Crews Homecare Limited

The Knights Centre

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 24 January 2019. The inspection was announced. We gave the provider 48 hours' notice of our inspection to ensure we could meet with them. This is the service's first inspection since their registration.

The Knights Centre is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to people living with dementia, with a mental health condition, physical disability and sensory impairment and older people. Not everyone using The Knights Centre receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, four people were in receipt of personal care and support.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives told us staff were safe and reliable. The provider followed appropriate procedures to ensure people were safeguarded against harm and abuse. Staff were knowledgeable about types, signs of abuse and the actions they needed to take if they had any concerns. Staff rotas and daily care logs showed staff generally supported people in line with their preferred and agreed times. There were suitable and sufficient staff to meet people's needs safely. People's medicines management needs were met in a safe manner. There were systems in place to learn lessons when things went wrong.

People's needs were assessed before they started receiving personal care support. People told us that their healthcare and dietary needs were met by staff who knew them well. Staff were provided with regular training and supervision to do their job effectively. However, the provider did not always maintain accurate supervision records. We have made a recommendation in relation to staff supervision records. People were supported to access healthcare services where this was requested.

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.

People and relatives told us they found staff caring and considerate. Staff involved people and their relatives in the care planning process, and treated them with dignity and respect. People were encouraged to remain as independent as possible. People's cultural and religious needs were identified, and met by staff who respected their needs.

People and relatives told us they received care that was responsive to their needs. Staff were knowledgeable

about people's likes, dislikes and their routines, and met their personalised needs. The care plans were regularly reviewed and included information on the support people required. People and relatives knew how to raise concerns and make a complaint. They told us they had never had to complain. People's end of life care needs were met in a caring, dignified and compassionate way. However, the provider did not always record people's end of life care wishes. We have made a recommendation in relation to people's end of life care plans.

The registered manager had a good understanding of the needs of people who used the service and their responsibilities in notifying us of incidents. There were systems in place to ensure the quality and safety of the service. However, the registered manager did not always keep records of the audits and checks. We have made a recommendation in relation to record keeping of audits and checks.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People and relatives told us staff provided safe care.

Staff were knowledgeable about risks to people's health, care and mobility needs. People's risk assessments gave staff instructions on how to provide safe care.

Staff knew their role in identifying and reporting abuse, neglect and poor care. Suitable and sufficient staff were recruited to meet people's needs safely.

The provider had systems in place for safe medicines management. Staff were trained in infection control and followed safe practices to prevent the spread of infection.

The provider had processes in place to learn lessons from accidents and incidents.

Is the service effective?

Good

The service was effective.

People's needs were assessed before they started receiving support. People told us their health and care, and dietary needs were met.

Staff had a good understanding of people's needs and the support they required. They received sufficient training and support to provide effective care.

The provider supported people to access healthcare services where requested. The provider delivered care in line with the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People told us staff were caring, kind, and treated them with dignity and respect. The same team of staff supported people

and this enabled trusting relationships to be formed.

Staff encouraged people to voice their views. People and relatives told us they were involved in the care planning process.

Staff spoke about people in a caring way and told us they enjoyed their job.

People's cultural and religious needs were identified, recorded and met. Staff encouraged people to remain as independent as possible.

Is the service responsive?

Good

The service was responsive.

People and relatives told us they received personalised care by staff who knew them well. The provider delivered care that was responsive to people's needs.

People's care plans were detailed and regularly reviewed.

Staff were trained in equality and diversity and treated people as individuals. The service welcomed lesbian, gay, bisexual and transgender people and staff to use the service.

People and relatives knew how to make a complaint but told us they had not made any complaints.

The provider supported people with end of life care needs.

Is the service well-led?

Good

The service was well-led.

People and their relatives were happy with the service and told us they would recommend it to others.

Staff told us the registered manager was approachable and supportive.

The registered manager had a good knowledge about their role and responsibilities.

The provider had monitoring and auditing systems in place to ensure the safety and quality of the service and to improve the service.

The registered manager worked with other agencies to improve

the quality of the service.

The Knights Centre

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 comprehensive inspection took place on 24 January 2019 and was announced. We gave the provider 48 hours' notice of our visit to ensure they were available to talk with us when we visited. The inspection was undertaken by one inspector.

Prior to our inspection visit, we reviewed the information we held about the service including any statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We had not received any statutory notifications because no events had occurred that the provider needed to tell us about. The provider had completed a Provider Information Return (PIR). This is information that we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We checked the accuracy of the PIR during our inspection visit.

During our visit to the office we spoke with the registered manager, two care staff, one person who used the service and two relatives. We also contacted the local authority for their feedback. We reviewed two care plans, risk assessments, daily care and medicines administration records so we could see how their care and support was planned and delivered. We also reviewed three staff files including their recruitment, training and supervision records, and records related to the management of the regulated activity.

Following our inspection visit, we reviewed documents provided to us after the inspection. Some of these included policies and procedures, staff records, updated support plans.

Good

Is the service safe?

Our findings

People who used the service and relatives told us they felt safe with staff. A person said, "Yes, I do feel safe with the carers [staff]. I trust them." A relative commented, "Yes, [relative] is safe. They are both nice girls[staff]. They are fine."

The provider followed appropriate processes to safeguard people against harm and abuse. Staff were trained in safeguarding procedures and knew their role and responsibilities in identifying and reporting abuse, poor care and neglect. One staff member said, "If I think [people who used the service] are in danger, someone has taken over their lives, [there is] financial abuse, straightaway [I will] notify [registered manager]. If I notice any concerns regarding physical abuse I could also notify the police. Some types of abuse are financial, emotional, physical, sexual and neglect. Signs I would look for are a change in behaviour, body language, bruises and whether there is food in the fridge or not." A second staff member told us, "It is welfare and care of the clients [people], making sure medicines are given correctly, house is clean and safe. I go back to [registered manager] if I have any concerns. Make sure [people] are not being bullied or abused. I will voice my concerns to [registered manager]. Abuse could be financial, emotional, neglect, physical. Signs could be [person] is quiet, withdrawn, fearful, there might be bruises and marks."

Staff were knowledgeable about the provider's whistleblowing policy and procedures and told us they would feel comfortable to blow the whistle if they felt people's safety was at risk. One staff member said, "Whistleblowing means I have to go higher than [registered manager] if she doesn't act on concerns, I can go to the police, social services and the CQC." A second staff member commented, "That is obviously an employee reporting to the CQC, GP, County Council and the local safeguarding team. Oh yes, I would feel comfortable, if someone is at risk and getting abused." The registered manager understood their obligation to report any concerns to the external agencies including the local safeguarding authority and to the CQC.

The provider carried out risk assessments in a timely manner to ensure risks to people were appropriately identified, assessed and mitigated so that people were supported safely. Risk assessments gave staff information on the hazards and associated risks, risk factors, people's wishes, controls in place and actions they were required to take to support people safely. Risk assessments were for areas such as environmental, mobility, falls, personal care, nutrition and hydration, medicines, and moving and handling. For example, the moving and handling action plan for a person with mobility difficulties, gave staff step by step instructions on how to support the person safely.

Staff demonstrated a good understanding of the risks to people and the measures they were required to apply to reduce the risks. A staff member told us, "[Person who used the service] is at risk of falls due to not being very mobile. She uses a Zimmer frame but she tends to forget to use it. I remind her of using the Zimmer frame, stand behind her. If she had a fall [I would] make sure she has landed safely, there is nothing in her way to harm her. [I] won't pick her up, contact [registered manager] and the ambulance. I have had moving and handling training." This showed people were supported to stay safe and their freedom respected.

People and relatives told us staff generally arrived on time and were informed by the staff if they were running late. A person said, "More or less they come on time." A relative told us, "Yes they do, well, 99 times out of 100 they do come on time. If there is a delay they do let me know. It doesn't happen very often." The registered manager told us it was important to them that staff attended care visits on time and stayed throughout the agreed duration. The provider information return form stated, "Length of time of calls is considered important. Carers may be the only contact with the outside world all day so carers are not allowed, and do not, cut down the time of the scheduled visit. Apart from the fact that someone is paying for their time it is disrespectful to the client to arrive late and finish early. Staff are aware of the consequences of cutting time."

The provider maintained clear staff rotas which showed people received care visits as per their preferred and agreed time. The service had enough staff to meet people's needs safely and during emergencies the registered manager attended care visits. Staff told they were satisfied with the way care visits were scheduled and did not feel rushed. A staff member said, "Get enough travel time as they [people] are all close by, [are] in the same area."

The registered manager told us they continuously carried out ongoing recruitment to ensure sufficient staffing was available before they took on additional care packages. The provider followed appropriate recruitment procedures to ensure people were supported by staff who were safe, of good character and with the right skills. Staff files had required recruitment documents and checks in place including identity, references, right to work in this country and criminal record. The registered manager told us they were very selective about staff recruitment. They said, "I get [potential candidates] to complete the application form, ask them if they would like to shadow [people] and I would observe their interaction and approach to [people]. If I was satisfied then would carry out reference and Disclosure and Barring Service (criminal record) checks. They are then allocated on shadow visits and I get feedback from staff and clients. If it is positive and get satisfactory checks only then they are appointed." This meant people were supported by staff that were suitably recruited.

The provider had a 'medication policy' and processes in place to enable them to provide safe medicines management support. At the time of this inspection, the provider was supporting one person with medicines. The person commented, "Yes, they [staff] do give me medicines on time." This person's care file had a 'medication management plan' that contained a list of medicines, dosage, pharmacy name, the day of the week when the medicines were delivered, where medicines were stored and the support staff were required to provide. Their medicines administration record (MAR) charts were appropriately completed.

Staff were trained in safe medicines administration, and records confirmed this. Staff were knowledgeable about their responsibilities in providing safe medicines support. A staff member said, "Whilst administering medicines I make sure it is the right tablet, pop the pill in the cup and give it to the client with liquid and once they have taken it, only then I sign the MAR chart." This showed people's medicines needs were met safely.

Staff were trained in infection control and knew the importance of following safe practices to prevent and control the risk of infection. Staff told us they were provided with sufficient quantities of personal protective equipment. One staff member said, "We have aprons, gloves, shoe covers."

The provider had systems and processes in place to record, report and learn lessons from accidents and incidents. The registered manager told us they shared the learning with staff via staff meetings and one to one supervisions to minimise the recurrences and support people safely. There had been no accidents or incidents since the provider's registration.

Good

Is the service effective?

Our findings

People and relatives told us staff met their needs. A person told us, "Yes, they do meet my health and care needs. In the morning they give me shower." A relative said, "Yes, I would think so, her needs are met. Basically, at the moment mainly personal hygiene." Another relative told us, "The [staff] we have had have been excellent."

People's needs were assessed before they started receiving personal care support. The registered manager visited people at their homes, met their relatives where necessary and contacted healthcare professionals involved in people's care to identify their needs and abilities, and the support they required. The registered manager told us and records confirmed that at the needs assessment meeting they gathered information on people's medical and physical history, emotional state, communication, social and cultural preferences, personal care, and nutrition and hydration needs. The registered manager told us the needs assessment process enabled them to identify staffing numbers and staff training needs to ensure they achieved effective outcomes for people.

Staff told us they were provided with sufficient training to enable them to do their job effectively. A staff member said, "The last training was a refresher training. The training gives me more experience. I feel confident in my role." Another staff member told us, "[Registered manager] does all the training, training is good." Staff training records confirmed that they were appropriately trained to meet people's needs effectively. All new staff that did not have a diploma in health and social care were required to complete the Care Certificate training. The Care Certificate is a set of standards that social care and health workers use in their daily working life. Staff were provided with training in fundamental areas such as moving and handling, food safety, infection control and safeguarding. Records confirmed this. A staff member told us, "Induction training included written and practical. It was good."

Staff told us they saw the registered manager regularly and called them after every care visit to inform them of any changes in people's needs and if they had any concerns. They told us they worked well together as a team and felt well supported. Staff told us they were provided with regular one to one supervision. A staff member said, "If needed I get one to one supervisions. I speak to [registered manager] every day at the end of the care visit if there are any problems." The registered manager told us they met with staff regularly on a one to one basis to discuss people's care, their training and support needs. However, the registered manager did not always keep records of these sessions. Although staff told us they felt supported and received regular supervision, we saw no evidence that supervision was being carried out at the frequency dictated by the provider's own policy on supervision. The registered manager had scheduled appraisal dates for staff who had completed a year with the service.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to recording staff supervision.

People were supported with their dietary needs where this was requested. A person said, "[Staff] help me with breakfast and yes, do help me with tea, too." A relative commented, "[Staff] give her [person who used

the service] breakfast in the morning." People's dietary needs were clearly recorded in their care plans and how staff were required to support them. For example, one person's care plan instructed staff to offer them fresh meals instead of pre-packed meals, follow the menu created by the person, and encourage them to drink by providing them a choice of hot and cold drinks to avoid dehydration.

Staff demonstrated a good understanding of people's nutrition and hydration needs and likes and dislikes. A staff member told us, "[Person] would have a cup of tea when she wakes up and after shower she would have a bowl of cereals and sometimes beans on toast." Another staff member commented, "She likes to have a cup of tea and toast for breakfast." Staff maintained clear records of what and how much people ate and drank. The records showed people were encouraged to incorporate a nutritionally balanced diet to promote healthy living.

The provider supported people to access healthcare services where this support was requested. The registered manager and staff liaised with healthcare professionals where necessary and followed their recommendations to provide effective care. There were records of correspondence with healthcare professionals in people's files which provided a good audit trail.

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. We checked whether the service was working within the principles of the MCA.

People's care plans stated whether they had capacity to make decisions regarding their care and treatment. Where people lacked capacity, this was recorded in their care plans along with the information about their relatives who were legally appointed to make decisions on their behalf.

People and relatives told us staff asked permission before providing care. A person commented, "Yes, [staff] do ask me before helping me and give me choices." A relative told us, "Oh yeah, [staff] are pretty good, they ask [person who used the service] before helping her."

Staff were trained in the MCA and were knowledgeable about the principles of the MCA, and supported people as per the requirements. A staff member said, "I would go to the freezer and ask her [person] what she would like for dinner. I would not take their right to choose, it is about asking them to make decisions. I try to persuade to take medicines and if they still refuse I will record it and call [registered manager]. I cannot force them. Another staff member commented, "It is about people's mental capacity, whether they are able to make the decisions about their day to day living. You go by the care plan that has been set, following the guidelines to support them individually. Choice should always be offered, at the end of the day it is about their choices and their decisions. Never assume people cannot choose or cannot make decisions."

The registered manager told us the medicines administration training included the MCA and Deprivation of Liberty Safeguards training to ensure staff understood to not act covertly. The principles of the MCA were also covered during moving and handling training as people have a choice. This showed the provider had systems in place to seek people's consent to care and treatment in line with the legislation and guidance.

Good

Is the service caring?

Our findings

People and relatives told us staff were caring, kind and helpful. A person told us, "[Staff] are nice people, friendly and caring." One relative said, "[Person] has got to know [staff] very well. They are caring." A second relative commented, "[Staff] are lovely, kind, considerate and cannot praise them enough."

The registered manager and staff spoke about people in a caring way and told us they enjoyed supporting people. A staff member said, "I treat my clients [people who used the service], how my parents would like to be treated. [Person] appreciates [my support], it is a nice feeling." Another staff member commented, "I love [working], I like my [people], I have friendship with my [people]. We [staff] are more of a friend and not just carers. Makes me feel better in myself by making them happy." The registered manager told us they enjoyed caring for people and making a positive difference to people's lives. They commented, "I am not in this to make money. I am here to provide good care. The moment you get too big the personalised care goes out of the window."

People and relatives told us they were supported by the same staff. A person said that they had been with the service since June 2018 and had always been supported by the same team of staff and that they appreciated the continuity. A relative told us, "There are two [staff] that come at the moment, they alternate it, which is good for my [relative]." The rotas showed people were allocated with the same team of staff. Staff confirmed that they supported the same people and the continuity of care enabled them to form trusting relationships. A staff member said, "I am supporting five [people] and have been working with them since I started working here." The registered manager told us the continuity of care and the matching process were important in forming positive relationships between people and staff. They said, "In terms of matching process, I think of similar interests, geographical location, communication preferences. I turn down care packages in the areas where I don't have staff located."

People and relatives told us they were involved in the care planning process. A person said, "Someone visited me and asked me what support I needed. I feel involved in my care." A relative told us, "Yes, basically [registered manager] came to see me and my [relative] to know her needs before she started receiving carers." People were asked about their religious, spiritual and cultural needs, and these were recorded in their care plans. Staff told us they respected people's cultural and religious needs and supported them with those needs. One staff member said, "I support two people who go to [place of worship] and I help them get ready for [place of worship]."

People and relatives told us staff respected their dignity. A person said, "Yes, they do treat me with dignity and respect." A relative commented, "They are very pleasant. Oh, most certainly treat [person] with dignity and respect." Staff were trained in dignity and person-centred care and were knowledgeable about how to provide care in a dignified way. A staff member told us, "If someone wants to get dressed, [I] give them privacy, wait for them till they are ready and go back to the room to provide more support." Another staff member commented, "I am polite and caring. I always ask [people] what they would prefer, give them choices, don't rush them, go with their pace which can be very slow but still support them as per their wishes. We have conversations about the things they read, TV shows. I leave them safe, always make sure

leave them with a drink of their choice like a cup of tea, glass of juice and biscuits."

People were encouraged and supported to remain as independent as they could be. People's care plans gave staff information on how to enable their independence. Staff understood people's wish to remain independent and respected their choice. A staff member said, "[Person] washes herself, I supervise her, she self-medicates, help her with her shoes and stockings but she is mainly doing things herself. She brushes her own hair and [I] remind her to put face cream on. My role is to enable her independence by assisting her when required. We are not there to take over but to prompt, not there to start doing everything for them." Another staff member told us, "I encourage people to dry themselves, in meal preparation, tidying and washing up, whatever they are capable of doing and supporting them with that."

Good

Is the service responsive?

Our findings

People told us staff knew their likes and dislikes. A person said, "Oh, [staff] know me very well and what I like and don't like." Relatives told us the service was flexible and accommodated their requests. A relative commented that the staff had assisted when their relative's equipment was delivered although it was outside the agreed care hours. They said, "[Staff] came to the place when the bed arrived and it was not always as per the agreed time but they managed and were very flexible."

The registered manager was responsive to people and their relatives' needs. A relative said, "[Registered manager] has been very helpful. She was pretty good, she helped me with attendance allowance process, good with the social services and liaising with them and pushing things forward. I couldn't have done it on my own." The registered manager commented, "I have helped relatives with attendance and carers allowance, with financial assessments, liaised with the County Council, moving into care, transition from hospital back to home, from home to a hospice." This showed people received care that was personalised and responsive to their needs.

Following the needs assessment process, the registered manager developed people's care plans. People and relatives told us they had access to their care plans. A person said, "Yes, I have got a care plan." A relative said, "Oh yes, [person] has a folder here with her care plan." Staff told us they found the care plans helpful and could access them in the office and in people's homes in their care files. A staff member said, "There are care plans in their [people] house. It is important that you are going in there to support them as per their needs. I work by the care plan." Another staff member commented, "There is quite a bit of information in their care plans and risk assessments. It is always there at their homes if need them."

People's care plans included information about their medical, physical and emotional health, sensory and communication needs, mobility, personal hygiene, dietary needs, preferred routines and how to provide personalised support. The care plans included communication methods that met accessible information standards (AIS). The AIS sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss. People's care files also had 'personal profiles' that gave staff information about people to enable them to provide person-centred care. The information was in areas such as people's preferred name, their religion, ethnic origin, support network, and aspirations. For example, one person's 'personal profile' stated their hobbies and aspirations were crafts and archery, going to a day centre, colouring, boccia, knitting, [place of worship] on Saturdays and Sundays. However, we found people's care files did not always include their likes and dislikes. We spoke to the registered manager about this and they told us they would incorporate questions around people's likes and dislikes in their 'personal profile'. Following the inspection, the registered manager sent us a reviewed and updated 'personal profile' that asked people about their likes and dislikes.

People and relatives told us their care was reviewed on a regular basis. A person said, "Oh yes, [registered manager] visits me to check if my [care] needs are met and if [I] need more support." A relative said, "Oh yes, most certainly involved in [relative's] care. [Staff] give me feedback, if they think something needs to be

looked at, [staff] feedback to [registered manager] as well." The registered manager reviewed people's care and care plans every month. They told us, "I review care plans once a month and update them as and when needed." However, we found the registered manager did not always keep records of the reviews. They told us that moving forward they would keep accurate records of people's care and care plan reviews.

Staff were knowledgeable about people's likes, preferences and routines. A staff member said, "[Person] likes to watch [specific television channels]. She keeps a calendar / memory board that reminds her of the appointments. I make sure it comes down [stairs] with her and not left upstairs in her bedroom." Another staff member told us, "I ask [people] if they would like their nails done. I also do their hair as per their wishes as I am a hairdresser. It makes them feel good and they like it." Staff maintained people's daily care logs. The daily care logs showed staff kept accurate records of how people were supported, their physical and emotional health, interaction, action points, and any concerns.

The registered manager told us they welcomed people and staff from diverse backgrounds including lesbian, gay, bisexual and transgender people. Staff were trained in equality and diversity and told us they treated people as individuals and how they would like to be treated. A staff member told us, "I would be fine, treat them all the same, we are all human beings, they have their right to be who they want to be. It wouldn't bother me I would treat them like any other, treat them individually."

People and relatives knew how to raise concerns and make a complaint. However, no one had made a complaint. A person said, "If I am not happy about something, I would speak to [registered manager] or [advocate]. Haven't made any complaints." A relative told us, "No, not at all, not made complaints. If not happy would speak to [registered manager]. She would listen to me, she is pretty good in that respect." The provider had a complaints policy which was in date and systems in place to report, record and investigate complaints.

Relatives told us that staff had supported their loved ones with their end of life care needs in a dignified and compassionate way. A relative commented, "The [staff] we have had have been excellent. They were very flexible, very supportive and flexible around difficult needs. They were coming five times a day, they have been lovely. We were lucky to have them."

The provider had continued to support people when their needs had changed to end of life care. Staff followed the care plan created by the palliative care team and had worked with them and the local hospice nurses to support people to have a comfortable, dignified and pain-free death. The registered manager told us they had booked themselves and their staff on the end of life care training course delivered by the local hospice team. They said this training would enable them and staff to have the necessary skills required to support people receiving end of life care and their relatives effectively.

Staff were knowledgeable about how to support people with end of life care needs, and their relatives in difficult times. A staff member said, "[We] supported the family and [person]. Their dignity, and the continuity of care was paramount for [person] and their family. I am very proud of the work we did there, we kept her clean, comfortable and pain free. Hospice nurses came in the last days, we worked alongside them to make sure we provided dignified and pain-free death. We did not let her down. We provided the family with support." Another staff member told us, "Make sure [people] are comfortable and pain free, and [be] there for the families." Staff were provided with appropriate support when required. A staff member said, "[Registered manager] was very good, she provided me with emotional support, it was quite difficult." However, we found the provider had not always recorded people's end of life care wishes and preferences in their care plan.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to people's end of life care plans.

Good

Is the service well-led?

Our findings

People and relatives spoke highly about the management of the service. They said they were happy with the service and would recommend it to others. A person said, "Yes, I do feel [registered manager] is approachable. Yes, I am very happy. Yes, absolutely recommend it." One relative told us, "We would recommend the agency to others." Another relative commented, "I would say so as far as I am concerned the service is well managed. [Registered manager] is usually available and if I cannot get through to her she would contact me back. Most certainly recommend the service to others."

Staff told us they felt well supported and found the registered manager supportive and approachable. A staff member said, "I find [registered manager] easy to talk to. If I have any problems I can go to [registered manager]. She is very supportive, she calls back straightaway, I trust her, we work well together, she is very hands on." Another staff member commented, "Oh yes, very much so supported. You are not just a member of staff, you can talk about anything. I am happy with everything." Staff told us the service was well managed and would recommend it to others. A staff member said, "I have not had any problems. I would recommend this service to my relatives. I have recommended this service to quite a few of my friends to work." Another staff member commented, "100% recommend this service to my relatives. Would recommend my friends to work with [registered manager]. I absolutely love the job, it is varied and interesting. I am happy with everything. Yes, I would say this service is well managed."

The registered manager held regular staff meetings to discuss various aspects of the care delivery, areas of improvement and updates. Records confirmed this. Staff told us they found meetings helpful. A staff member said, "We do have team meetings, we talk about any concerns, we are a good team. She will ask my opinion about how to make sure clients [people] are supported well."

The registered manager had several years of providing personal care and management experience. They demonstrated a good understanding of their role and responsibilities, and the incidents they needed to notify us of by law. There were policies and procedures in place which were appropriate to the type of this service.

The provider had systems and processes in place to ensure the quality and safety of the service. People and relatives told us the registered manager regularly asked them whether they were satisfied with the care they received. There were records of staff 'observation visits' where the registered manager visited people's homes to check if staff provided care as per the agreed care plan, followed appropriate infection control procedures, and arrived on time. The registered manager carried out internal audits of care plans and staff files including training and telephone monitoring. However, they did not always keep records of the audits. The registered manager told us moving forward they would maintain accurate records of the audits and checks.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to keeping records of audits and checks.

The provider had systems in place to seek people, relatives and staff feedback on the quality of care via annual surveys. The registered manager told us they were in the process of carrying out their first annual survey. We reviewed some 'thank you' cards sent to the provider by the people who used the service and their relatives. Some of the 'thank you' cards stated, "Thank you [registered manager] and your staff for the help and care you gave [person] early this year. She really appreciated your attendance and chats" and "Thank you for being such lovely carers for [person]. You have been very kind, patient, thoughtful and flexible. We have really appreciated your help and understanding."

The provider worked with the local authority, healthcare professionals and community healthcare teams to improve people's lives and care experiences.