

The Human Support Group Limited

Human Support Group Limited - Whitehaven

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

The inspection started on 5 February 2018 and was unannounced.

When we last visited the service in November and December 2016 we judged the service to be in breach of Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks associated with the delivery of safe care and treatment, including the safe use of some equipment, had not always been recognised and when risks had been identified they were not always recorded appropriately. At this inspection we judged that risk assessments and risk management plans were in place for all service users, the staff and for the work undertaken.

Following the last 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, responsive and well led to at least good. We received a suitable action plan and updates on progress. At this inspection we judged that the service was no longer in breach of Regulation 12 and that these outcomes were now rated as good. This was because risk, assessment and care planning had improved and that the registered manager had developed and implemented suitable systems to support the team.

We noted that the registered manager had used the outcomes of the last inspection to develop an improvement plan. We saw that lessons had been learned from the last inspection and that suitable action had been taken to move the service forward.

Human Support Group provides care and support for people who live in their own homes. The office is located in a business park outside Whitehaven and provides services in the Copeland and Allerdale areas. There were approximately 100 people using the service when we inspected.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. Not everyone using Human Support Group Limited - Whitehaven receives a 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.

The service had a suitably qualified and experienced registered manager who also managed the provider's services in Ulverston and Carlisle. 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.

The service had good arrangements in place to ensure people who used the service were kept as safe as possible. Staff were trained to help prevent people from being subject to harm and abuse.

We saw that staff received good levels of training and supervision to help them to understand the issues around discrimination and human rights.

We had evidence to show that there were detailed and up to date risk assessments and risk management plans in place for all aspects of the service. The organisation had an emergency plan.

There were suitable arrangements in place for staff to voice their concerns because the service had a 'whistleblowing' procedure and staff felt confident that they could approach management with any concerns.

Arrangements were in place to monitor any incident or accidents and the service had improved the systems to notify the Care Quality Commission, safeguarding teams and social work staff.

Staffing levels were suitable to meet the needs of people using the service. New staff were appropriately recruited, given suitable induction, closely monitored and supervised for the first few months. Staff received good levels of training in a wide range of subjects. Appropriate disciplinary and grievance systems were in place.

Good arrangements were in place to help staff support people with their medicines. The staff alerted social workers, health care providers or family carers if there were issues with medicines.

Staff received training and supervision in relation to infection control and good hygiene standards so that they helped people to have clean and safe homes.

The registered manager had a very good understanding of the Mental Capacity Act 2005 and had judged that no one was receiving a service against their wishes. There was good evidence that the organisation sought consent from service users where possible. Restraint was not used in the service.

Staff helped some people to budget, shop and prepare food. Staff were given support to ensure people received suitable nutrition and hydration.

People were given the right levels of support to consult their GP, community nurses and specialised health care professionals, where necessary.

People told us that the staff were respectful and caring. Independence was promoted. People could be given information about advocacy services.

People who used the service had detailed and up to date care plans and good risk management plans.

Staff supported people to gain access to community activities and were developing extra services to help people become less socially isolated.

The organisation had a suitable management structure. The registered manager had responsibility for the service but delegated some aspects to senior carers, senior care co-ordinators and care co-coordinators. This arrangement now worked more effectively than before. The provider was considering some changes to the management structure.

The core values of the organisation were seen in care planning and recording and were identified by people who used the service.

Good audits of quality were in place and these were part of a robust system of total quality management.

Record keeping was detailed and up to date. The service was transitioning over to a 'paperless office' system and some aspects of this were being progressed to ensure the keeping of records was suitable. Records were secure yet accessible.

The service used new technology. We recommended that the systems used to support good communication were monitored so that these could continue to improve.

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.

Risk assessment had improved and risk management plans were in place.

Staff understood how to protect vulnerable adults from harm and abuse.

Medication was suitably managed.

Is the service effective?

Good ●

The service was effective.

Staff completed both e-learning and face to face training.

Staff received supervision and appraisal.

People were helped to eat and drink, where necessary.

Is the service caring?

Good ●

The service was caring.

People told us the staff were kind and caring.

People's confidentiality and privacy were respected.

Independence was promoted through care planning.

Is the service responsive?

Good ●

The service was responsive.

Assessment and care planning had improved and were of a good standard.

People were being supported to become less socially isolated.

Complaints were appropriately handled.

Is the service well-led?

Good 

The service was well-led.

The manager was registered with the Care Quality Commission and was suitably qualified and experienced to run the service.

There was a suitable quality monitoring system in place and this influenced change and improvement.

Records, both paper and digital, were of a good standard.

Human Support Group Limited - Whitehaven

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 checked 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 5 February 2018 and was unannounced. The inspection site visit activity started on 5 February 2018 and ended on 16 February 2018. We visited the office location on 5 February to see the manager and office staff; and to review care records and policies and procedures. After this date we contacted service users and staff by telephone.

The inspection was carried out by an adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the information we held about the service, such as statutory notifications we had received from the registered provider. A statutory notification is information about important events which the service is required to send us by law. We also gained information from social workers, health care practitioners and commissioners of care at a regular meeting we have with them.

We sent out confidential surveys at the end of 2017 to 50 people who used the service and to 50 relatives and friends. We received 20 surveys from people and five from relatives. We planned the inspection using this information. We used a planning tool to collate all this evidence prior to visiting the service.

At the time of the inspection the service was delivering care and support to around 100 people. We spoke

with ten more people by telephone.

We spoke with six staff by telephone and we met three staff members, the registered manager and the quality assurance lead person at the inspection visit in the office.

We read ten care files in depth and we also looked at some examples of specific care and support planning. This included moving and handling plans, nutritional planning and medicines support. We looked at completed medicines administration records, daily notes and reviews of care. We also looked at incidents reported to the office by care staff and guidance given to staff by management. Some of this was held on computer and some in a paper format.

We also read eight staff files. These included information about recruitment, induction, training, supervision and appraisals. We were sent copies of training records and planned training. We also saw some information related to disciplinary action taken.

We saw looked at rosters, records relating to maintenance and to health and safety. We checked on food and fire safety records and we looked at some of the registered provider's policies and procedures. We saw records related to quality monitoring.

Is the service safe?

Our findings

We spoke to people by telephone and we also sent out surveys to people and their relatives. 100% of our returns from service users told us they felt safe with the support of the staff. One relative queried how safe their relative was but the other four family respondents judged the service to be safe.

One person told us, "I have no worries. I trust all the staff. They always lock up after them and I feel quite safe". A person responding to our survey stated, "We have been with this agency for a while and are very satisfied with their service".

Some CQC surveys stated that a "Lot of good staff have left" and that perhaps there were too few staff. One or two people told us in surveys that they would like more consistency in the team of staff. The people we spoke with said care staff were very good but, "Often don't stay in the job...maybe it wasn't what they expected or they don't like the travel or they aren't paid enough. It isn't a job for everyone".

When we last visited the service in November and December 2016 we judged the service to be in breach of Regulation 12. Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks associated with the delivery of safe care and treatment, including the safe use of some equipment, had not always been recognised and when risks had been identified they were not always recorded appropriately.

During this inspection in February 2018, we saw evidence of risk assessments being completed for all aspects of the service. There were good risk assessment and risk management plans in place for the office and also for people's properties. There were risk assessments for lone working and for travel. There were also good risk assessment and management plans in place where any risks from external factors for service users or staff had been identified. People told us that the senior care staff came to their homes to make assessments so that they, and the staff, remained as safe as possible. Staff confirmed this when we spoke with them. We also had evidence to show that the entire team had received training on risk assessment and management.

One staff member said, "The seniors [senior care assistants] go out and make an assessment for things like fire hazards, moving and handling and any risks to us in the neighbourhood. We are told we must inform them if there are any new risks. We get support if there are problems and we have had training." The registered manager told us that she was much more careful when making assessments and had turned down some proposed care packages as the risks were too great. We judged the service was no longer in breach of Regulation 12.

We had evidence to show that staff were suitably trained in how to protect vulnerable people from harm and abuse. We saw evidence that all of the staff had received in-house training and safeguarding matters were discussed in supervision and team meetings. The registered manager had attended workshops with the local authority safeguarding team. We spoke with staff who had a good understanding of their responsibilities under the safeguarding protocols. They understood how to report any concerns and were

confident that management dealt with this appropriately. Each member of staff had been given a leaflet they could refer to if they felt anxious about these matters.

We saw evidence to show that the registered manager or her senior team had made appropriate referrals. We noted that in 2016 there had been over thirty referrals made, mainly related to missed or late calls. In 2017 there had only been five safeguarding issues and these were not related to missed calls. We judged that the management of safeguarding had improved along with the increased efficiency of the rostering of staff.

We looked at the numbers of staff employed, the number of people and the hours provided. We looked at some rosters showing how the co-ordinators used time, geography and skills to create 'runs' so that staff went to people at the right time and with a minimum of travel or time between calls. We saw a clear and easy to use tool on the computer system that helped the co-ordinators to programme the calls. We judged that this rostering had improved in the year since our last inspection with a much more logical approach to this rostering. People did tell us that sometimes it was difficult to predict the times of staff arrival. One person said, "Some times it's traffic...especially the Sellafield traffic or they are running late because someone else isn't well or has a problem...We accept these are valid reasons and our home location is classed by the [county council] as 'extra rural'". We noted from the provider's own surveys in March and September 2017 that late arrival had improved and we saw that individual issues had been addressed. Staff told us that they could make minor adjustments and could suggest efficiencies to the care co-ordinators when local issues had not been addressed in the most effective way.

The staff we spoke with had a good understanding of human rights and had training in this and in anti-discrimination theories. In discussion and reading reports, we saw that this staff team understood individual rights and worked in a non-discriminatory way. The company had appropriate policies, procedures and recruitment strategies in relation to equality and diversity.

We looked at recruitment files for staff. These showed an equitable approach and we noted that the service employed people who had a declared disability. We noted that all background checks were completed prior to the person having access to information or to vulnerable people. Each of the files we saw had good interview notes and checks on references. The organisation checked on whether the person had a criminal record or had been dismissed from another care service. We saw that checks had been done and that if anything out of the ordinary was found this was risk assessed and a decision made on whether to progress the application. The registered manager said that this was one of the lessons learned from the last inspection. The service had a policy on recruitment of ex-offenders, which was followed. Where people gave less than robust references they were asked for a further reference. We noted that service had gone to a continuous programme of recruitment so that they would always have enough staff to deliver care to all areas. This new approach to recruitment had also improved the efficacy of the service.

We saw that the organisation had good disciplinary and grievance procedures in place. We had evidence to show that the registered manager had used these personnel procedures appropriately in the past. Attention had been paid to ensuring that all processes were fair and equitable. The registered manager said that as staff discipline and morale had improved there had been less need to use a formal approach to any issues around practice or things like punctuality.

Prior to our last inspection in 2016 there had been some medication errors reported. There had been a reduction of these with no errors seen for some time. Staff had received suitable training and competence checks when they administered medicines. We saw appropriately completed medication records and good risk assessments in place. People told us that the staff supported them appropriately. Social work managers

told us that the registered manager asked for detailed assessment of need prior to starting this type of service.

Is the service effective?

Our findings

One person in our surveys had some concerns that staff had not been appropriately trained, "Some of the staff are extremely good, but some are not trained to the standard they should be" Other surveys showed that people were generally satisfied with the training and support staff received. All of the people we spoke to told us that they were more than satisfied with the staff. One person said, "They are brilliant...". One person said, "My carers are cheerful, intelligent and practical". People felt that the staff were skilled and competent. One person told us, "I did have someone who really wasn't up to the job but this was sorted out...The staff know how to support me."

We asked people about the delivery of personal care and we also asked about cooking and household tasks. One person said, "Nothing is too much trouble for them...they tidy up after themselves and they would help me with anything". Another person told us, "The girls are great...very obliging. I have just had my breakfast...poached eggs done to perfection."

We looked at staff files and we saw that staff had completed a suitable induction and that senior care staff monitored their progress. We were sent a record of training showing that all staff had received suitable levels of training to allow them to deliver appropriate levels of care and support. We saw evidence to show that each member of staff received supervision and appraisal. Each team member also had 'spot checks' of them in people's homes to make sure they were competent and understood their role. The responses we had from surveys and when we spoke with individuals was largely positive about staff skills and knowledge.

We judged that the training given to staff was appropriate to the work they undertook. Not all the staff enjoyed the e-learning aspect of the training provided but they could have face to face training annually if necessary. The registered manager was planning training for the next financial year. This was to include a dementia friendly training day run by a support worker from the Carlisle branch that all staff in this service would be encouraged to attend. We learned that staff also received specific training if a person had a complex or unusual care need. The team were trained by occupational therapists or community nurses in these situations. Senior members of staff had attended train the trainer days on moving and handling.

We had evidence to show that the service had worked with local occupational therapists on a project called 'Appropriate carer reduction scheme' which worked with carers, staff and therapists to look at the optimum use of equipment and manoeuvres to help with moving and handling of people. Risk assessments were now in place for the use of equipment. This had helped to reduce some visits and to reduce the number of staff involved. We saw some daily notes showing that staff worked in tandem with suitably trained relatives.

We also had the views of a health professional in relation to a situation where the staff worked with other professionals. This person said, "I was impressed by the flexibility of your care agency in arranging for the carers to meet us at the property at a different time to their usual visit". The staff had then ensured that the advice given was cascaded down and across to all the team. The health professional said, "This was an excellent example of good team working and it prevented this person being admitted into hospital".

People told us that staff supported them in simple meal preparation. We saw the HSG cookery book that had been developed in the Cumbria services but was used throughout all services. This was given to service users and staff. It had simple instructions for cooking methods and some recipes for healthy and easy to prepare meals. A senior member of staff told us that most care staff were confident in simple cooking and that they had supported and instructed someone who felt their cooking skills needed to improve.

The provider had encouraged registered managers to use Facebook to encourage staff, to support wider recruitment and to give advice and tips to service users and staff alike. We saw that this branch was active on their own Facebook site and the registered manager said she kept a close eye on comments but felt it was a way to celebrate staff achievements and to bring the service to the wider community. We looked at the site and saw it was well managed and very positive and informative. There was no confidential information put on the site.

Staff had special 'smart' phones that allowed them to see their rosters and to look at information related to their role. These were double password protected and allowed good care delivery and allowed the senior team to track staff for purposes of efficacy and staff safety. Most of the staff though this electronic system worked really well. We saw that the registered manager reminded staff to routinely check for any changes or updates.

Staff and people who used the service also received paper based communications. Some staff preferred paper rosters and these could be collected by them from the office base. There were information cards, leaflets and a newsletter also available. These gave staff information to use out in the community. The leaflets and newsletters gave local information and more general advice on things like healthy eating and keeping safe and well. We thought that the use of these and the inclusion of social media had enhanced the general passing on of information.

We did receive some less than positive comments about some of the communication between the service and the people using the service. One person told us, "The staff are great but the communication with the office leaves something to be desired...I suppose it is improving a bit but more needs to be done". We had a varied response about this with some people feeling the staff in the office were good at, "Keeping me informed about any delays or new staff coming to me...". Some people told us they, "Get rosters so I know who is coming." A number of people said, "I phone the office...otherwise they don't know if I am happy or unhappy. I don't have a problem with it..." One person told us, "I had a complaint and [the registered manager] dealt with it and visited me". Another person told us, "[One of the care co-ordinators] drops by quite a lot and keeps me updated."

Some of the staff also commented on communication from the office to the field but other team members told us, "I think the communication is very good and the out of hours service from Manchester is really good if there are problems." There were some examples where staff felt the 'office' staff could communicate more quickly and in more depth. The registered manager said that it was difficult to phone staff with changes but that the responsibility lay with them to use the new technology to update themselves. We judged that some staff found the changes related to digital communication difficult to absorb.

We recommend that communication to and from people who use the service and with staff is kept under review.

We looked at some files where people were being supported to eat and drink. We noted that the time purchased by commissioning social workers meant that staff had minimal time to cook full meals but that the staff tried to support people to have a varied diet. Daily notes showed that staff made nutritious snacks

and simple meals. Any concerns about nutrition were passed to the social worker involved or to relatives. Staff told us they used the HSG cook book to give them some ideas. People told us they were happy with the way the staff supported them in shopping for food and cooking.

We also noted that each care file contained evidence of the person consenting to the assessment of risk and the delivery of care. Risk management plans and care plans were signed along with a general consent form. People told us that staff were respectful of their needs and, as one person said, "Always ask my permission for anything they need to do."

Staff received training on understanding capacity and individual rights. Most of the people who used the services had social work intervention and there was no one who was receiving care against their wishes. The registered manager told us that if this was to happen the social worker would be contacted. 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.

Is the service caring?

Our findings

We measured this outcome by talking with people and by looking at our surveys. We also looked at the way care plans and daily notes were written. We found that even when people had some comments to make about some aspect of the service every person we spoke with was very happy with the caring nature of the staff who came to their homes.

One person we spoke with who had very definite opinions on everything related to the business of home care and who could talk about both positives and negatives had nothing but positive comments to make about the staff. "Staff are brilliant. They are all in tune with client needs. I have a great deal of confidence in the staff."

Other people also had similar comments, "There is not one member of staff who isn't nice, polite and respectful. Very caring."

Several people spoke about a particular member of staff who was living with a disability. Several people said, "Very happy to have [this carer] in my home...nothing is too much trouble to them...lovely smile, always cheerful ...and makes no difference [that they live with a disability]." One person told us, "I think more highly of the service because they don't discriminate and that applies to me and my family and to the staff they employ".

One person told us, "I think the service has improved. The service has had a few owners ...but these people are getting it right and really trying. The staff are very nice...much improved. They respect my home and my privacy".

Another person also told us, "These people have got it sorted...you will always have the odd problem with staff but these are nice lasses...kind and understanding".

Another person told us, "The staff behave with perfect decorum. They are polite and civil but still full of life and humour. That makes a difference. They are cheerful, intelligent and practical".

We spoke with people who had personal care delivered to them and support with moving and handling. They told us that the staff, "Talk to me and tell me what they are doing next". Some people also said, "I tell them how to [support me with my personal care needs] and it's written in the plan so that we get the tricky bits right". One person who had different kind of support said, "I don't have direct support but these girls give me psychological support and make sure I am following my own plan. They are brilliant. They really care and are keen to help me get better".

We saw that HSG sent birthday and sympathy cards to people who used their services. People said this was a "Nice touch from a big company".

The organisation celebrated good news stories in newsletters and this was included in their newsletter from

a Whitehaven service user, "Wanting to thank you for the carer- makes me feel so safe- like a princess, you don't know how much it helps with what you do for me. Makes me feel human having people come and help me and to talk to me".

Care plans and daily notes were written in an open and straightforward way. Issues around equality and diversity were addressed appropriately. Independence was promoted. For example we saw one file that said, "[The person] ...likes to do what they can for themselves so we ..." and the plan detailed the small but significant things this complex person could still manage. One plan for a person living with a learning disability gave detailed guidance on how to encourage and develop independence.

Staff were trained in understanding confidentiality and had received guidance about how to complete daily notes. We asked people about confidentiality and people were positive about this. One person said, "They might say they were held up because someone wasn't well...but I don't know who or what or where. I trust them and I know they don't talk about me. The office staff ask me about this. It's important you keep your privacy".

The registered manager said that they would discuss advocacy with social workers or families but could help people to access independent advocates if necessary.

Is the service responsive?

Our findings

The people we spoke with told us that the service was responsive. Several people told us, "I have a care plan...I was involved in writing it up and the staff do read them and record the visit". Staff told us, "All my service users have care plans and we suggest changes if needed". People could talk through the assessment process with us. One person said, "I had a social worker but the staff came out too to see me and asked me what I needed...and they keep asking me".

We looked at a range of assessments when we visited the office. We saw that these were much more thorough than when we last visited the service. The assessments covered safety issues for both the client and the staff member, and looked at the environment, the care needs and the psychological and emotional needs of the person. All of these assessments met the care delivery needs. For example where the person needed a simple intervention the assessment showed that the care plan did not need to be complex. We also saw some very detailed assessments where people had complex needs. We judged that assessment had improved. We noted that the registered manager would not accept new people to the service if the assessed needs could not be met by the team.

We read a number of care plans which covered a wide range of care deliveries. We saw some plans where people were only assisted to have simple interventions. These contained enough detail to ensure the person had the care just how they wanted. We also saw plans for people who needed help getting up, washed and dressed. These too contained details of how the person preferred this to be done. We spoke with someone whose plan we had already read and they voluntarily told us how they preferred to be supported. This matched the care plan content.

We also saw some care plans that supported people with complex health and social care problems. Their files contained detailed and well written narrative care plans that painted a picture of the person's strengths and needs and the care and support to be delivered. The plans also helped staff to identify strategies for support when the care was complex. We judged care plans to be more robust than in the past and that they reflected social work or health assessments and care plans.

Most people we spoke with told us that staff followed their care plans. We did speak with someone who told us they had, in the past, spoken to the office about someone not following the plan. This had been dealt with to the person's satisfaction. We spoke with a staff member who said that most of the staff were good at following care plans but that sometimes, "More experienced staff need to talk to new starters about looking at the plan when they are not sure". We judged that care planning was of a good standard and we saw that staff supervision and meetings reminded staff to familiarise themselves with the plans. We saw that care plans were reviewed both with social workers and internally by senior staff.

We only found one or two service users who had assistance with activities and these were written into the plans. We were told by a number of people that the staff, "Keep me informed about what's happening out there. Did you know Coronation Street are filming in Whitehaven today. I know because the lasses have been telling me". People said that the staff helped them, "Feel less isolated...most of them are chatty and

talk about local things". We noted that the senior team tried to keep care delivery as local as possible so that staff lived and worked in the same place and had lots of local contacts.

The provider's local newsletters signposted people to activities, advice and advocacy. We spoke with two people who went out to a lot of local activities and said, "We couldn't go if the staff didn't come on time and help us. We had problems in the past where we actually 'missed the bus' but my our team is much better now and we get out and about". People told us that the staff took an interest in their lives and as one person said, "They are my lifeline...I can't go out but they bring life into my home".

The registered manager was interested in supporting people to lessen social isolation. She shared with us her plans to raise money through the provider's own charity and to use the proceeds to fund community outreach initiatives to reduce social isolation, especially in rural areas. She had also already started service user focus groups in other areas and was planning meetings for this service. We saw evidence that people in other areas enjoyed these forums as a way to socialise as well as have an impact on the service.

We saw a record of a complaint investigation and saw that this had been done in a logical way and that steps had been taken to ensure the person making the complaint had been kept informed of changes made, where possible. We also saw that the registered manager had used disciplinary processes appropriately. People, quite rightly, did not have details of these but as one person said, "I wasn't happy but...[the registered manager] sorted it out. That carer didn't come back to me...I don't know what happened as that's not my business. I was happy it was sorted". The company had suitable complaints policies and procedures that could be given in different formats if necessary.

The service was able to support people at the end of life and would work with community nurses and G.Ps to ensure people were comfortable and supported. Some staff had attended end of life training with more planned.

Is the service well-led?

Our findings

The people we spoke with were happy with the way the service was led. One person said, "I can talk to the manager...I think she's done a good job". Another person said, "I think this is quite a good company...big improvement on the last one I was with. It's not an easy job but they do well". People told us they were happy with the senior care staff and that they saw them, "Whenever there's cover needed and they come out to check". We also heard a lot of positive comments about the care co-ordinators. One person told us, "I think at last they are getting the rota's right and I more or less have the same staff at the right time. Not easy but they are doing their best". We also heard some comments from people who still felt that the "office staff" needed to communicate more. We also heard lots of praise from people for the leadership. One person told us, "I am able to complain and won't take no for an answer. The senior team are fine...bit of a work in progress but I am satisfied with the improvements".

The registered manager for this service also ran two other services in Cumbria. She told us that she "Thrived on it...I like being busy" but that future management arrangements were under consideration. She was suitably trained, qualified and experienced to manage the service and was very knowledgeable about the service, the staff team, the people who used the service and some of the difficulties in running a home care service in a mixed urban and rural setting. We had evidence of changes and improvements she had brought about. These included changes to the supervisory structure, assessment and care planning and the management of medicines. One staff member who expressed some general dissatisfaction said, "I don't have any problems with the manager...she is a good manager and was brilliant with me after I had some problems. A brilliant manager".

Staff told us that she was very "Approachable and she listens and does her best to sort any problems". Two members of staff said they sometimes found it difficult to contact her but that she did get back to them. The majority of staff we spoke with said they were happy to work for the company and judged the senior team to be "Quite competent". One person who worked in the evening told us that they liked the fact that, "We can tell them if the rosters are not right and they will listen to our suggestions. We also get good back-up from the Manchester out-of-hours team who will ring people and help us if we have a problem".

The company own a number of similar services across England and have suitable policies, procedures and systems in place to ensure the business ran smoothly. We learned that there had been some changes in the company and the registered manager was happy with the support she received and told us that the systems were easy to use and that she could influence change and improvement. The registered manager had developed some initiatives just for Cumbria that had been adopted and adapted throughout the organisation. This ranged from medicines administration processes to the cookery book and birthday and sympathy cards.

The registered manager told us she was part of an organisation called 'National Skills Academy' where she could discuss good practice initiatives with other providers and learn about current good practice initiatives. She had also set up a group called 'Project outstanding' which was a quality circle with staff at all levels looking at how the Cumbria services could continue to improve. This would run in parallel to service user

focus groups. Together this showed the promise of this service continuing with their improvement agenda and ensuring they promoted good practice. Staff told us they could openly discuss any practice issues and were not afraid to challenge.

We saw that the provider had a suitable quality monitoring system in place. One senior person from the company wrote in an e-mail we saw, "There were some really positive improvements...if you keep working this way I can only see a positive future. Some of the ideas you have implemented here I would like to share throughout the [company]". The registered manager and her team had targets to meet and this involved sending information to the provider's quality monitoring team. The quality monitoring team visited the service and looked at areas for change and improvement. The registered manager would then, if necessary, have actions to be met. We saw some of these quality reports and saw that these were done in depth. The quality assurance lead person was in the office when we started the inspection. She was checking records and talking to senior staff. She stated that she judged the service had improved and learned from previous difficulties.

The people we spoke with told us they received surveys, had reviews of care and were also asked informally about the quality of the service. Some people had suggestions to make which we passed to the registered manager. One person was hoping to be part of the planned focus group and wanted to be part of future planning. The registered manager said that this person would be helped to attend the focus group. We saw the analyses of service user surveys completed in March and September 2017. We noted that action had been taken when people were dissatisfied and their requests had been addressed.

We looked at both paper and digital recording and we judged that these continued to improve. We asked for information and senior staff could access all sorts of reports using both systems. Staff told us that they could use their phones to look at rosters and care related information. All information was secure with password protected phones and a further password needed to access confidential information.