

Carewatch Care Services Limited

Carewatch (Wirral)

Inspection report

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12 July 2018

23 July 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 11, 12 and 23 July 2018. The first day of the inspection was unannounced. On the 23 July 2018 we made arrangements to visit people who used the services of Carewatch Wirral.

At the time of our inspection Carewatch Wirral provided support for 178 people who were living in their own homes. For 116 people they provide the regulated activity of personal care.

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

During our previous inspection in August 2016 there were breaches of Regulations 16 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating of the service was 'requires improvement'. This is because complaints made about the service were not always recorded and responded to. Complaints were not reviewed to work out potential problems and assess the quality of the service provided to people. Also, important information about people and their care was not fed back to the people organising the care at the office. At times information was fed back but not recorded effectively so that it could be used to inform staff providing people's care.

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. Is the service safe? Is the service responsive? And; Is the service well-led? To at least good. At this inspection we found that the service was no longer in breach of regulations and the overall rating is now good.

At this inspection we looked at the records of complaints at the service and saw that the service kept records of complaints made, investigations that had taken place and responses that had been made to people who had raised the complaint. If the service had fallen short of acceptable standards the response to a complaint included an apology and an explanation of what actions are being taken to correct the problem. We also saw that complaints had been responded to in a timely manner.

We also saw that appropriate procedures were being followed to ensure that the administration of medication was safe. We saw that there was a clear record of the medication prescribed to people and what had been administered by staff members. This was documented in medication administration records (MAR) and in people's daily care records. Staff received medication training and competency assessments, to check that they administered people's medication safely.

Previously, there was a lack of systems that would enable the manager to assess the quality and safety of the care being provided to people. At this inspection we saw that improvements had been made in how the safety and quality of the service was assessed. Although we made some recommendations on how further

improvements can be made the service was no longer in breach of this regulation.

The way the service was delivered ensured that it was extremely reliable, which is very important for people living in their own homes relying on support to meet their needs. We spoke to 35 people and 15 relatives of people who use the service. They all told us they felt safe with the support that they or their family member received.

People told us that the staff provided good care and were caring towards them. People described the staff using words such as, "sensational", "amazing", "upbeat", "compassionate" and "happy". One person told us, "They are precious to me, I call them my family."

Staff were positive about their role in providing care for people. New staff had a thorough induction programme which ensured they were equipped to support people effectively. All staff received regular refresher training in areas the provider viewed as mandatory. This ensured that staff were always up to date with current practice in their work.

People were supported with any healthcare needs that arose. Staff were vigilant in spotting when people were unwell and took appropriate action.

People received support that was appropriate to their need and preferences as outlined in their care plan. People's care plans had been written and agreed with the person and if appropriate their family members. There was sufficient detail in the plans to highlight to care staff what care the person needed, their preferences and what the person had agreed to.

The service was working within the principles of the MCA. People's consent to their care was sought and people were supported to make decisions for themselves. We saw that if they were able to people had signed to say that they consented to their care plan.

The registered manager had a Quality Improvement Plan (QIP) in place and was working on areas of the service to improve its quality. They had a clear vision of how to provide person centred support that was effective in helping people. People we spoke with and their relatives told us they felt there was now clear lines of communication with the managers and the office.

The registered manager was very engaging with all staff members. There was a warm and friendly atmosphere in the office; and when we made visits to people who had agreed to meet us, the registered manager was friendly and it was clear that they had positive relationships with the people who used the service.

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 told us that the service they received was very reliable.

People's medication was administered safely; by staff that had been trained and assessed as safe to do so.

The recruitment of staff was safe. Staff received training in and were knowledgeable about safeguarding vulnerable adults.

There were appropriate risk assessments in place. Any accidents and incidents were recorded and learnt from. Staff followed safe infection control practices.

Is the service effective?

Good ●

The service was effective.

People and their relatives told us they thought the staff were effective in their roles.

New staff received a thorough induction and assessment program, with ongoing refreshment of their learning.

Staff received support to be effective in their role through observation, support meetings, team meetings and appraisals.

People's needs and preferences were assessed. They were effectively supported with any healthcare needs they may have.

The service was working within the principles of the Mental Capacity Act (2005).

Is the service caring?

Good ●

The service was caring.

People told us the staff were very caring and treated them with dignity and respect.

Staff were respectful in people's homes. They knocked before entering and asked permission before doing anything.

People's confidential private information was respected and kept secure.

People were provided with appropriate information in a variety of ways.

Is the service responsive?

Good ●

The service was responsive.

Complaints to the service were now dealt with appropriately.

People told us that the service was responsive to their needs and preferences.

People had appropriate care plans in place, that they had been involved in putting together. These were regularly reviewed in person and over the phone.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

There had been improvements in how the quality and safety of the service was assessed.

There was information available to the registered manager that had not been used to further assess the quality of the service provided.

People and their relatives told us they had confidence in the registered manager and the management of the service. The registered manager was open and responsive to feedback.

The registered manager had friendly relationships with staff members and people supported by the service. There was a positive culture at the service.

Carewatch (Wirral)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11, 12 and 23 July 2018, the first day was unannounced.

The inspection was carried out by two adult social care inspectors and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Inspection site visit activity started on 11 July and ended on 23 July 2018. It included speaking with thirty people who used the service by telephone and visiting 5 people in their homes with their permission. We also spoke with fifteen relatives of people who used the service.

We visited the office location on 11 and 12 July to see the manager and office staff; and to review care records and policies and procedures. We also spoke with nine other members of staff. This included the quality support manager, 3 quality officers and 5 care staff.

We looked at care records for ten people who used the service and the staff files for six members of staff. We also looked at records showing how the service was managed including quality audits and feedback the registered manager had received from people who used the service and their families.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks for key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including the information in the PIR, before we visited the service. We also spoke with the quality assurance team from the local authority. We used this information to plan our inspection.

Is the service safe?

Our findings

People receiving care from Carewatch Wirral told us that they felt safe and secure with the care and support they received. One person told us, "Oh yes; I feel safe because everyone is very nice and they help me out." Another person said, "They are just great, I feel safe as they are gentle and I know them well." People's relatives told us they felt the service was safe. One person's relative told us, "My husband feels safe. They are very good, I am very pleased." Another relative said, "Mum feels safe they are so nice to her."

During our previous inspection in August 2016 there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not effectively monitored or audited the medication being administered by staff at the service.

At this inspection we saw that appropriate procedures were being followed to ensure that the administration of medication was safe. We saw that there was a clear record of the medication prescribed to people and what had been administered by staff members. This was documented in medication administration records (MARs) and in people's daily care records. We saw that when people had been prescribed medicated creams, there was appropriate guidance for staff and a chart where the application was recorded to show it had been administered as prescribed. People's medication was checked during staff observation visits and completed MAR documents were returned to the office and checked for completeness by a senior member of staff.

Staff received medication competency assessments, to check that they administered people's medication safely. These showed that a senior member of staff had assessed the staff member on how they handle people's medicines and their medicines knowledge.

The service was no longer in breach of this regulation.

To be assured that people received their necessary calls the service had an electronic system where the staff member used a smart phone that the service provided to log in and out of a person's visit. They did this by placing the smart phone on a tag in the person's home. This ensured that the staff member was visiting the person as they could only log the call from inside the person's home. The electronic system recorded the staff members arrival time, time of leaving and the length of the visit.

We saw that there had been some delays in new staff members receiving their work smart phone. For one new staff member this was for more than two months. During this time new staff members were not able to log into and out of their calls to people. This meant that the system designed to ensure that people received their calls was not working for these staff members. When staff are new to their role this system of checking is especially important to ensure people received their calls. The registered manager told us that senior staff kept check on new staff members calls in the meantime.

People told us that the service they received was reliable and that carers always showed up, nearly always close to the time they were supposed to. One person's family member said, "The carers have never been

more than fifteen minutes late. They are reliable and mum has never had a missed visit." Another person told us, "The carer makes contact if they are running late but overall they are pretty reliable." A third person said, "They are reliable. They come when they say." The records from the electronic system confirmed this. The electronic system alerted a senior staff member if somebody's call was missed and they could take appropriate action. This ensured the service was reliable. There had been three missed visits out of tens of thousands scheduled in the previous year.

Some people told us that the carers took their time, others told us that they were rushed. One person told us, "Oh yes they are reliable. They are good, a regular person every morning, they take their time." Another person told us, "They seem to rush a little bit like they are running to a schedule." A third person said, "Sometimes they rush a bit." Another person told us they thought the service was short staffed.

The schedules that staff worked from did not always allow for travel time during the busy morning periods. Staff told us that although the schedules are designed so that staff travel between people who live close together it could be a struggle to stay on time and provide close to the full call length during this period.

The registered manager told us that they were aware of the issue of "call clipping". Call clipping is when a person does not receive the full length, or close to the full length of their allocated time for their care from a staff member. They told us, "We expect the length of the call to be close to what it is meant to be." The registered manager also told us that they have recently had staff shortages that has meant people's calls at times were scheduled too closely together. They are currently in the process of recruitment. During our visit we met some newly recruited staff members. We recommended that the registered manager arranged for a review of staff schedules to ensure they are reasonable and achievable.

We looked at the recruitment files for six recently recruited members of staff. We saw that the recruitment of staff was generally safe. Each person had two references in their recruitment file; if needed it was recorded that these references had been checked with the referee. Candidates identification had been thoroughly checked and checks from the Disclosure and Barring Service (DBS) were sought. DBS checks are carried out to help ensure that staff are suitable to work with vulnerable adults in health and social care environments. Any applicant who had a previous conviction had an appropriate risk assessment in place to show that a safe decision had been made.

When checking people's employment history at times gaps in people's history were not always explored with the applicant. We recommended to the registered manager that they reviewed the recruitment processes at the service to ensure these were reviewed in future.

Staff members received training on reporting and recording events when things don't go as planned. Information about any accidents and incidents that happened was reported to the office and recorded. We saw that after an incident, appropriate referrals had been made to other services, such as occupational therapy. The service had an appropriate health and safety policy in place and made periodic health and safety audits of the care provided to people and the environment in which this took place to highlight and reduce any risks.

There were appropriate risk assessments in place for risks that may arise whilst supporting a person. There were detailed and offered guidance for staff on how to keep people as safe as possible.

The registered manager kept a detailed record of incidents that they had reason to believe may relate to safeguarding a vulnerable adult. Information about these events had been shared with the local authority. If appropriate these had been investigated by the registered manager.

The service had an appropriate safeguarding policy in place, this contained information on how to raise a safeguarding concern and which outside organisations it may be appropriate to contact if anybody had a concern. Staff had received training in safeguarding vulnerable adults as part of their induction with periodic refreshment of this training. When we spoke with staff they were knowledgeable about safeguarding vulnerable adults, signs that may indicate people may be at risk of abuse and what actions they would take to ensure people were safe.

People told us that staff followed appropriate infection control practices. One person told us, "They are absolutely amazing and they wear full uniform aprons, gloves and everything." We saw as part of their induction staff received training on infection prevention and control and the service provided staff with necessary equipment.

Is the service effective?

Our findings

People and their relatives told us they thought the staff were effective in their roles. One person told us, "They are happy girls, I'm happy with them all." One person's relative told us, "[Staff members names] are very good together they have a good relationship and enjoy caring for him."

New staff had a thorough induction programme which ensured they were equipped to support people effectively. New staff went through a workbook over five days which covered the standards of the care certificate. The care certificate is training linked to a set of standards for social care staff as recommended by Skills for Care. Skills for Care is a government agency who provide induction and other training to health and social care staff. The induction training was thorough and ensured new staff were up to date on legislation and the principles of good care, good communication, protecting people's rights and ensuring people's safety and well-being with personalised care and support.

Some of the training was practical, such as helping people to move about safely. The whole induction process was a 'footsteps' programme which included the initial induction training, shadowing an experienced member of staff, observations of the new staff members work, learning development and support meetings with the registered manager and other senior members of staff, before being approved as a permanent staff member. Senior staff had oversight of this process using a checklist of shadowing and observations that had taken place.

All staff received regular refresher training of the training the provider viewed as mandatory. This ensured that staff were always up to date with current practice in their work. This included safeguarding, medication administration and helping people to move safely. The registered manager had a system that alerted them when refresher training was due, which ensured that all staff training was up to date. The service had a dedicated training room which had equipment that carers will find in the community. This enabled staff to be familiar using this equipment in a safe environment.

We saw that staff received support in a number of ways to be effective in their role. There was a schedule of regular staff supervision meetings with a senior member of staff. Staff had regular staff team meetings where they could put forward items for the agenda and an annual appraisal of their performance.

Staff were enthusiastic about their roles. One staff member told us, "I'm enjoying my role. The induction and training were really helpful. The classroom training was good, but I really got into it and learnt when I got involved in shadowing another staff member." Another staff member said, "I like to come to work. It's a good team, they are all very supportive."

People were supported with any healthcare needs that arose. Staff were vigilant in spotting when people were unwell and took appropriate action. We saw that staff at the service made appropriate referrals to other health care professionals if the person needed any additional support with their healthcare; for example, occupational therapists. One person told us, "I had a tummy bug and they called the doctor for me."

Some people's care plans stated that the person needed support with their emotional wellbeing. Staff had received mental health awareness training to help them be effective in supporting people and to know when to raise an appropriate alert to a senior member of staff. The registered manager told us they were working with a training company to arrange for further training in this area for all staff.

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.

At this inspection we saw that the service was working within the principles of the MCA. People's consent to their care was sought and people were supported to make decisions for themselves. We saw that if they were able to people had signed to say that they consented to their care plan.

Staff that we spoke with were knowledgeable about the Mental Capacity Act. We saw that as part of their induction, new staff members were asked questions about different scenarios where the principles of the Mental Capacity Act would apply. This meant that staff were able to relate these principles to their day to day care and support of people.

We saw that some people's medication charts used different codes to indicate if a person took their medication and did or did not have capacity to understand what it was. Staff were confused by this and often the two different codes were used for the same person. For some people the code was used to indicate that they did not have the capacity to understand their medication when there had not been an assessment of their capacity. We asked the registered manager to review this process. They informed us that the medication policy for the service was currently under review and changes will soon be put in place.

When new to the service, people's needs and choices were assessed as part of the care planning process. A senior staff member used information provided by the local authority and information learnt when completing an assessment of the person's needs. When we visited people and their family members they told us they were thoroughly involved in the assessment process. This assessment was used when producing a care plan to guide staff in how to care for a person appropriately.

At the initial assessment any support needs a person may have to prepare food and drinks including any special dietary requirements were recorded in their care plan. This also included any preferences a person may have regarding their food.

Is the service caring?

Our findings

People told us that the staff were caring and kind towards them and often went above and beyond what was expected of them. One person told us, "[Carers name] is like a daughter to me. She is really nice and helps me out." Another person told us, "They have become like my family they are happy and compassionate." One person's family member said, "The carers have bought my mother gifts for her birthday and Christmas it's very thoughtful of them. All the carers are good."

When people spoke about the carers they were always very positive. People described them using words such as, "sensational", "amazing", "upbeat", "compassionate" and "happy". One person told us, "They are precious to me, I call them my family."

We saw that there were positive interactions between staff and people using the service, this showed that they had friendly and respectful relationships. People told us that staff members treat them with dignity and respect. One person said, "They are always nice to me and they treat me with dignity." One person's family member told us, "It's nice to see how they have been washing my wife's hair in bed they do a marvellous job." People told us they are spoken to kindly and respectfully. One person said, "They speak to me very well and always use my name." As part of their induction staff received training on equality and diversity, privacy and dignity, handling people's confidential information and protecting people's rights.

One person who told us they were treated with dignity and respect said about the approach of their care staff, "They are amazing absolutely amazing, I get embarrassed and they have helped me get overcome my shyness. They put you at ease and make you laugh."

Staff were positive about their role in providing care for people. One staff member told us, "I care about people. For some people we may be the only person they talk to that day. I like to listen to them."

We saw that people's confidential private information was respected and kept secure. For example, people's care plans were securely stored in the office and information held on computers and smartphones was password protected.

We saw that people were provided with appropriate information in a variety of ways. Information was available to people in a written format, in large print or was read to people by staff members. People had a copy of their care file in their home parts of which were in large print for some people. The care file also contained contact information for the service and information on how to raise a complaint. We also saw that people we visited had a copy of their upcoming schedule, so they knew who was coming to their home.

People's personal space was treated with respect, we saw that staff members knocked on people's doors before gaining entry into their home, even if they held a key. We also saw staff asking for permission to sit down in the person's room. This showed people respect and showed that staff cared for them as a person.

The service had received a large amount of 'thank you' cards. We looked at some of these. One read, "A big

thank you. I felt like you were my extended family." Another one stated, " To everyone, from the girls in the office to all the different girls who look after me. I couldn't have done it without you." A card from a person's family member said, "It has meant so much and enabled mum to go on living independently. You are all amazing people."

Is the service responsive?

Our findings

During our previous inspection in August 2016 there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because a system for documenting and responding to complaints was not being followed.

At this inspection we looked at the records of complaints at the service and saw that the service kept records of complaints made, investigations that had taken place and responses that had been made to people who had raised the complaint. If the service had fallen short of acceptable standards the response to a complaint included an apology and an explanation of what actions are being taken to correct the problem. We also saw that complaints had been responded to in a timely manner.

The service had a complaints policy that said a complaint can be made in a variety of ways, written, verbally or when people express dissatisfaction with the service. We saw that the registered manager had produced an analysis of complaints received, looked for patterns and recorded what improvements had been made to the services people received. People using the service told us that they felt comfortable raising issues if they were not happy with something. One person said, "If I call the office, they listen." They also told us that when they had raised a concern the service was responsive. One person told us that when they raised a concern with a carer a member of the staff came from the office to speak to them about it and the issue was resolved. Another person told us they had reason to raise a concern with the office and this was also rectified quickly and to their satisfaction. A third person told us they felt "reassured" after raising a concern.

The service was no longer in breach of this regulation.

People told us the service was responsive to and met their needs. One person told us, "Ninety eight percent of them [staff members] are very cheerful and accommodating. If I want to change my times for an appointment they will." Another person said, "Anything I want they just do it for me." People's relatives confirmed that people's care plans were followed and their family members received appropriate care.

Some people frequently refused the personal care that they had been assessed as needing. Refusing care is people's right; however, if this happened frequently we would expect the service to report this to the local authority who commissioned the service.

The registered manager explained that if a person continuously refused and they considered them at risk of self-neglect they would raise a concern with the local authority. However, it was not clear at what point this would happen, if this was considered as part of reviewing a person's care or if the reasons why a person was refusing their care were explored.

We saw that if people refusing care left them at a high risk that this was responded to quickly by care staff. But the system did not always effectively assess what impact frequently declined assessed care may have on a person. We recommended to the registered manager that the service had more guidance in people's care plans for staff to be aware of when to raise a concern and for this to be looked at in more detail during

reviews of people's care.

We saw that staff made clear records of the care people received with sufficient detail. One person's family member told us, "The carers records information about his Mum in the log following the information in her care plan."

We saw that people received support that was appropriate to their needs and preferences as outlined in their care plan. People's care plans had been written and agreed with the person and if appropriate their family members. There was sufficient detail in the plans to highlight to care staff what care the person needed, their preferences and what the person had agreed to. People also told us they were always asked on the day what care they wanted. We did find that because of the way the care plan was put together it was not always easy to quickly pick out the main points or risks to be aware of when providing a person's care. This may become a problem if an unfamiliar carer attended and needed to learn about the person quickly. We spoke with the registered manager about this. She told us that the format of the care plans was currently being reviewed.

We saw that the smart phones provided for staff also contained key care plan and safety information and any appropriate reminders for each person they were supporting. We saw that this software was password protected to keep people's information confidential.

We saw that people's care plans were regularly reviewed by visits from a senior member of staff and periodic phone calls to the person to check the care they were receiving was appropriate and was still meeting their needs. One person's family member praised the service received and attention to detail. They told us, "They take time to encourage him to be independent with his personal care but have a watchful eye over him."

Is the service well-led?

Our findings

During our previous inspection in August 2016 there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of systems that would enable the manager to assess the quality and safety of the care being provided to people.

At this inspection we saw that improvements had been made in how the safety and quality of the service was assessed. Information was now being effectively shared by carers with staff within the office. This was being recorded and reflected in people's care plans within a reasonable timeframe.

Although we made some recommendations on how further improvements can be made in how the quality of the service was being assessed; the service was no longer in breach of this regulation.

We spoke with 35 people who used the service. Everybody told us that they had confidence in and were happy with the service, it was reliable and met their needs. One person told us, "They do a wonderful job in fairness." Other people said, "Everything is fine yes I can't fault the service."; "They are smashing I have had them for 18 years." And, "They are very reliable, which is very rare for care agencies."

The electronic system used by the service recorded a lot of information on the timeliness and length of visits people were receiving at the service. Whilst generally this showed that people were receiving their care calls as planned; there was some areas within the information collected that indicated some improvements needed to be made.

For example, sometimes the end times for people's longer calls that were written by staff on the daily care notes did not match those on the electronic system by about an hour. Some staff members had a pattern of doing this. The end times of calls written by staff were not spot checked with the electronic system.

The electronic system can produce a "planned v's actual" report which shows when and for how long a person's care was planned and what was actually provided by the allocated staff member. This was a useful tool in working out if people had received their care as planned. When we looked at these reports there was a pattern of some staff members not staying at people's homes for a reasonable length of time.

The system didn't have a point at which it would alert senior staff to excessively shortened calls. These records were not checked when reviewing people's care or staff performance to make sure the visit length and care provided in this time was appropriate. We discussed this with the registered manager, they told us that they had already become aware of this problem and had started to take action. They told us that across the whole service the electronic system showed that 80% of people's allocated time had been received. During our visit the registered manager put into place a system where samples of this information for each person using the service and staff member would now be reviewed.

When we spoke with people and their relatives they all told us that they had received call lengths of an appropriate time and were happy with the support they received. Some people told us carers can seem

rushed but nobody mentioned staff leaving early. One person told us, "Yes I receive a call twice a day thirty minutes each time." One person's relative said, "Yes. The carers stayed around thirty minutes each visit."

Information about the consistency of people's care staff was not being used effectively as an indicator of the quality of the service provided for them. For example we saw that one person received care from 10 different carers in one month and another person 15. We saw that sometimes people refused personal care from unfamiliar staff until they had got to know them. Also, part of some people's assessed need for their visit was for staff to have a chat, to help the person's emotional well-being. Whilst we understand that having a familiar carer is not always possible, it is an indicator of the quality of the service being provided to people. The registered manager told us they would review this and expected this to improve with recent recruitment of new staff.

We did see that in many other ways the large amount of information collected by the service was used effectively. We saw that the induction and support of staff was well planned and senior staff had effective oversight of the support provided to staff members. Observations of staff and the quality of their work routinely took place both in an office environment and observing their work supporting people. There were a number of compliance reports that the registered manager used to stay informed of the quality of the service. We saw that at times these processes highlighted areas where improvements could be made and we saw evidence that action had been taken to make these improvements. This meant that the registered manager and senior staff in many ways had oversight of the quality of the service provided to people.

The way the electronic system was used had ensured that the service provided to people was extremely reliable, which is very important for people living in their own homes relying on support to meet their needs.

The registered manager had a Quality Improvement Plan (QIP) in place. The QIP highlighted the need to increase the staff team and the registered manager told us that whilst the service was short of a number of staff members they were purposefully not accepting additional calls. We saw evidence of recruitment during our inspection.

The registered manager was open to and responsive to feedback received from us. There was a culture of learning from and with people at the service and using information to improve the support people received. The service had quality surveys for people and their relatives. These were undertaken by an external provider and 20% of people using the service were surveyed each quarter. Learning from these surveys showed progress. For example, in the question; "I know which care worker will be coming to visit?" A positive answer had increased over the last quarter.

The registered manager had a clear vision of how to provide person centred support that was effective in helping people. People we spoke with and their relatives told us they felt there was now clear lines of communication with the managers and the office. We saw that people were communicated with in a variety of ways, including a Carewatch newsletter that all people received.

When we made visits to people who had agreed to meet us, the registered manager was friendly and it was clear that they had positive relationships with the people who used the service. With most people the registered manager was on first name terms and knew and enquired about their families.

The registered manager was very engaging with all staff members. There was a warm and friendly atmosphere in the office. We saw that staff members in the office and any visiting staff ate lunch together. The registered manager told us that they were encouraging a "whole team", rather than separate office staff

and care workers. Many of the office staff also provided care calls to ensure that people received a reliable service.

We saw in the reception area of the office a newspaper article about an "I Care Award" that had been recent awarded to a staff member at the service. We also saw that staff members and some people supported had raised money for different charities. The registered manager explained that this was a good way of getting the whole team involved and getting to know each other better.

The service had received many compliments from people using the service and health professionals. The registered manager ensured that these compliments were passed onto the care staff and recorded when they had done so. At times the registered manager called a person or sent them a quick text message to praise their good work. They told us that it was important to recognise good work as soon as you can instead of waiting until you see a staff member. The registered manager also arranged at times for a "carer recognition" thank you card to be sent to staff members. Recent acknowledgements sent to staff stated, "For being kind and helpful to [name] and making sure they received medical attention." And, "[Name] says you are the best and just stand out."

In the office we saw that the previous rating for the service was displayed. We also checked and saw that the registered manager had ensured that appropriate notifications of notifiable events had been made to us. The service had a set of policies and procedures that staff knew about and had access to if they needed. This meant that staff had appropriate guidance if certain situations arose. There was a CQC poster displayed which informed people on how they could report or comment on the quality of their care to an outside organisation. There was also a who's who board with a picture of office based staff.