

Greenway Homecare (Surrey) Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 8 November and 10 November 2016 and was announced. The provider was given 24 hours' notice because we wanted to be sure there would be someone at the office when we called. We told the registered manager we would return on the second day. This was their first inspection since the provider registered with the Care Quality Commission in January 2014.

Greenway Homecare (Surrey) Limited is a domiciliary care agency which provides personal care and support to people in their own homes. At the time of our visit the service supported 32 people with personal care in the Surrey areas including Redhill, Horley, Caterham, Oxted and Godstone.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There was no effective system in place for staff to receive a comprehensive induction and training programme to support them in their role. There were acknowledged gaps in supervision and no end of year appraisal in place for staff.

Risk assessments were in place to identify the areas of risk and to reduce the likelihood of people coming to harm, with guidance for care workers on how to carry out care tasks. However they were not always updated.

Robust staff recruitment procedures were not always followed to minimise the risk of unsuitable staff being employed.

People were supported with their medicines and staff knew what to do if they had any concerns. However people's medicines were not always recorded appropriately and training was not reviewed on a regular basis to ensure that staff remained competent to carry out this task.

Staff had a good understanding of how to recognise and report any signs of abuse and protect people from harm however safeguarding training was not refreshed on a regular basis to ensure that their knowledge was up to date.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). Care workers respected people's decisions and gained people's consent before they provided any care and support. However, the provider did not have any specific training on the MCA for staff to keep their knowledge up to date.

There were sufficient staff to meet people's needs and packages of care were declined if needs could not be met. The management team also carried out personal care visits to people and were available to cover shifts

in an emergency or if care workers needed more support.

Care workers were aware of people's dietary needs and food preferences. Care workers told us they notified the registered manager or the management team if they had any concerns about people's health. We also saw people were supported to maintain their health and well-being through access to health and social care professionals, such as GPs, district nurses and social services.

People and their relatives told us care workers were kind and caring and knew how to provide the care and support they required. Care workers understood the importance of getting to know the people they supported and showed concerns for people's health and welfare.

Staff respected people's privacy and dignity, respected their wishes and promoted their independence. People and their relatives were actively encouraged to express their views during assessments and reviews and were involved in making decisions about their care and whether any changes could be made to it.

People and their relatives knew how to make a complaint and were able to share their views and opinions about the service they received. There was an annual questionnaire in place to allow people and their relatives the opportunity to feedback about the care and treatment they received.

The service was family oriented and promoted an open and honest culture. Staff felt well supported by the management team and were confident they could raise any concerns or issues, knowing they would be listened to and acted upon.

There were not always effective processes in place to monitor the quality of the service provided and understand the experiences of people who used the service. There was communication with people and care workers but it was not always documented or carried out on a regular basis.

We made two recommendations in relation to recording of medicines and staff training.

We identified two breaches of the Regulations in relation to risk assessments and staffing and you can see what action we told the provider to take at the end of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Risk assessments were in place to identify the areas of risk and to reduce the likelihood of people coming to harm but were not always updated.

People were supported with their medicines and staff knew what to do if they had any concerns. However people's medicines were not always recorded appropriately and training was not reviewed on a regular basis to ensure that staff remained competent to carry out this task.

Robust staff recruitment procedures were not always followed to minimise the risk of unsuitable staff being employed. There were sufficient staff to meet people's needs and packages of care were declined if needs could not be met.

Staff had a good understanding of how to recognise and report any signs of abuse and protect people from harm however safeguarding training was not refreshed on a regular basis to ensure that their knowledge was up to date.

Requires Improvement ●

Is the service effective?

The service was not always effective.

There were gaps in staff training and supervision. There was no system in place for training to be reviewed on a regular basis and staff did not receive an end of year appraisal.

The management team had an understanding of the legal requirements of the Mental Capacity Act 2005 (MCA) but there was no specific MCA training in place for staff to be updated on this.

People were supported to have a balanced diet, which took into account their preferences as well as their medical needs.

Staff were aware of people's health and well-being and responded if their needs changed. The provider supported

Requires Improvement ●

people to access health and social care professionals.

Is the service caring?

Good ●

The service was caring.

Care workers promoted people's independence, respected their dignity and maintained their privacy.

People and their relatives told us they were happy with the care and support they received. Care workers knew the people they worked with and they were treated with respect and kindness.

People, including relatives and health and social care professionals, were informed about their health and well-being and were actively involved in decisions about their care and support, in accordance with people's own wishes.

Is the service responsive?

Good ●

The service was responsive.

Care records were discussed and designed to meet people's individual needs, with involvement of family members. Staff knew how people liked to be supported.

People and their relatives knew how to make complaints and said they would feel comfortable doing so. The service gave people and relatives the opportunity to give feedback about the care and treatment they received.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

There were some checks and meetings to monitor the quality of the service and identify any concerns however they were not always documented.

People and their relatives told us that the service was well managed and felt comfortable making contact with the management team.

Staff spoke positively about the management team and felt they were supported to carry out their responsibilities.

Greenway Homecare (Surrey) Limited

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.

The inspection took place on the 8 and 10 November 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The provider knew we would be coming back on the second day.

The inspection team consisted of one inspector. Before the inspection we reviewed the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to the CQC and we asked the provider to complete 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 spoke with nine people who used the service, five relatives and nine staff members including the registered manager, the operations manager, the office manager and six care workers. We looked at four people's care plans, four staff recruitment files, staff training files, staff supervision records, medicines records and records related to the management of the service.

Following the inspection we contacted five health and social care professionals who worked with people using the service for their views and heard back from one of them.

Is the service safe?

Our findings

All the people we spoke with told us they were happy with how they were treated and felt safe when receiving their care. Comments included, "I'm afraid to shower on my own. As they supervise me and support me, I feel much safer and couldn't manage it without them otherwise", "They look after me and come back in the evening to put me to bed and make sure I'm safe", "They are safe with their procedures and work well to make sure I'm safe. We work well together" and "They support me and I feel very relaxed and comfortable in their presence, they make me feel safe." Relatives did not have any concerns and were confident that their family members were well looked after. One relative explained how they supported their family member to give them a break. They said, "I feel very comfortable as I know they are very capable and can manage. It means I can enjoy my time away." Another relative said, "They are very careful with how they support my [family member] and they make sure he/she feels safe, which is very good."

There were procedures in place to identify and manage risks associated with people's care. Before people started using the service an initial assessment of their care needs was carried out by the operations manager or office manager. This identified any potential risks associated with providing their care and support. They covered areas of risk which included people's mobility, personal care and hygiene, food handling and medicines. They also covered safety around the home and looked at electrical and gas appliances and any hazards within their home environment. For one person, we saw records that highlighted trip hazards throughout the home and saw discussions with the person and their relative about their awareness of this and increased risk of falls.

Once completed, risks that had been identified were recorded, with information and guidance about the level of support that was required. It included important medical information and practical guidance for care workers about how to manage risks to people. For example, one person had limited mobility and required specific support with their foot care. There was detailed guidance for care workers to follow about the cleaning and dressing routine to make sure it was carried out safely. This person also had a patient alert card that highlighted their medical history, conditions and allergies and a copy was kept in their file. Another person was at risk of falls and the assessment highlighted the use of mobility aids to reduce the risk of falling and how to use them. However not all care files were consistent. For one person, there was information that highlighted the person could black out due to their condition but no information about what care workers should do if it happened. The risk assessment had also not been updated. For another person, their risk assessment had not been updated in line with their review. We also saw by looking through their daily logs that their family member who supported them had started to receive personal care and support with medicines but there was no separate risk assessment or care plan in place. We spoke to the registered manager about this who acknowledged that they should have had a separate care record in place and would action it immediately.

The above indicated that the provider was not doing all that was possible to mitigate risks to people using the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people were supported with their medicines as part of the overall care package they received. The registered manager explained to us that for the majority of people they only prompted people with their medicines that were in a blister pack, but could administer people's medicines if they needed that support. We saw records within care plans which highlighted who supported people with their medicines and also if people were able to self-administer their own medicines. Details of people's medicines were recorded in people's care plan, including the quantity, the dose and whether they had any allergies. Care workers shadowed experienced care workers before supporting people with their medicines but at the time of inspection there was no specific medicines training given to care workers. Administration of medicines was part of the mandatory training programme however three of the four care workers files we reviewed had not been added onto the training list. The fourth care worker's certificate had expired in April 2016 and had not been refreshed. The registered manager acknowledged that there were gaps in training and was looking to start with a new training provider. Care workers knew to call the office if they had any concerns and also told us they were regularly reminded about the importance of recording and reporting any concerns about people's medicines.

We looked through a sample of daily logs and care workers recorded that they prompted people's medicines and signed the daily log sheet confirming this. For one person who required support with two topical creams, the cream name was recorded in the care plan and where to apply however this was not recorded in the daily logs. For one person who had their medicines administered, we saw staff recorded in their records that medicines had been given and signed a daily medicines record with a list of all medicines taken. However we saw two recordings in the daily logs of PRN medicines that were not recorded in the person's care plan and the reason they were given was also not recorded. We spoke to the registered manager and office manager about this who told us they would edit their current medicines record sheet to reflect this. We recommend the provider seeks guidance from a reputable source in relation to the recording of people's medicines to ensure people receive their medicines safely.

Staff we spoke with were able to explain what kinds of abuse people could be at risk of, what could be the signs of this abuse and what they would do if they thought somebody was at risk, however they did not receive regular training on this topic. Training records showed that care workers had not completed this as part of any mandatory training. Care workers we spoke with told us that they had showed training certificates from their previous employment when they started work. Two care workers who had no previous experience as a care worker confirmed that they had covered this topic through their Care Certificate training but not when they had first started. One care worker said, "Not only is it important to look out for people's wellbeing, I need to ensure equipment is working safely and their home is secure. I'm very confident the office will do something if I speak to them about it." We spoke to the management team about this who confirmed training at present was not being carried out but were looking to start with a new training provider that would look to review the training on a yearly basis. A health and social care professional told us that they had never had any concerns and had always been kept updated. We recommend that the provider seeks advice from a reputable source about how often care workers should receive training in safeguarding to ensure their skills and knowledge remain up to date and enable them to fulfil their responsibilities in keeping people safe.

There were some inconsistencies in the four staff files that we looked through. All files had photographic proof of identity and address in place, including car insurance and MOT certificates for drivers. It also included their application form and interview assessment form. For one employee, we saw that shadowing opportunities were discussed as they had no previous experience as a care worker. The provider asked for two references and the registered manager told us that staff could shadow other care workers until they had been verified. References gave the referee the opportunity to comment about punctuality, reliability, honesty and any strengths and weaknesses. One member of staff only had one reference in place. One

member of staff had two references, but one of them was from their family member. Another member of staff had two references in place, but neither of them were from the previous employer. The registered manager told us that the two previous employers were no longer in business but there was no information to show they had tried to obtain a reference from them, especially as the employee had no previous experience as a care worker.

There was evidence of criminal records checks but there was no system in place to review people's Disclosure and Barring Service (DBS) checks. The registered manager was able to show us 20 out of the 23 staff members DBS numbers but not the date they were processed. For the other three, they said they had a check but did not have a record of the number. One staff file had a criminal record check in place from when they started in November 2011 but there was no evidence the provider had looked to review it and was unaware it was good practice to review them every three years. The registered manager spoke to us after the inspection and told us that they had started the process to review staff members' DBS checks.

There were sufficient care workers employed to meet people's needs. At the time of our inspection there were 20 care workers employed in the service but the registered manager, operations manager and office manager also carried out visits to people. The office manager told us that they discussed times with people and let them know what availability they had. If their initial times could not be met, they would try for an alternative time. They added, "We always turn down packages of care if we can't meet their needs." If care workers were running late they needed to inform the office to let them know so they could contact people about the delay. People we spoke with told us that they were happy as their care workers were reliable and arrived on time. Comments included, "They are excellent. Always on time and flexible to my needs" and "They are very good for time, generally always on time. They will always call if they are running late."

We looked through a sample of four rotas and saw that there was sufficient time given to care workers between visits and that people, where possible, were given regular care workers. One relative told us that they had about eight regular care workers due to the size of the care package but they had also been introduced to six others to cover when regular care workers were away. One person said, "I can't fault them. I always have the same person so I get to know them." Care workers told us that they were given schedules so they were able to get to visits on time. One care worker said, "There are no issues with scheduling. I'm located in the same area I work in and if I'm running late I'll call the office to let them know." Care workers confirmed that they visited the office on a weekly basis and would be able to bring up any issues with their schedules then. Only one care worker we spoke with highlighted that there was an issue with the scheduling of one of their visits.

Is the service effective?

Our findings

People told us their care workers understood their needs and circumstances and had the right skills to support them. Comments included, "Thanks to Greenway, they've helped me so much and I'm really improving", "They are very good and always go above and beyond what they need to do. I am very happy" and "They are looking after me superbly. I am absolutely over the moon with them." Relatives spoke positively about the care their family members received. One relative said, "They understand my [family member] very well. They treat him/her well and have an awareness of his/her needs. It gives me confidence that if his/her health gets worse, they will be able to deal with it."

We found during the inspection that care workers had not received a sufficient induction, training and supervision programme when they started work with the provider. When care workers started, they were offered shadowing opportunities to meet people using the service and see what care was needed to meet their needs. Care workers we spoke with confirmed this. One care worker said, "I didn't have an induction as I had previous experience and showed my certificates from my previous employer. I did have shadowing and was introduced to people before my first visit, with a handover process." Another care worker with no previous experience said, "I only had shadowing for my induction and they did give me as much as I needed. Other than that I didn't have any initial training." In the staff files we looked at, only one file had shadowing records in place.

We looked through the training file and saw that there were nine mandatory training topics, including administration of medicines, safeguarding, moving and handling, first aid, health and safety, fire prevention and infection control. However training was not being carried out on a regular basis. For three of the four staff files we looked at, the care workers had not been added onto the list and had only received training in first aid. For the other staff file we looked through, four of the certificates had expired and had not been refreshed. There was no training matrix in place and we were told they were looking to update their system for care workers.

We spoke to the registered manager about this and they acknowledged that training had been an issue and were aware of the gaps in place at present. They told us that they were looking for a new training provider as they had initially started to use the Care Certificate, however found that care workers did not have the time to carry it out and found it too complicated, so were looking for a training programme that would cover the same standards. Their previous training provider required training to be reviewed every three years however they wanted a programme which could be refreshed annually. We did see that the operations manager had just completed a 'Train the Trainer' course and was now beginning to carry out training in moving and handling. At the time of the inspection, we saw records to show that six care workers had completed their practical training and were waiting to carry out the theory part. One care worker said, "The practical side was really good. It made me feel more comfortable. We were shown how to do it and any problems were pointed out."

The office manager told us that there were also gaps in supervisions and they were getting around to carrying them out but we could see that there had not been a system in place for care workers to receive

regular supervision. For three members of staff, they only had one supervision record in place. One care worker had one supervision in 2016, another care worker had their first supervision 11 months after they had started work. For one care worker, there were no supervision records available. In their Provider Information Return (PIR) and service user guide, the provider said that care workers received regular supervision but this was not taking place. We saw records of two supervisions that had recently been carried out and they were detailed, covering topics such as health and safety, safeguarding, concerns and training needs. However we saw that one care worker had brought up a training need during a supervision in April 2016 and no action had been taken. We spoke with the care worker who confirmed that it had still not been arranged. There was no system in place for staff to receive an end of year appraisal. There were no records available and the registered manager confirmed that they had not taken place.

The issues above highlight the lack of appropriate training and support for staff to allow them to carry out their roles effectively and was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood the main principles of the Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The management team were aware of their responsibilities under the legislation and knew when they needed to contact health and social care professionals for mental capacity assessments to be carried out. On the first day of the inspection, the registered manager told us they were trying to arrange a best interests meeting for one person using the service, and we heard the telephone conversation with the health and social care professional. We saw people's care records had been signed by people to say they agreed to the care package being delivered. We saw one care plan that had not been signed however we spoke with the person using the service who confirmed they had agreed to the care they received and had a signed copy of their care plan in their home.

People we spoke with confirmed that care workers asked them for their consent before providing care. One person said, "I am very happy with them and perfectly happy with the care I receive. They do what I require without any problems." One care worker said, "I always ask first and if they refuse I will wait and then ask again. I always check they are happy for me to do what I've asked." We saw that staff had to read an easy read booklet on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) when they first started however there was no specific training module on this topic area. The office manager said they hoped to have a separate training module on this topic with the new training provider, and that the easy read booklet gave staff an introduction into the topic.

People were supported to maintain good health and have access to ongoing healthcare support. We saw correspondence in people's care records where care workers supported people to attend their GP and hospital appointments and people we spoke with confirmed this. The office manager showed us correspondence where they had made contact and followed up incidents with health and social care professionals, including occupational therapists, district nurses and social workers. Care workers said they checked how people were feeling and would always contact the office if they had any concerns about their health during a visit. We saw concerns were recorded in daily logs when people were not feeling well or their health had deteriorated. One care record had input from a district nurse and information regarding dressings on a person's legs. One relative told us that they were always alert to any health problems and always took action. They said, "They are good at spotting potential problems and were able to contact the GP and district nurse for advice. They always keep me updated too." They added that they were very good with liaising with the hospital and knew when their family member would be discharged.

Some people required care workers to support them with their nutritional needs, including meal preparation and support during mealtimes. This information was recorded in their care plan along with the level of staff support needed, food preferences and if anybody had any specific dietary needs. It was highlighted if people were diabetic or had any food allergies. We saw information in one person's care plan which detailed what kind of food the person liked and how it was to be prepared. We looked through a sample of people's daily logs where care workers recorded what food had been offered or prepared at the visit. We saw lots of variety of food being offered and food and drink that was recorded had been highlighted in people's care plan. One person said, "I have lots of allergies but they know what I like and make it for me. I am trying to lose weight and they are supporting me to have a healthy balanced diet." This showed that care workers were aware of the support that people required and were familiar with the dietary requirements of the people they supported.

Is the service caring?

Our findings

All the people we spoke with told us they were well supported by the service and thought the staff were kind, respectful and caring. Comments from people included, "The girls are very good, very caring. You only have to ask and they will help you. I'm very pleased", "My carers are absolutely fabulous. They are so kind to me it's wonderful. We have a great time, we get on and have a joke" and "I find them very nice. We have gotten to know each other and are used to them, we are very friendly with them." Relatives also spoke positively about the staff. One relative told us that they made their relative feel at ease during the visit. They added, "My [family member] is always very relaxed when they come, which is really important. Another relative said, "They worked it out around our schedule and it has worked well. He's/She's very happy, always laughing, chatting and singing with them. I've been very impressed." One health and social care professional told us that they felt care workers always went above and beyond what they needed to do.

People using the service and their relatives confirmed they were involved in making decisions about their care and were able to ask care workers for what they wanted. The registered manager told us when they visited people in their homes they always made sure, where appropriate, a relative was present with the person. They added that after the assessment had been carried out, they would discuss what support was available and listen to people's preferences and find out how they wanted their care to be carried out. We saw records which showed people and their relatives were involved during initial assessments and reviews. We saw one person had specified what parts of personal care they wanted to do independently, and what parts they needed support with. One relative, who was present at the most recent review said, "They got us both involved when we discussed what we wanted. They have proved to know what they are doing." The registered manager said that as the majority of people who used the service were private funders, they always explained what had been discussed and agreed and could be reviewed at any time. We also saw correspondence where staff had liaised with people's advocates who were supporting people with their personal budgets, to make sure they were aware and updated with any changes.

People were assigned a designated care worker but the registered manager told us that they always allocated two to three care workers for each person for continuity of care when regular care workers were not available. They added that when they carried out the assessment, they would start to think which care workers would be suitable. This was based on personality and geographical location. People using the service and their relatives highlighted the importance of having the same care worker and the provider tried as best as they could to accommodate this. One relative said, "They have gotten to know my [family member] really well as the continuity of care has been very consistent throughout." We saw records that showed a new care worker was introduced to a person before starting work with them and shadowed their care tasks. One person said, "I really liked it how they introduced a new care worker to us before my regular care worker left."

Care workers knew the people they were working with and understood the importance of talking to them and making them feel they matter. People told us that their care workers took the time to chat with them to help get to know them. One person said, "They are excellent, very cheerful and always sit and cheer me up." Another person, who told us that they had four regular care workers, commented positively on all of them

but added, "They are all wonderful, but one of them is sacrosanct." One care worker said, "I always ask them to tell me about their past as people are very interesting. I get them to talk about themselves as much as they want." We saw a compliment from a relative, which said, 'Thank you for finding us [care worker], she is a lovely, caring young lady and [family member] looks forward to seeing her, as do I. She is like family.'

People and their relatives told us staff respected their privacy and dignity. We received many positive comments about how respectful care workers were when they worked with people in their own homes. Comments included, "They treat us with respect and I'm very satisfied with them", "With personal care, they do it in a very dignified and caring manner, which I am very happy with", "It's not rushed, they are very patient and it takes as long as it takes" and "They always keep it private, respect his/her dignity and make him/her comfortable. I'm very pleased I must say."

Care workers had a good understanding of the need to ensure they respected people's privacy and dignity. One care worker explained ways in which they would respect people's privacy and dignity during personal care, whilst also trying to make the person feel comfortable. They said, "I talk to them whilst carrying out care as I don't want people to feel embarrassed so this helps to take their mind off it." For their most recent quality assurance questionnaire from November 2015, all 19 respondents were positive and said their care workers were kind.

Is the service responsive?

Our findings

People and their relatives told us they were happy with the care and support they received from staff and that they felt listened to. Comments included, "I had full input in my care plan and was able to see it and sign it. They are very much aware of my needs", "They listened to me and focussed on my likes and preferences and discussed it in a professional manner. Everything has happened how I wanted it" and "They checked if I was happy during the initial visit and told me to call them if I had any problems at all." Relatives commented that they were always involved in the care and reviews of their family members and had good communication with the office. One relative said, "If we need to change anything, they always listen to us and work around us. To a large extent, I feel it is designed around us." Another relative said, "They have been able to accommodate changes at short notice when care needs have changed, which is really helpful." A health and social care professional we spoke with told us that they had an awareness of the support people required and would not take on contracts if they were unable to meet people's needs.

We spoke with the registered manager and the operations manager about the process for accepting new referrals. The majority of people that received care from the provider were self-funded. If people made contact directly to the provider, they would schedule a home visit to discuss people's needs and what care and support they would be able to provide. The operations manager said, "I am present at the first call along with the care worker and monitor the service for a week to see how it is going. Then we carry out a full detailed care plan as it gives us an indication of the length of visit. We are conscious of this due to the majority of people being private funders. We don't want to charge an hour if it only takes 30 minutes." A service user guide and contract was given to people to keep in their home which set out an overview of what people could expect and highlighted a range of policies and procedures.

When it had been agreed and people started using the service, the registered manager told us that people and, where necessary, their next of kin were always involved in the development of their care plan. One relative said, "I was actively involved in the care plan and any reviews that have taken place. It is good that I'm able to contribute." Care workers were introduced to people first to make sure they were comfortable with each other and we saw records of this in people's daily logs. If care workers had any concerns about the person the management team would make contact to see if people's needs were being met. The registered manager, operations manager and office manager were all active and carried out personal care to people, so had regular opportunities to discuss the service people received. The office manager said, "We always ask for feedback from people. Person centred care is very important and we make sure people are able to make decisions about the care they have."

Care plans were consistent and contained contact details about the person, their next of kin, their GP and other health and social care professionals involved in their welfare. They identified health issues and gave an overview of the person for the care worker, including communication methods, likes and dislikes, agreed personal care tasks and social and leisure interests. We saw a sample of some daily log records as they were returned to the office on a monthly basis and discussed if any issues were found. The registered manager told us they would check the records to see if there had been any change in people's needs. Care workers recorded what care and support they had carried out including changes in people's health condition, how

people were feeling and any accidents or incidents. One care plan highlighted how a person liked nature and had an interest in birds. We saw recordings in the daily logs of staff discussing these topics and supporting them to feed their birds. One care worker said, "The office always makes sure we have access to the care plan and we find our feet by looking through them."

The office manager told us the service was reviewed on a yearly basis but if there were any significant changes to people's needs, this could be brought forward. We saw records and correspondence within people's care plans that when concerns had been highlighted, action had been taken. We saw that reviews were being carried out and people and their relatives were fully involved in the process. However we did see one person's care plan and risk assessment that had not been reviewed in the past year. We spoke to the registered manager about this who told us that there had been no changes in the care package but would update it as soon as possible.

There was evidence that the provider listened to people's preferences with regard to how they wanted staff to support them. We saw records that showed people had preferred routines for specific days, and this was detailed in their care plan and the reason why. One person described their care 'like being on-call'. They added, "Due to health reasons, my carer allows me to ring her to let her know when I'm ready for care, so I'm not reliant on time, which is a huge relief. I'm very indebted to them." We saw records of visit times being changed to fit around people's appointments. One relative said, "They have always responded quickly and positively. They try very hard to fit around us." The registered manager said, "We put the person at the centre of everything we do giving them choice over what they want and make it about them."

People and their relatives said they would feel very comfortable if they had to raise a concern and knew how to get in touch with the service. Comments included, "They worked to my preferences and listened to how I wanted it done", "If I ring up with an issue they always get back to me and act on it" and "We have not had any issues to deal with. We have a good relationship with the staff and they always try to help us. I have nothing but praise for them as a company." One relative said, "They have always been very receptive towards us when we have had to call but we've never really had any problems in two and a half years." There was an accessible complaints procedure in place and a copy was given to people within the service user guide when they started using the service. We saw records that showed during people's reviews, the complaints procedure was discussed and the provider made sure people knew how to complain. Their complaints policy was a two stage process which gave the option for minor issues to be resolved immediately whereas if people were not happy with the response at this stage, they could escalate it to a more formal level. There was also information that signposted people to the local authority if they were still unhappy.

There had been no formal complaints received at the time of the inspection. The registered manager said, "We encourage people to complain and tell them that they must get in touch with the office if they have any concerns. We saw that they had received six compliments in the past 12 months. One comment from a relative said, 'Thank you so much for looking after [family member] so well during their illness. I'm so grateful he/she had such wonderful carers.'"

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Care Quality Commission (CQC) since January 2014, but had worked for the organisation since 2007. She was present on both days we visited the office and assisted with the inspection, along with the operations manager and office manager.

The management team had some internal auditing and monitoring processes in place to assess and monitor the quality of service provided however they were not always documented. The operations manager told us that they did have regular informal team meetings as they have an open office where staff can pop in for a chat and a cup of tea when they are returning timesheets, but they are not documented. The registered manager told us there were monthly management meetings and a newsletter was sent out to staff to highlight topics discussed. We saw the newsletter for August 2016 which highlighted staff performance, training needs, rotas, areas of concern and recruitment. The operations manager told us that they carried out regular unannounced spot checks on care workers but they were not documented. One care worker said, "I have had two unannounced visits this year, I think it's good to have another pair of eyes check what you are doing. It is a valuable learning experience." However two care workers told us that they had not had a recent spot check. We spoke to the office manager about this who told us that they carry out observations to ensure people's safety and to keep in contact with them. They added, "The last unannounced check I carried out was about three months ago and we all agree it is something that needs to be done more regularly."

People's daily log records were returned and checked on a monthly basis to see if the correct level of care was being carried out and if any issues had been highlighted. Logs were signed off but any concerns identified were not documented. The provider did have access to a quality compliance system, which had templates of audit plans for a number of areas of the service, but it was not being used. The registered manager acknowledged this and said it was an area that needed to be looked at. The office manager added, "We are in the process of creating a database for people and care workers so we can monitor everything. But at present there is no current system in place."

The office manager had recently completed their National Vocational Qualification (NVQ) Level five qualification and the operations manager was currently halfway through completing theirs. The office manager told us how they were starting to put what had been learnt gaining their qualification into place within the service, and showed us how they had started to record accidents and incidents to see if they could find any patterns and learn from them. They added, "I am well supported and I love caring for people. We are aware there is a need for more of a paper trail and are working towards it." The management team were open and honest with us throughout the inspection and were transparent when records were not in place. They were passionate about their job and putting people at the heart of what they do. The operations manager said, "I have a great passion for caring for the elderly and have been doing it for 25 years."

The provider had an annual quality assurance questionnaire in place which was sent out in November, at the same time they contacted people to find out about their care needs during the Christmas and New Year

period. The registered manager showed us the results of their questionnaires for 2015. It covered areas such as timekeeping, privacy and dignity, whether the service was sympathetic to their needs and would they recommend it to others, with the opportunity to leave a comment. 19 people responded and results showed that people were very satisfied with the overall service and there were no negative comments. A sample of some of the comments received back said, 'First class care' and 'Exceptional care. We are very happy.'

People using the service and their relatives were very happy with the way the service was managed and spoke positively about the management team. One person told us, "I have a good relationship with the manager and would be happy calling her if I needed to. I am very satisfied." Another person told us that they had a great relationship with the registered manager. They added, "She's wonderful, it is really nice that we have a laugh and get on so well." One relative said, "We get a visit from the manager and she comes to check how we are doing. We always have a chat on a friendly basis. A health and social care professional told us they were always very contactable and would always respond, highlighting how good the communication was. The registered manager told us that they had a good reputation in the area and they received a lot of recommendations from word of mouth.

Care workers told us they felt well supported by the management team and had positive comments about the management of the service. They said if they had any problems they could contact the office and speak to any of the management team at any time of the day. One care worker told us, "I really love working here. It's a good company, very friendly and problems get sorted. They are also very flexible and can cover emergencies if they occur." Another care worker said, "They are absolutely brilliant. They are very supportive and always there when you call and somebody will always be able to help. They really ensure the full visit time is completed, they are very good with that." The registered manager told us that they had an open door policy and throughout the inspection saw care workers dropping in to have a chat in a relaxed environment. Care workers we spoke with said they were confident that any concerns would be dealt with straight away. Only one of the care workers we spoke with commented negatively about the management of the service and that it could be more professional.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure that risks to the health and safety of service users were regularly assessed and did not do all that was practicable to mitigate any such risks.</p> <p>Regulation 12(1)(2)(a),(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider was failing to ensure staff received adequate training, supervision and support to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18 (2), (a)</p>