Age UK Northumberland

Age UK - Northumberland

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

Overall summary

This inspection took place on 17 and 20 July 2015 and was announced. This was so we could be sure that management would be available in the office as this is a domiciliary care service. We last inspected this service in September 2013 where we found the provider was meeting all of the regulations that we looked at.

Age UK - Northumberland provides personal care and support to people in their own homes and enablement services for people to access the community. At the time of our inspection the provider delivered care and support to 739 people and employed 288 members of staff. The service supports people with mental health issues, physical disabilities, sensory impairments, learning disabilities or autistic spectrum disorders, younger adults, older persons and people living with dementia. The care and support provided ranged from 24 hour care packages to short visits where people were supported to access the community or complete domestic tasks.

There was a registered manager in post who had been registered with the Care Quality Commission (CQC) since

Summary of findings

October 2010. However they were not at work at the time of our inspection and alternative, suitable management arrangements had been put in place. In the absence of the registered manager we were assisted throughout our inspection by the regional manager, quality manager and the nominated individual who had joined the organisation in recent months. A registered manager is a person who has registered with the 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 were happy with the care and support they received and they spoke highly of the staff who assisted them. They said their needs were met safely and they felt involved and informed about their care. Safeguarding policies and procedures were in place and there was evidence to demonstrate that the organisation reported matters of a safeguarding nature to the appropriate local authority for investigation. Staff were aware of their own personal responsibility to protect people from abuse.

People's needs and risks they were exposed to in their daily lives were assessed, documented and regularly reviewed. Some care records were in need of further detail to make them more person-centred, however we noted that a program of replacing old documentation with more extensive newer care plans and risk assessments was already underway to address this. A business continuity plan was in place which provided guidance about how to deal with unforeseen circumstances, such as a fire at the provider's office, which may hamper their ability to deliver care.

Staff supported people to manage health and safety risks within their own homes and refer matters on to third parties if necessary. Recruitment processes were thorough and included checks to ensure that staff employed were of good character, appropriately skilled and physically and mentally fit. Medicines were managed safely and appropriately and staff competencies in relation to the administration of medicines were carried out to ensure that staff followed best practice guidelines. Staffing levels were determined by people's needs and the number of people using the service. We had no concerns about staffing numbers.

Staff told us and records confirmed that training in a number of key areas such as safeguarding and moving and handling was up to date. Staff told us they had the skills they needed to meet the varying care needs of the people using the service. Supervisions and appraisals took place although in some team areas these were outstanding. Despite this, staff told us they felt supported by management and could approach them at any time. Staff meetings took place bi-monthly and provided an avenue through which staff could feedback their views. Communication between care staff 'in the field' and more senior staff was under review at the time of our inspection, as staff had already highlighted to the nominated individual that improvements were needed in this area.

CQC monitors the application of the Mental Capacity Act 2005 and deprivation of liberty safeguards. There was evidence to show the service understood their legal responsibility under this act and that they initially assessed people's capacity when their care commenced and then on an on-going basis if necessary. Decisions that needed to be made in people's best interests had been appropriately referred to their care managers so that a communal decision with multiple parties could be made.

People reported that staff were very caring and supported them in a manner which promoted and protected their privacy, dignity and independence. People said they enjoyed kind and positive relationships with staff and they had continuity of care from the same members of the care staff team whenever possible, which they appreciated.

People were informed about their right to complain and about how to do so, if they wished. Records showed that historic complaints were handled appropriately and records were kept of each individual complaint received and any associated paperwork or correspondence with the complainant. People's views and those of staff were gathered through annual surveys.

Care records demonstrated that the provider was responsive when people's needs changed and the care and support they received was adjusted accordingly. People were supported to access the services of external healthcare professionals if they needed assistance to do so.

Summary of findings

There had been recent management changes within the organisation and a period of change that was still on-going at the time of our inspection. The newly appointed nominated individual told us that they were keen to promote an open culture. She had clear visions and values and future plans about how she wanted the business to develop. Auditing and quality monitoring of the service delivered was extensive and on-going. Records showed that where any issues were identified these were promptly addressed or investigated so that measures could be put in place to reduce the chance of repeat events.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

People told us they felt safe when receiving care and support from staff.

Systems were in place to report matters of a safeguarding nature to external organisations if required. Staff were aware of their personal responsibility to report any instances of abuse or harm.

Care delivery was planned and risk assessed. Medicines were administered safely and staffing levels were appropriate.

Recruitment procedures were thorough and staff who worked at the service had been vetted before they started working with vulnerable people.

Is the service effective?
The service was effective.

Good

People's needs were met and continuity of care was evident.

Staff were appropriately trained in key areas which meant they had the skills they needed to deliver care safely and effectively. Supervision and appraisal systems were in place and staff reported that they felt supported by management.

People's capacity levels were assessed and monitored. The provider acted in line with their legal obligations in respect of the Mental Capacity Act 2005 (MCA).

Is the service caring?
The service was caring.

Good

People spoke of the caring and positive relationships they enjoyed with the staff who supported them. They confirmed that staff treated them with dignity and respect and they had privacy whenever they needed it.

People were involved at the initial stage when their care package commenced and also during reviews of their care needs.

The organisation acted as an advocate for people.

Is the service responsive?
The service was responsive.

Good

Care planning and risk assessment took place and was appropriate. People received reviews of their care regularly and adjustments were made to the support they received if necessary.

People were supported to pursue activities if this was part of the care package that they received. They told us they made choices about their care and were aware of how to complain, should this be necessary.

The provider had systems in place to gather the views of both people and their relatives in order to improve the service delivered.

Summary of findings

Is the service well-led?

Good

The service was well-led.

People reported that they felt the service was well-led and staff welcomed recent changes made within the service.

The ethos and culture of the service was positive and there was a clear vision and set of values in place. Changes were being made to the roles and reporting structures within the organisation to allow for better communication and accountability for staff.

The service worked well with external organisations to ensure that people obtained the best possible outcomes.

Age UK - Northumberland

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 17 and 20 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available to assist us.

The inspection team consisted of one inspector and an expert 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.

Prior to our inspection we reviewed all of the information that we held about the service. This included reviewing statutory notifications that the provider had sent us and any safeguarding information received within the last 12 months. Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are reports of deaths and other incidents that have occurred within the service. In addition, we contacted Northumberland safeguarding adults team and Northumberland local authority contracts team. We used the information that these parties provided to inform the planning of our inspection.

As part of our inspection we visited five people in their own homes and spoke with a further 11 people on the telephone, all of whom used the service. We spoke with 12 people's relatives, seven members of the care staff team, the regional manager, the quality manager and the nominated individual, who is the provider's representative. We reviewed a range of records related to people's care and the management of the service. These included looking at ten people's care records, seven staff files, the electronic planning and operation system used by the organisation and records related to quality assurance.

Good

Is the service safe?

Our findings

Each person that we spoke with told us they felt safe in the presence of staff who cared for and supported them. They described the care workers who supported them as "kind and helpful". People were confident that staff would arrive on time and they said this made them feel safe. One person told us, "I've been sent a rota every single week. It gives me the reassurance that I'm not going to be forgotten. I've never had no one come at all. If someone goes sick, the Team Leader, who knows me, will cover the visits. That way, I never have to worry." A relative commented, "We feel very comfortable with the staff." We observed one staff member interacting with a person when we visited them in their home. The person appeared very comfortable in the presence of the staff member who had supported and cared for them for many years.

The provider had a safeguarding policy and procedure in place which gave clear guidance to staff about how to identify abuse and report matters of a safeguarding nature. Staff were knowledgeable about the concept of safeguarding and they were aware of their own personal responsibility to protect vulnerable people and report abuse or instances of suspected abuse. They told us they received training in safeguarding and this was regularly refreshed. The management team were clear about the organisation's responsibility to safeguard people from abuse. We saw examples of cases where management had acted promptly to protect vulnerable people and reported instances of abuse or suspected abuse to the local authority safeguarding team for investigation.

Records were kept within the service of accidents and incidents that occurred either during care delivery or just before staff arrived at people's homes to support them. These included for example where staff had arrived at a person's home, and found the person had injured themselves and medical assistance was sought. There was evidence that action had been taken in response to accidents and incidents, third parties had been contacted and where necessary, measures had been put in place to prevent repeat events. All staff were issued with a mobile phone when they started working for the organisation which they carried with them during working hours. This meant staff had a means by which they could call for assistance if required and they had set lines of communication with office staff and management. Staff told us they telephoned people they were due to visit if they were unduly delayed at a previous care call.

Risks that people were exposed to in their daily lives and in respect of the care that was delivered to them had been assessed by area team leaders and area managers within the organisation. These included risks associated with medicines, mobility and environmental risks. Documentation about these risks was available within people's homes for staff to refer to. The environmental risk assessment carried out by the organisation was generic and would benefit from some personalisation. We relayed our findings to the regional manager and the nominated individual, both of whom told us this would be addressed.

The staffing compliment was structured into area teams with area team leaders who supported care staff working 'in the field' and area team managers who supported all of the staff working within their area. Area team managers were based at the provider's office. Staff told us that overall they had enough time to deliver the care people needed within the allocated time, but they felt under pressure as travelling time between calls was not factored into their rotas. We fed this information back to the nominated individual who was already aware of this matter and advised us that a decision had been taken by senior management at board level, to build travel time into staff rotas and pay them for this, from August 2015.

Home visits were allocated to care staff on a weekly basis and these, alongside any updates, were sent to their mobile phones electronically. People told us they received a copy of staff rotas by post which they appreciated as it informed them about which members of staff would be calling at their home to support them. Any issues or changes staff wanted to make to their rotas were reported to the relevant area team leaders, and then area managers if necessary, for discussion and revision if appropriate. This meant that area managers had an overview of staffing capacity and any shortfalls that needed to be addressed. We had no concerns about staffing numbers within the service.

Records reflected that the provider operated a robust recruitment process. The human resources manager showed us a matrix which tracked completion of each stage of the recruitment process for each potential new starter within the organisation. Staff were interviewed, their

Good

Is the service safe?

identification was checked, references were sought from previous employers and Disclosure and Barring Service (DBS) checks were obtained before staff began work. Staff also completed a health declaration questionnaire and if need be they were referred to an occupational health company for assessment and support. The provider had systems in place designed to ensure people's health and welfare needs were met by staff who were fit, appropriately qualified and physically and mentally able to do their job.

Where relevant, people were supported to take their medicines safely. Staff recorded when medicines had been administered within people's daily care records. Individual medicine administration record sheets were being implemented at the time of our inspection to provide more specific recording around the exact type and quantities of medicine(s) that staff helped to administer. Staff told us they supported people to take their own medicines independently, assuming they were able to, once they had dispensed it from the relevant container. A medication profile which listed the medicines that people took was within their home if applicable. Staff told us they checked these profiles each time medicines were administered to ensure they were current. We cross referenced a sample of medication profiles with the monitored dosage systems prescribed to the people we visited. We found they corresponded to the currently prescribed medicines. Staff were knowledgeable about the safe handling of medicines. They were clear about scenarios where they should not administer medicines, such as if a family member had become involved in the process and dispensed medicines from their original container to be given at a later time. Staff were trained in the safe handling of medicines and a detailed medication policy was in place which provided them with appropriate information and guidance. Competency checks on staff practice in the administration of medicines were carried out.

There was evidence that staff were mindful of health and safety risks within people's own homes and supported them to remain safe. Records showed that staff had reported concerns to their managers where they were worried about people's welfare.

The provider had considered emergency planning and had a business continuity plan in place. There were clear plans and protocols to be followed in respect of each eventuality listed. These included for example, a loss of computer servers, telecommunications, fire, premises and business collapse. The electronic system used by the organisation for care planning and to store people's personal information had the facility to flag people by colour according to their level of need in an emergency situation. The quality manager showed us how he could run a report off the system with this colour coded information to ensure that the neediest people got assistance first. This showed the provider had considered the impact of external factors beyond their control and the resulting potential impact on people's safety. In response, they had put contingency plans in place to mitigate against these potential issues as far as possible.

Good

Is the service effective?

Our findings

People we spoke with were positive about the quality of the care and support they received and they valued the difference this made to their lives. Each person said that their needs were met and a lot of people told us they had received care and support from the same carer for several years which gave them continuity of care which they appreciated. One person told us, "My carer knows me better than some of my family." Another person told us, "My care worker has been looking after me for two years. She knows me better than some of my relatives. If I don't feel like chatting she doesn't take offence but will carry on with my care. Other times we can have a right good chat. I feel so comfortable with her; if I think how I struggled before she started, she is a godsend." Other comments included, "My carer always asks how I am when she arrives so we have a few minutes before she starts helping me to get up; some mornings I am a bit slower than others" and "The care's very good; I can't fault them". Compliments that had been received by the service referenced how staff were dedicated to their roles and provided good care. Comments included, "Thank X (staff name) for the great help and support" and "Thank you for all the help and support. X (person) loved the care he got from Y and Z (staff name), he classed them as his friends."

We also spoke with people's relatives to gather their views of the service delivered. One relative commented, "My Mum's carer is so thoughtful. She notices when my Mum is running short of essential supplies and will arrive the next day with them for my Mum." Another relative told us, "Our care worker comes to sit with my husband so I can go out and do some jobs. He never minds what he does with my husband, they sometimes do a puzzle, play games, nothing is too much trouble for him. I don't know what I would do without him."

Staff had completed training in a number of key areas such as infection control and emergency first aid. A six day induction programme was in place for care staff where new recruits were trained in a number of key areas relevant to their role. Following this, new starters carried out a period of shadowing other more experienced staff before working alone. A training manager monitored staff training needs and arranged and delivered courses to staff. Records showed that specialist training that was relevant to the needs of the people staff supported, had been sourced from external healthcare professionals with the appropriate expertise. This ensured that staff were equipped with the appropriate skills to deliver effective, safe care.

Staff told us they received enough training in order to deliver care effectively. One member of staff told us, "We have too much training sometimes! Having said that, if we think we are due some training or we want some we can contact them. They won't send anyone out to a care call if they haven't got the skills. You do a lot of shadowing in induction." Staff told us that one to one meetings with their line manager took place periodically but that these had not been as regular lately because of restructuring of reporting structures that had taken place within the last 12 to 18 months. Supervisions are important as they allow staff to have personalised meetings with their manager to discuss their performance, any issues that they may have and any training needs. The provider carried out spot checks on staff practice and how they administered medicines to ensure staff were competent in their roles. There was an annual appraisal system in place, although not all appraisals had been completed for the previous year. Despite a slight backlog in supervisions and appraisals being formally completed, staff told us they felt supported by management who they could approach and raise issues with at any time. They told us that staff meetings took place bi-monthly and they could speak to their superiors during these meetings if need be. The quality manager and nominated individual gave their assurances that now the majority of changes within the organisation had taken place, they would ensure that the backlog in the completion of supervisions and appraisals was addressed promptly.

There was evidence of continuity of care and several of the people we spoke with told us they received care from the same small group of care workers. They said they appreciated this as they had built a personal but professional working relationship with the staff who supported them and who knew them, and their care needs, very well. One person told us, "I like my permanent carers. I wouldn't swap them for the world because they know me."

People and their relatives told us that communication between themselves and staff, either face to face or via the telephone was generally fine and if they needed to contact the office about any matters, they were usually dealt with efficiently. Some care workers told us that they did not

Good

Is the service effective?

always get the messages they thought they should from management and at times they struggled to contact team leaders and area team leaders when they needed them. We relayed this feedback from staff to the nominated individual. She told us that she had already identified this as a problem and had received the same feedback from staff herself. She advised us that a consultation process with staff was about to start looking at changing the reporting structures within the organisation. The planned new model would direct staff to contact the office if they had any issues whilst carrying out their roles, where more senior staff would always be on hand to assist them. The nominated individual advised us that she hoped a new structure would be in place and operational by November 2015 and this would alleviate the problems some staff currently faced.

People told us that if they were unable to make arrangements for themselves, staff would assist them to arrange healthcare appointments, such as appointments with their general practitioner. Records showed that where staff had arrived at a person's home and they were concerned about their welfare and well-being, they had sought medical attention or referred the matter to their manager or senior staff in the office for further action.

The service was involved in supporting people in the preparation of their meals and, where necessary, assisting people to consume their food. Records showed that some staff had received training in specialised areas such as Percutaneous Endoscopic Gastrostomy (PEG) feeding tubes, which are used for people who cannot take food by mouth. This showed that measures were in place to ensure that where people's nutritional needs were high, the service had invested in their staff so that they could meet these needs. People told us they relied on their care workers to prepare hot drinks for them and they also needed cold drinks left for them to manage in between care calls. One person commented, "Whatever the time, my carer always makes sure I have plenty of water to last until my next visit. They remember better than me!"

We discussed the Mental Capacity Act 2005 (MCA) and Court of Protection orders to deprive people of their liberty in a domiciliary setting, with the quality manager and nominated individual. They told us that they received information about people's cognitive abilities from care managers at the point the service commenced and as people's needs changed they carried out an assessment. The quality manager told us that very few people using the service currently lacked capacity to a level which would require a Court of Protection order or health and welfare lasting power of attorney to be in place. The nominated individual informed us that if applicable, they would obtain copies of these documents from the relevant parties to ensure the provider supported people legally and in line with their rights under the MCA.

There was evidence to show that the provider referred matters related to people's capacity and any decisions that needed to be made in their best interests, to either their care managers within the local authority, other relevant healthcare professionals and safeguarding teams if necessary. We were satisfied that the provider was aware of, and carried out their legal obligations under the MCA.

Good

Is the service caring?

Our findings

People told us they enjoyed positive relations with staff, which was important to them and they were grateful for the caring service that they received. They commented that staff understood their personalities and the way they preferred their care to be delivered. People described the way staff engaged in pleasant conversations with them when they visited and said they were fortunate to be supported by such a caring agency. Several people told us that their care workers often went that 'extra mile' in order to help them and carried out tasks that were over and above their agreed duties, such as carrying out household tasks. One person said, "All my carers are lovely; they are so attentive." Other comments included, "My care team are great; they just want to help me live my life" and "I love my carers because they really care about me". A person's relative told us, "I just want to mention my son's carer X (care worker), they are absolutely brilliant. There is nothing they won't do to help my son. They are a real inspiration." Another relative commented about a staff member and said, "Our team of carers are great." The caring attitude of staff was evident in the feedback that we received.

We reviewed compliments the service had received. These included; "Thank you for the kindness shown to my mother when X (care worker) sat with her when she was very ill", "We are delighted with the care provided to my mother; please thank her carers for their dedication" and "A big thank you for my care from 'my angels' (care workers)". One relative had written a comment which read, "I would like to convey my heartfelt gratitude to all your staff. The care and compassion they showed was fantastic. I have no doubt they helped X (person) get through the most painful and difficult weeks of his life."

People we spoke with described their experiences with other care agencies in order to demonstrate how they felt this provider was different and actually cared about them as a person. One person told us, "I changed agency last year because I never knew if anyone would turn up or when. I was at my wit's end not knowing what to do. I happened to speak to a friend and they recommended that I give Age UK a call. What a difference! They have changed my life."

Care records indicated people's involvement as they had signed their plans of care (where possible) to indicate they agreed with the contents and the care and support that was to be delivered. People told us that review meetings about their care took place either six monthly or annually, or at any other time if their needs changed. They told us they valued these review meetings as they made them feel involved in decision making.

People and their relatives confirmed they received enough information from the service and the quality manager showed us a 'Home Care Service User Guide' that was distributed to people when they started to use the service. This guide gave people important information about the home care service and what they could expect, including a list of services that were offered organisation-wide. A list of useful telephone contact numbers was also listed within the guide and information about how to raise any concerns or complaints with the provider, should this be necessary.

People told us they received support in a manner which ensured their independent living skills were maintained as much as possible. For example, they told us they carried out as many of their activities of daily living (such as washing and eating) as they could and staff provided support and assistance if required. Some people told us they completed tasks such as partially preparing meals and then when care staff arrived they supported them to complete these. This showed that the service promoted people's independence.

People described how staff members took great care to ensure their dignity and modesty was respected. One lady commented "They never let me put on dirty clothes and make sure I'm looking my best before they leave me." Another person spoke of their care worker and said, "She is very good at protecting my dignity. She is a lovely girl." One person told us of a personality clash that they had experienced with a care worker and advised that they reported this to management, who were quick to respond and made arrangements for a different care worker to support them. They said, "One of the first carer's I met was very nice, but I just didn't get on with her. I didn't like to cause problems, but I spoke to one of the managers and she couldn't have been more helpful. I wasn't made to feel guilty at all. They couldn't have been nicer about it." In one person's home where we visited we observed the care worker assisting someone to the bathroom to support them with some personal care. This was done gently and in

Good

Is the service caring?

an unhurried manner. Upon entry to the bathroom the care worker closed the door behind them to protect the person's dignity. This showed that people were treated with dignity and respect.

The quality manager, regional manager and nominated individual all told us that if necessary staff acted as an advocate for people and the organisation had its own advocacy service which people could access more formally if they wished. The regional manager told us that they would support people to access advocacy services externally if people requested this support. The quality manager gave us examples of where they had acted as an advocate for people who used the service. These examples demonstrated that they acted on people's behalf with their best interests in mind at all times.

Good

Is the service responsive?

Our findings

People told us they felt the service was responsive to their needs and any situations that arose. One person told us, “If I need anything or want anything they do it. When they first came to help me they came in four times a day; now it is only twice a day as I can do more for myself.” Another person commented, “I have regular reviews every six months because of my condition which means that my care needs are constantly changing. There is never anything they cannot tackle.”

Relatives were keen to talk about how the service had been responsive to their family member’s needs. One relative said, "My Mum mentioned to her carer that the day could be very long without anyone to talk to. They (management) approached me and we arranged for an extra visit so that Mum had some company during the day. She wouldn't have said as much to me."

The provider carried out a pre-assessment of people’s needs prior to them receiving care from the service. People talked about their initial meeting where a care plan was drafted and explained. One person said, "We sat down with the manager and talked about everything I needed help with. She explained that this would form my care plan and once I had signed it I was introduced to my team leader and carers."

Individualised care records were maintained within people’s homes. The quality manager showed us a newly designed care and support plan that was being introduced throughout the service. This gave more detailed and person centred information than that which had previously been in place. Staff told us that the new documentation was much better and easier for them to work with. They said it gave them the information they needed to meet people’s care and support needs. The quality manager told us that the roll-out of the new care record documentation was expected to be completed by November 2015. We found that whilst this new documentation was much improved, some further detail around people’s abilities to assist with the administration of their own medicines, and less restriction around the structure of generic risk assessments, would assist staff further. We shared our findings with the nominated individual and the regional manager who told us that this would be addressed as soon as possible.

Care records were reviewed regularly and people told us that supervisors visited them in their home periodically to review their care, gather their views and check staff performance. One person commented, "When I had my recent review we talked about the difficulties I was having to make my lunch, now a carer comes to help me out. It makes all the difference." This demonstrated that the service was responsive.

Staff were very knowledgeable about people’s needs and there was evidence that they responded to matters and issues brought to their attention, in respect of people’s health, safety and their general well-being. Records showed that people had been referred to external organisations for input into their care as and when necessary. This showed that the provider was responsive and proactive to changing circumstances.

People told us it was their choice whether or not they accepted the care and support offered to them and they were given a choice, for example, about the clothes they wore or the food they ate. This showed that staff recognised people’s individual rights to make their own decisions. People told us they were supported to pursue activities if this was part of the support they had agreed in their care contract with the service.

The provider told us that they gathered people’s views and the views of staff annually through questionnaires. Every six months a face to face “quality visit” took place where area team leaders visited people in their homes to discuss their satisfaction levels with the service they received. Staff told us they would actively report any concerns or issues that people raised with them during care delivery. They told us they could also feedback their views through staff meetings held bi-monthly, or at any time by approaching their area team leader/manager. Staff surveys were sent out annually and most recently in January 2015. The nominated individual told us that although it was somewhat delayed due to the recent changes in management, an action plan had been drafted in response to issues raised by staff in this survey and would be progressed as soon as possible.

The provider had a complaints policy in place and any complaints or compliments raised were retained electronically and monitored where necessary, within the company’s office. The complaints policy provided information for people about how to complain, how the complaint would be dealt with and the timescales involved. The complaints policy was also brought to

Good

Is the service responsive?

people's attention in the customer guide issued to people when they started using the service. We examined how historic complaints had been handled by the organisation. This showed that complaints were responded to appropriately and where relevant, statements had been taken from staff and documented. Any correspondence with the complainant had been maintained and the outcome of each case was clearly recorded.

All of the people we spoke with told us they had never needed to make a formal complaint of any kind but they had confidence that if they needed to make a complaint, it would be dealt with appropriately and fairly. People confirmed they had information about how to make a complaint within the information which they had been supplied with at the point that they started using the service. One person told us, "I don't think I'd have a problem making a complaint, I'm sure I'd be listened to; They've always listened whenever I've spoken to anyone and I don't think that would change just because I was complaining." Another person told us, "They are all so open and friendly that I'd rather have an informal chat with them about any concerns I had, rather than wait until it became a full blown complaint."

Staff told us that they worked with people's care managers within the local authority where relevant and they received information about people's care needs at the point that they commissioned the service to look after them. Area team leaders told us that they worked well with external healthcare professionals such as occupational therapists when they engaged with them and requested support or input into people's care.

Good

Is the service well-led?

Our findings

People were complimentary about the service, the relationship they had with managers and the way it was led. All of the people we spoke with relayed positive views about the management of the service. They described office staff as “friendly and helpful”. One person said, “I've only had to phone the office occasionally to cancel or rearrange a visit, but the phone is always answered quickly, staff are polite and if they promise to phone you back, they always do." Another person told us, “From our very first meeting, they instilled in us an air of confidence in that what they promised, they would deliver.” Relatives of people who used the service were equally as complimentary about the service. One relative commented, “So many agencies just don't understand how stressful it can be when you are basically handing over your loved one's care to them. They get it and I haven't regretted my decision to let them look after my father at all. My stress levels have calmed down.” Another relative told us, “I know if I need to talk to someone about my mother I only need to pick up the phone. Just to have someone to listen to me is help enough."

The nominated individual told us that the ethos and values of the company was to “enable individuals to live the life they choose to live with our support”. She continued, “It’s about being a caring, campaigning organisation who speak out on people’s behalf. We deliver safe, high quality care and we enable people to stay within their homes if they choose to. We provide a well-trained member of staff so people get good care and they and their families are assured.” The nominated individual had recently joined the organisation and she spoke with us about how she wanted to further develop an “open culture” where staff and people can approach management with any concerns or issues they may have. She referred to staff as “the most important part of the organisation, as they do an amazing job for people.” She added, “I am proud of our staff; they amaze me on a day to day basis by what they achieve for people, in our name.”

At the time of our inspection the service was undergoing changes that had come about because of a turnover of management at a senior level. The nominated individual told us that she had looked at all aspects within the organisation with a view to addressing any shortfalls and making changes where they needed to be made. She told us, and staff confirmed, that there had been consultation processes with staff, where they were “given a voice” and were included in any proposed changes. Plans were in place to restructure the organisation so that it worked more efficiently to support care workers in the delivery of care. These were in the process of being finalised.

Staff told us they had seen positive changes within the organisation, which they welcomed, and these had been brought about by the change in leadership. They referred to the nominated individual as “open” and someone who “listened to staff”. When asked if they thought the service was well-led, staff told us that they believed it was and that some of the problems that had existed in the past were being addressed. People expressed confidence that management would deal with any problems or issues they may raise. We found the nominated individual, regional manager and quality manager to be open and honest in their discussions with us.

There were plans to reintroduce staff award schemes, such as employee of the month, where staff can be recognised for the contribution that they make. A social event had also been organised for August 2015 where staff could enjoy time together. The nominated individual told us that she intended to source a ‘health trainer’ to support staff by promoting their health and wellbeing through offering lifestyle advice.

There was evidence of good leadership within the service. People and staff told us that area team leaders or managers visited people in their own homes when they first commenced their care package, to introduce the company and to ensure that their needs could be met effectively. Management reporting structures were in place (although under review) and there were different roles and seniority levels within the organisation which provided consistency and accountability for staff.

Staff meetings took place bi-monthly and there were plans to improve communication within the business. Staff confirmed that the nominated individual had introduced a newsletter which she sent out to all staff on a monthly basis. This contained important information including updates about any developments and changes within the organisation.

The organisation had extensive auditing systems in place that were managed electronically and gave a detailed overview of the organisation’s performance. Each

Good

Is the service well-led?

individual audit was analysed upon completion and action taken to address any matters arising. General monitoring of, for example, the number of missed calls and reasons they were missed or any open safeguarding cases, was on-going, so that any problems or patterns could be identified and dealt with promptly. The quality manager showed us examples of auditing that took place related to people's care records, complaints and staff training. Monitoring of accidents, incidents and safeguarding matters was also on-going and records showed that the service investigated the reasons why, for example, an accident had occurred. Follow up actions were evident and the electronic system used by the organisation had the facility to compile reports about a range of issues such as the number of staff who had completed certain training courses, how many care review visits had been undertaken and how many appraisals had been done. The system also gave the quality manager the ability to look at future planned work in terms of, for example, the number of care review visits planned in for the forthcoming quarter. The quality manager told us this gave senior management an on-going overall view of the service and a picture of how it was performing, with the opportunity to make adjustments where necessary.

People were supported to remain safe in their own homes and where necessary staff had referred any matters of concern to management and action had been taken to resolve these. The provider had many detailed policies and procedures in place covering all aspects of care delivery and any other services that the organisation offered. These gave staff and people a point of reference and guidance for them to follow.

Care records evidenced that the service worked in partnership with other healthcare professionals such as community nurses, to ensure that people received the care they needed and there was continuity in care delivery. Care records were retained within people's home, at the point of care delivery, and other records related to the operation of the service were held securely within the office. Access was restricted to those people who needed it, to ensure confidentiality.