kitchen. It is always spotless when we go in the kitchen." People had individualised support plans which described their dietary requirements, likes and dislikes, and the support they needed. Some plans also included advice from dietitians, nurses and speech and language therapists.

People using the service managed their own medical appointments, or were supported by relatives or staff. Records showed people were registered with a GP and received care and support from other professionals, such as the district nurse and medical consultants. People's healthcare needs were considered within the care planning process. From our discussions and the review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt and effective health care. One relative told us, "If the care worker thinks there is a problem, they will get a

urine sample and drop it off at the doctors." Another relative commented, "The care worker contacts me direct if they have any concerns. They contacted me about [Name]'s leg and I was able to organise a GP appointment." Another relative said, "We have asked staff to be more detailed in the notes they leave in the folder so that the community psychiatric nurse can see what's going on with [Name] and they have been doing that."

Good

Is the service caring?

Our findings

People and their relatives told us they were extremely happy with the support and the staff who cared for them. One person told us, "You can tell staff anything, they will listen to me." Another person said, "Staff are very good at communicating with me if I'm worried about something." Other people's comments included, "I have had fantastic care workers. The girls are more like family than workers. The youngest is like a daughter to me, I have watched them grow up", "The staff are all great. I couldn't ask for better" and "I am very lucky, my care workers are very caring. Overall they are brilliant." A relative commented, "Staff are very kind and patient." Other relative's comments included, "Staff couldn't be better. We have got the best care workers in the world. They are just like family", "The staff are lovely", "They [staff] are brilliant", "We are very happy with the care workers they are doing a wonderful job. [Name] wouldn't be as well if it wasn't for them", "It really makes [Name]'s day when the care workers go in. [Name] really looks forward to them coming in" and "[Name] loves them. The care workers are lovely and there are a couple of them who will go the extra mile."

People and relatives all said that people received consistent care and support from the same staff. One person said, "I have had the same care workers for about seven years." Another person commented, "Staff are mostly the same apart from holidays." Other comments included, "Nine times out of ten it is the same care workers except for holidays. [Name] always gets to know who is coming" and "The same care workers come apart every day apart from holidays and sickness." People and relatives told us time keeping was good and that staff were reliable. One person told us, "If staff are going to be late they always ring me to tell me they are on their way." They told us they would be contacted beforehand if a care worker was going to be late or if there was a change of care worker. A relative commented, "It is pretty much the same care worker all of the time and they are very good. It is an absolutely brilliant service and I would recommend it." Another relative commented, "The office keep me informed if the regular care worker can't go in." Support staff also confirmed that they would contact the office if they had been detained on a previous call. The office staff would then inform the person of the delay.

People's views were respected and acted on and staff always tried to match the skills of care staff to the person they were supporting. One person told us, "The company do their best to give me more mature care workers to help me." A relative commented, "Initially there were one or two issues and I telephoned the company and they just changed the care worker." Where appropriate family, friends or other representatives such as an advocate were involved to act on behalf of the person using the service and were involved in planning care. At the time of the inspection no one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard.

Staff were issued with a handbook at the start of their employment which included information and guidance about the service and the standards expected from them. Induction training was delivered to staff which covered privacy, dignity and respect. The service also had policies and procedures in place to cover these areas for staff to access for guidance and support if they needed it.

All people we spoke with said their privacy and dignity were respected. One person commented, "Staff do

respect my privacy." Another person told us, "They [staff] keep me up-to-date with fashion. They do my finger nails for me and colour my hair. They help me to keep myself presentable." Staff were considered to be attentive, friendly and respectful in their approach. A relative told us, "Staff shut the bedroom door and respect [Name]'s privacy." Another relative commented, "[Name]'s privacy is definitely respected." Staff had received training about equality and diversity and were aware and respectful of people's cultural and spiritual needs.

Staff we spoke with understood their role in providing people with effective, caring and compassionate care and support. Staff were knowledgeable about people's individual needs, backgrounds and personalities. People were encouraged to make choices about their day-to-day lives and they were involved in decision making about their care. One person told us, "Staff ask me what I want to eat." A person's care plan for personal care stated, "Staff to assist [Name] to fully dress in the clothes they have chosen prior to your arrival."

People's care records were up-to-date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. They provided information of how the person wanted to be supported, if they were not able to fully inform staff of their preferences. Examples in records included, "I like to sit quietly in my chair and watch out of the window. I prefer peace and quiet", "[Name] likes to get up when care workers arrive at 8:30am and is ready to go to bed anytime from 7:00pm", "I always sleep on the right-hand side of the bed", "I like listening to opera and classical music" and "I like pop music and enjoy watching television."

Detailed information was recorded to make staff aware of each person's communication methods and how to keep people involved in daily decision making. One communication care plan stated, "At times I have difficulty making myself understood due to slurred speech." Another documented, [Name] is not able to communicate verbally but they can understand instructions" and "I can tell people if I am in pain." Where a person did not communicate through words, or had limited speech, specific details about what their different gestures and facial expressions usually meant were recorded. For example, a medicines care plan recorded, "If [Name] states or appears to be in pain, which cannot be managed by prescribed medicines care workers should encourage [Name] to contact their GP or gain consent to do so on their behalf."

Good

Is the service responsive?

Our findings

When we last inspected the service, we found systems were not in place for people to receive person-centred care and the provider had breached regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Care plans did not always contain sufficient information to meet people's needs. During this inspection we found the provider had made improvements to care records and the service was no longer in breach of regulation 9.

People told us the care they received met their needs. One person said, "The registered manager is working my care visits around the hospital appointments." A relative commented, "Sometimes staff have to give [Name] extra care and more time. They never hurry them, they are always patient." Another relative told us, "If [Name] is poorly they have to have their time increased."

The service used a computer-based system to plan visits and people were given the option of receiving their rosters. Staff had mobile telephones with an application they used to report when they arrived at and left people's homes. Some people used technical aids which enabled staff to be responsive to their needs and ensure they received timely support. These included door and bed sensors. One care plan stated, "Ensure [Name] is wearing their tele-care pendant and has their trolley within reach." Staff told us other people with disabilities had adaptations built into their home which they could control to help retain their independence.

Before people started to use the service, an assessment was carried out to ensure people's needs could be met. From the information in the assessments individual care plans were developed and put in place to ensure staff had the correct information to help them maintain people's health, well-being and individual identity.

Care plans covered a range of areas including, diet and nutrition, psychological health, personal care, managing medicines and mobility. For example, one nutrition care plan recorded, "[Name] requires encouragement to drink plenty of fluids. They like cups of tea and juice, which is in the fridge." We saw if new areas of support were identified then care plans were developed to address these. One relative told us, "Now that the care plan has been put in place it has taken a lot of pressure off the family." Care plans were person-centred and well detailed to guide staff's care practice. The input of other care professionals had also been reflected in individual care plans. For example, the speech and language therapy team and community psychiatric nurse.

Care plans provided instructions to staff to help people retain their independence whatever their level of need. They reflected the extent of support each person required. Care records were up-to-date and personal to the individual. A care plan stated, "You will always find [Name] upstairs watching television, having breakfast in their chair in the bedroom on the right." A care plan for personal hygiene recorded, "[Name] will wash everything they can manage with their right arm as long as care workers prepare their wash flannel. They require support to wash their legs and hair" and a care plan to support a person on visits into the local community said, "Support [Name] in their wheelchair to access the community and places of their choice."

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. People's care records were kept under review. Monthly evaluations were undertaken by staff and support plans were updated following any change in a person's needs.

Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated monthly. One relative told us, "The care workers write in the book every day." Another relative commented, "Staff write in the book each time they visit." Other relative's comments included, "Care workers complete records every day. If I don't hear from them, I can look in the folder and find out what has been going on", "Staff are meticulous about completing their paperwork", "The care worker writes down any variations in [Name]'s routine" and "Staff fill in the records every morning and night."

People told us communication was effective and they were kept informed about their relative's well-being. One relative told us, "We leave a note in the care plan folder if we need to communicate with staff." Another relative said, "The care workers have my number. If there was anything wrong with [Name] they would let me know." Other relative's comments included, "The care workers leave notes to let me know what is going on" and "Communication is fine."

Regular meetings took place with people and relatives, if they were involved, to check that people's care requirements were still being met and if there were any changes in people's care and support needs. One person told us, "The supervisor visits every few months. They ask me if there is anything I would like to change." A relative commented, "One of the managers came to the house to do a care review with us."

Written information was available that showed people of importance in a person's life. Staff told us people were supported, if needed to keep in touch and spend time with family members. For example, on records stated, "My family is very important to me." People were also consulted and their wishes were respected where they did not want family members to be informed about events taking place in their life.

The registered manager told us the service at times provided care at the end of people's lives. More time and greater flexibility with staffing was arranged to make sure the person was comfortable and their family was given support. A specialist care plan was implemented and staff usually worked with community nurses.

People told us they knew how to complain. One person told us, "I have had no real complaints against the care workers. I tell them directly if there is anything wrong." A relative said, "I haven't had to complain." Another relative commented, "I have had to complain twice in six years. The complaints were dealt with properly, satisfactorily." Other relative's comments included, "There are pamphlets to help with complaints" and "I have never had cause to look in the folder to find out how to complain." Information about how to complain was also detailed in the information pack people received when they started to use the service. The agency's complaints policy provided guidance for staff about how to deal with complaints. A record of complaints was maintained. Complaints received were investigated and resolved with the necessary action taken. One complaint was being investigated at the time of our inspection.

Good

Is the service well-led?

Our findings

When we last inspected the service, we found robust systems were not in place to check on the quality of care provided and the provider had breached regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The quality assurance process was not always effective in identifying concerns in people's care records. During this inspection we found the provider had made improvements to governance and the service was no longer in breach of regulation 17.

Improvements had been made since the last inspection to ensure compliance. Records were person-centred and accurately reflected people's care and support needs to ensure people received safe and effective care.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of monthly, quarterly and annual checks. They included, health and safety, complaints, safeguarding, infection control, training, care provision, medicines, personnel documentation and care documentation. Audits identified actions that needed to be taken. The registered manager told us staff from head office also carried out a six-monthly external audit to check how the service was operating.

A registered manager was in post who had become registered with the Care Quality Commission in December 2017.

The registered manager was fully aware of their registration requirements and notified the Care Quality Commission of any events which affected the service.

The registered manager and regional manager assisted us with the inspection. Records we requested were produced promptly and we accessed the care records we required. The provider and registered manager were able to highlight their priorities for the future of the service and were open to working with us in a cooperative and transparent way.

The culture promoted person centred care, for each individual to receive care in the way they wanted. Information was available to help staff provide care the way the person may want, if they could not verbally tell staff themselves. There was evidence from talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

The atmosphere in the service was relaxed and friendly. The office provided a welcoming atmosphere and facilities for people and staff to call in. The provider and registered manager had many ideas to promote the well-being of people who used the service. Staff and people we spoke with were very positive about their management and had respect for them. One person commented, "The manager is approachable. I have never had any problems." Another person said, "The manager is sweet, they are lovely." Relatives also commented that the management team were approachable and responsive. One relative said, "The manager is approachable and really helpful." Another told us, "I have spoken with the manager and they

were fine."

Staff members were extremely positive about the service. All staff said they were well-supported and were invested in by the provider and registered manager. The organisation was a social enterprise, employee-owned company. Their comments included, "I love it, working for the company", "I think the organisation does extremely well" and "Staff are invested in by management. Staff comments from the 2018 provider survey were also positive they included, "Being a member of South Tyneside Home Care has made me more confident in myself", "It is a good place to work. Friendly and helpful", "I feel part of a team" and "All staff members are friendly and supportive to me."

People and relatives were also very positive about the service provision. One person commented, "The service could not be improved really, because anything I ask them to do, they do."

The provider and registered manager had created a management and staff team that were experienced, knowledgeable and familiar with the needs of the people receiving support. The provider, registered manager and service supervisors were based at the location office. They had daily contact with one another, ensuring there was on-going communication about the running of the service. Regular meetings were held where the management were appraised of and discussed the operation and development of the service.

Staff told us they also had regular meetings and were able to discuss the operation of the service. Records showed staff were provided with the opportunity to discuss any complaints, staff performance and share information. A regular newsletter also kept staff and people informed about developments in the service.

Staff said communication was effective to ensure they were made aware of risks and the current state of health and well-being of people. This included verbal information from the office and the daily care entries in people's individual records. One staff member said, "The organisation is good at communicating."

People told us senior staff members called at their homes to check on the work carried out by the care workers. Staff confirmed there were regular spot checks carried out by staff including checks on paperwork completed, moving and handling and the safe handling of medicines. A person told us, "The supervisor visits every few months and checks the files." A relative commented, "They [management] do checks every now and again. The supervisor comes out and asks [Name] if they are happy with the care worker." Another relative told us, "The agency does send people round to the house and they do checks."

The registered manager told us feedback was sought from people through meetings and surveys. One person told us, "I get asked about the service." A relative commented, "We get questionnaires to complete." People's comments from the 2018 provider survey included, "I feel they do a fantastic job with the amount of people they deal with daily" and "The service provided to [Name] is invaluable." Feedback from staff was obtained in the same way, through regular staff meetings and asking them for their views to about service provision.