Leonard Cheshire Disability

Isle of Wight Care at Home Provider

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 25 August 2016 and was announced. The provider was given 48 hours because the location provides a domiciliary care service; we need to be sure that someone would be available in the office.

Isle of Wight care at Home provider provides personal care and support to people in their own homes. At the time of this inspection the agency was providing a personal care service to 27 people with a variety of care needs, including people living with a learning disability, physical care needs or memory loss due to progression of age. The agency was providing a service to people across the Isle of Wight.

The agency 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.

The registered manager had failed to notify CQC about some significant events that happened involving an allegation of abuse and police involvement. Office staff had taken all necessary action to protect people and reported the concerns to the local authority safeguarding team and police.

We received positive feedback from people about the service. All people who used the service expressed great satisfaction and spoke very highly of the staff.

People told us they felt safe and secure when receiving care. Staff received training in safeguarding adults. Staff knew how to recognise and respond to abuse and understood their responsibility to report any concerns.

People's risk assessments and those relating to their homes' environment were detailed and helped reduce risks to people while maintaining their independence. Staff were responsive to people's needs which were detailed in care plans. People told us they had been involved in care planning and care plans reflected people's individual needs and choices.

People were cared for with kindness and compassion. People who used the service said their privacy and dignity were respected. People were supported to eat and drink when needed and staff contacted healthcare professionals when required. Staff had an understanding of the Mental Capacity Act (MCA) and were clear that people had the right to make their own choices.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. There were sufficient numbers of care staff to maintain the schedule of visits. Staff told us they felt supported and received regular supervision and support.

People felt listened to and a complaints procedure was in place. The provider sought feedback from people through the use of a questionnaire. The results from the latest survey were predominately positive.

Systems were in place to assess and monitor the quality of the service people received. Office staff demonstrated strong values and a desire to learn about and implement best practice throughout the service.

We identified a breach of Care Quality Commission (Registration) Regulations 2009. You can see what action we have taken in the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Recruitment procedures were followed to ensure staff were safe to work with people. People's needs were met by sufficient numbers of staff who were seen as reliable.

Staff had received training in safeguarding adults and were aware of how to use safeguarding procedures.

There were safe medication administration systems in place and people received their medicines when required. Risks to people's welfare were identified and plans put in place to minimise the risks.

Is the service effective?

Good

The service was effective.

Staff knew people's needs and records showed people received appropriate care.

Staff were aware of the Mental Capacity Act 2005 (MCA) and had an understanding of consent and how this affected the care they provided. People said staff always obtained their consent before providing care.

Systems were in place to ensure staff received training, support and supervision.

Is the service caring?

Good

The service was caring.

People and their relatives said staff were kind and caring. Staff had built good relationships with the people they provided care for.

Staff respected people's privacy and dignity. People felt involved in their care and that they were encouraged to be as independent as they could be.

Is the service responsive?

Good

The service was responsive.

People told us the care they received was personalised and people's needs were reviewed regularly to ensure this remained appropriate for the person.

The manager sought feedback from people and made changes as a result. An effective complaints procedure was in place.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager had not ensured that CQC was notified as required of all incidents which affected people who used the service.

People and staff spoke highly of the service and the manager, who was approachable and supportive.

There were systems in place to monitor the quality and safety of the service provided.

Isle of Wight Care at Home Provider

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 25 August 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure someone would be in.

The inspection was carried out by two inspectors and an expert by experience who had experience of caring for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we checked information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection we spoke with seven people who used the service, or their relatives, by telephone. We visited two people in their own homes and received completed surveys from eight people and one health professional also completed a survey. We spoke with the office manager, two office staff and four care staff members. We looked at care records for four people. We also reviewed records about how the service was managed, including staff training and recruitment records.

The agency was last inspected in May 2014, when we did not identify any concerns.

Good

Is the service safe?

Our findings

People told us they felt the agency provided staff who kept them safe whilst providing them with personal care. Everyone responded positively to the survey question 'I feel safe from abuse and or harm from my care and support workers', showing that they felt safe with their care staff. One person said, "Yes I feel safe". Another person said, "As far as I'm concerned they keep me and my home safe". A family member said, "We have consistent carers who know [my relative] well, it's so important". Another family member said, "You can see [my relative] is happy in their care, he never refuses and looks at ease with them. I'd say he is happy and comfortable with them and it helps that they make him feel safe by sticking to the routine he expects." People identified that they felt safe because they had care staff who were identifiable, familiar and timely. One person said "you do know who they all are but they do wear a sort of uniform and have an identity badge". A community professional who completed a survey agreed with the statement 'People who use this care agency are safe from abuse and or harm from the staff of this service'.

People benefited from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was available and care staff were required to read this and complete formal safeguarding training for adults and children as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member said, "I would contact the office immediately, and keep a record of everything". Other staff also said they would contact the agency office and be guided by them. All staff we spoke with knew what action they should take if they suspect one of the people they supported was being abused or was at risk of harm. The office manager knew how to use safeguarding procedures and had reported concerns appropriately.

Assessments were undertaken to assess any risks to people who received the service and to the care workers who supported them. These included environmental risks and any risks due to the health and care needs of the person. Risk assessments were also available for moving and handling, use of equipment, nutrition, medication and falls. Where risks were identified there was guidance for staff as to how to reduce risks to people and themselves. For example, in one care file we saw 'ensure you use your thermometer and that the bath mat is securely in place.' In another care file care staff were reminded of the actions to reduce the risk to the person when they were leaving the person's home. Risk assessments also contained information which may indicate a person required additional support from health professionals. People told us care staff were good at identifying when they may need additional support and ensured they received this. Risk assessments were reviewed every six months and where necessary amendments were made.

Systems were also in place to help keep staff safe. There was a lone working policy and office staff told us care staff were able to contact the oncall manager when they completed their final call. However, care staff were either unaware of this procedure of were not using it although they acknowledged there was a risk to themselves when working alone especially at night. A staff member told us "sometimes I don't feel safe late at night, I have thought about getting an attack alarm".

There were safe medication administration systems in place and people received their medicines when required. Care plans included specific information to direct care staff as to how people should be supported

with their medicines including how or who was responsible for ensuring prescriptions and medicines were available. For example in one care file we saw 'I need the medication taken out of the blister pack and put into a pot for me to take myself'. We saw care staff followed this guidance when we visited this person. Care files contained a list of medicines people were prescribed even if care staff were not responsible for these. During induction care staff received training about how to support people with medicines. After the training, their competency was assessed. Staff said their training had included how to complete the Medication Administration Records and how to check the medicines they were giving were the correct ones. If they had any doubt they were clear they would telephone the office. MAR charts were checked when they were returned to the office monthly and any remedial actions were completed. We saw safe systems were in place and followed by care staff to support people who were prescribed topical creams. This information was included in care plans. For example, in one care plan it stated '[name prescribed topical cream] to hips and back'.

Recruitment procedures ensured staff were suitable to work with vulnerable people. One staff member told us, "Before I started work I had to wait for the references and police check to come back." Staff files included application forms, full work history, records of interview and appropriate references. Checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults and that staff members were entitled to work in the UK.

People's needs were met by sufficient numbers of staff who people saw as being reliable. One person said "you feel a sense of reliability with regular carers and it's rare that they're not here within a reasonable time." Another person said "They're very careful to try and send the same carers and they don't rush off so always stay the full amount of time set". A relative told us "You get a weekly roster and it's very reliable so you know who's coming and when". We were also told "if they are delayed, stuck in traffic or something they always call and will then stay over if they need to make up the time". We saw staff allocation lists which allowed staff adequate traveling time between visits. Most staff told us their work and travel schedule meant that they were able to arrive on time and stay for the agreed length of time.

Staffing levels were determined by the number of people using the service and their needs. One person told us "It was a bit difficult; I think they were short staffed but over the last two weeks or so it has got better again". We were told there had recently been a week when the agency had experienced a high level of staff sickness. The procedures put in place had ensured all care calls were covered. The office manager told us "We don't take on new work unless we know we have the staff to cover the calls". They added "All the office staff are trained to provide care, we can help cover calls when required." One person confirmed this and commented that office staff had attended a call the previous week and "it had been nice to see them as they used to provide my care". If an emergency occurred care staff told us the office staff would support them if required, either by taking over on a call or continuing their planned work if they were unable to leave a person due to an urgent change in the person's needs.

The service had a business continuity plan in case of emergencies. This covered eventualities such as the risk of snow and ice. This contained procedures to follow and emergency contact details for key staff. For example, in severe weather there was an identified four wheel drive vehicle which could be used to get key staff to work. The office manager described the actions they would take such as prioritising people who were most vulnerable such as those who lived on their own. Procedures were also in place to give staff additional travel times when it was known that some routes would be particularly busy or closed due to events such as festivals or carnivals.

Good

Is the service effective?

Our findings

People felt the care staff were effective and they were confident in their abilities to meet their needs. One person told us "I've no misgivings about their abilities". Another person said "You know they'll do exactly what they are supposed to do". A relative told us "You can see they know what they're doing as they provide what's asked for and do it all thoroughly and check on comfort before they leave". People and their relatives also responded positively to the questions we asked in the surveys regarding whether the service was effective. They said they would recommend the service to another person who needed support. People also felt staff had received the training they required and, with the exception of one person, agreed with the statement 'My care and support workers have the skills and knowledge to give me the care and support I need'.

People were happy with the way their care needs were met. One said "I'm never nervous that they won't cope, just completely confident in them". People's health and personal care needs were met because staff knew people's needs and were able to describe how to meet them effectively. For example, one person was on a medicine that made them at high risk of bleeding following any injuries. There was clear guidance for staff about the support the person may require if this was to occur. Staff were aware of the action they should take if a person was unwell. One care staff member told us about the action they had taken when they had arrived for a routine call and the person had been unwell. They told us "I called the office, who said to call 111 who decided to send paramedics. The office called the person's relative and organised to cover my next call so I was able to stay with the client". One relative told us "They notice things like if [my relative] needs toenails cutting so we can get appointments sorted out and they are always efficient at making sure they leave things tidy and clean". We were shown an email between office staff and a relative. This was updating the relative, who lived a distance away, following a visit from a hearing aid specialist to the person. This explained that further treatment was needed and the person was thinking about it. The person then told their care staff member that they would like the treatment and the agency office staff proceeded to arrange for this to occur. This showed staff were able to identify when people's conditions required support they were not able to provide and took action to ensure these needs were met.

Staff told us the time allowed for each visit meant they were able to complete all of the care and support required by the person's care plan. Care plans contained information about people's health and personal care needs and any action that was required to meet these. Staff recorded the care and support they provided and a sample of the care records demonstrated that care was delivered in line with the care plan. Staff told us they were always told about the needs of the people they provided care and support for. One care staff member said "there are care plans in the clients home but if I see a new name on my list, or someone I've not been to for a while, then I call the office to get all the information." Office staff told us that if a care worker was scheduled to attend a person they had not previously provided care for then a shadow visit would be organised. A person confirmed this telling us "if it's a new one [care staff] who has not been before they come with one of the others first".

Duty rosters detailing which staff would be attending each call showed a high level of consistency of care staff for each person. One person told us "I have the same few carers every week and they know what they

are doing." The agency sent a rota to each person weekly informing them of who would be attending and when. A person told us "I have a list and I get this weekly to tell me who is coming and what times they are coming". People who completed the survey said they received care and support from familiar, consistent care and support workers. They also said care workers completed all of the tasks that they should do during each visit. Care staff told us the agency made sure that people received care from familiar, consistent care and support workers. One care worker said "It's nearly always the same people I go to".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. People and their relatives were confident that care staff had the skills to care for them effectively. One person said, "they seem well trained and supported in their work". All staff told us they had received an induction which prepared them fully for their role before they worked unsupervised. New staff completed a range of computer and practical training in the agencies training room. This was followed by up to two weeks shadowing experienced staff. A person told us "you can tell they make sure carers know what to do so when they're new they work alongside an experienced carer and monitor it before they send them alone".

During their induction new staff completed formal training and commenced the care certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. Workbooks were seen showing staff received a comprehensive induction which was relevant to their role. Staff were positive about the induction and ongoing training they received. One care staff member said "Lots of training in the office. I've also gone over to the mainland for some training. You get a letter with your next week's schedule telling you when training is due and you have to confirm this with the office".

People were supported by staff who had supervisions (one to one meetings) with their line manager. One staff member said "there are supervisions in the office about every three months and there are spot checks which you don't know are going to happen. Sometimes the office staff work with you on two staff calls". Another care staff member said "I had a spot check recently [name office staff] just appeared as I was about to go into the clients home". Care staff confirmed they received a copy of records of supervisions or unannounced monitoring visits. Records of supervision and unannounced monitoring visits were kept. These showed the process used was formalised and covered all relevant areas. When necessary actions for improvement were identified and followed up.

Most of the people we spoke with said either they or a relative prepared their meals. One relative said "I asked if they could do a meal call at the weekend and [my relative] is happy with that and enjoys his meals". Care staff involved in the preparation of food told us they would always ask the person what they wanted. The office manager told us records of food and fluid people were offered and eaten were kept when there were concerns the person may not be eating enough. Care plans contained information about any special diets people required and about specific food or drink preferences. For example, one care plan stated "leave drinks and carry coffee into lounge for me". Another care plan stated "I will tell you what I want for breakfast; I will also have three mugs of tea". Where care staff prepared meals they asked the person what they would like. One person told us, "they ask, they will tell me what's in the fridge or if anything needs using up before it goes out of date".

People said they were always asked for their consent before care was provided. One person said, "they do check with me, I'm directing everything and I feel in control". A relative told us "They ask permission before applying creams". Staff said they gained people's consent before providing care. One staff member said "I always ask first and tell them what I'm doing". People's care plans instructed staff about ensuring people's consent was gained and included consent forms which had been signed by the person or their relative. Consent forms reminded people that 'If you change your mind, or wish to withdraw your consent about any

of the above decisions please inform your key/named worker or service manager as soon as possible'. Care plans including data protection forms, permission to share forms and terms and conditions. These had all been signed by people showing they consented to the care planned and processes used by the agency to support the delivery of care. Consent forms also included sections where people were under the age of 18 or if the person was unable to give consent. This included reminders that these decisions should be supported by relevant documentation such as the Mental Capacity Act 2005.

Staff were aware of the Mental Capacity Act 2005 (MCA) and had an understanding of how this affected the care they provided. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decisions that affect them. People told us they had been involved in discussions about care planning and we saw people had signed their care plans agreeing to the care the agency intended to provide. Where people had some impairment in their decision making or cognitive ability care plans contained information as to how they could be supported to make decisions and which decisions they could make. For example, one care plan informed staff that the person could understand clear simple directions. Staff described the process to follow if they were concerned a person was making decisions that were unsafe and that they would contact the office for guidance. Staff were also aware people were able to change their minds about care and had the right to refuse care at any point. A community social care professional who completed our survey agreed that 'The agency's managers and staff understand their responsibilities under the Mental Capacity Act (2005)'.

Good

Is the service caring?

Our findings

People and relatives said staff were caring and they had a good relationship with them. They consistently reported a kind and caring approach relating to staff having a caring attitude, respecting dignity and maintaining independence. One person said "They are very kind and gentle and give [my relative] a bath and put cream on but are chatting with them all the time". A relative told us "[name person] looks forward to seeing all of them [care staff] and loves them all, they're all brilliant". Another relative told us how the agency was caring towards them as well as their relative. They told us "I get calls regularly to see if I've survived the night, it's much appreciated". Everyone who completed a survey told us the care workers were kind and caring. One person said, "I find them friendly and they work with me". Another person said, "they're kind and caring and have a nice manner". Whilst a third commented "the carers are lovely, I wouldn't change any of them". A relative said "They sing with him and even do extra things like sort a light out for him".

People were treated with dignity and respect. A relative told us "They communicate respectfully and make sure that they knock on the door, close the bathroom door, and ensure [my relative] is wearing clothing". Everyone who completed our survey responded that their care and support workers always treated them with respect and dignity. Care staff said they always kept dignity in mind when providing personal care to people. Care staff described how they would close curtains or doors and ensure people were covered with a towel when having a wash. Another care staff member said "I keep people covered up as much as possible". Care plans contained guidance for staff as to how people would like their dignity to be maintained. For example in one care plan we saw 'please cover me with a towel or blanket for modesty'. Care plans also contained information as to where care staff would find items they required to provide care. This would mean care staff would not need to look in all cupboards preserving the privacy of people's property.

People were encouraged to be as independent as possible. One person told us "They all know what I can do and how to help in the way that's best for me. I'm in a wheelchair but I can transfer so they know how much to help me with and know what I can manage myself". People who completed our survey all stated that 'The support and care I receive helps me to be as independent as I can be'. Another person said "I'm picky and independent and I think they're [care staff] very nice people". This was also the view of a community social care professional who completed our survey who agreed that 'The care and support provided by the care agency helps people to be as independent as they can be'. Where people could complete tasks they told us staff did not take over and they were encouraged to do what they could. One person told us "I've a doctor's appointment next week and my carer is taking me. We'll either go in her car and fold my wheelchair up or we'll go in a taxi but I can organise that bit of it".

Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely. One care staff member said they encouraged people to be as independent as possible encouraging them to undertake aspects of their own care where they were able to. They said "I know what they can do and I only help with the other areas like their back". They explained this also helped promote people's dignity. Care plans detailed what people could do for themselves and how staff could promote this such as 'do not fill to the very top of the mugs as I may spill

them". One person's care plan described how the person could order their own prescriptions but 'needs support to collect these'.

People said care staff consulted them about their care and how it was provided. One person told us "they always ask me" and a relative told us they "ask where he might want to go". People who completed our survey told us "I am involved in decision-making about my care and support needs". Care plans were detailed and showed people were involved in the planning and reviews of their care.

Office staff were aware that some people may have gender preferences regarding who supported them with personal care. The majority of staff were female and they said if someone expressed a preference for a male staff member, they would always try to meet this. One relative said "[name relative] prefers a man and I know it's a struggle to get male carers but they've always managed it including just recently a gentleman [male care staff member] to take him out". The office manager was aware of people's preferences for certain care staff. They explained how, should a person request not to have a particular care staff member this was noted on the computer meaning it would not be possible to allocate them to the person.

The office manager described how they cared for the "whole person". People's hobbies and interests were recorded on the care plan, for example one stated a person 'enjoyed war films and listening to the radio'. Care plans also contained a section detailing what was important to the person such as pets with guidance for care staff about these. In one care plan we saw that the person liked to listen to music whilst in the bath and that the person 'sometimes likes to wear some beads to match my outfit'. People's cultural needs were recorded. Information was also provided about people's religious views and needs and about external support circles they had. This demonstrated an understanding of the need to consider the person and not just provide the allocated and contracted tasks.

Care staff respected people's rights to refuse care. They told us that if a person did not want care they would encourage but then record that care had not been provided and why. Care staff also said they would inform the office staff.

All records relating to people were kept secure within the agency office with access restricted to only staff who should have need of access. Records kept on computer systems were also secure with passwords to restrict access.

Good

Is the service responsive?

Our findings

People received individualised care that met their needs. People we spoke with were very satisfied with their care and the way it was planned and delivered. One person said, "They [care staff] know me better than my relatives and they [care staff] understand me. I'm a bit frustrated at the moment as I have sciatica but they understand". Another person said "They know me very well and know my moods very well". A relative said "[name relative] is a shy person and has a speech impediment and has had a stroke and they cope well with all that and make him feel comfortable with them". Where people requested a change to their care this was done. For example, a person said "Sometimes I need a back rub so they'll help me like that". Another person said "when I first moved here, before the shower was put in they had to wash my hair over the sink. They managed really well with that as it's not easy".

One care staff member said the "Care plans are good, everything is there that needs to be to provide care." Another care staff member said the "Care plans are really useful. If I go into someone I've not been to for a while I can always check them". Care plans reflected people's individual needs and were not task focussed. For example, in one care plan we read 'because I am blind I need to be told what is going on around me'. Copies of care plans were seen in people's homes allowing staff to check any information whilst providing care.

People confirmed they had been involved in planning their care and in reviews of their care plans. One person told us "we have reviews here at my home". A relative said "Communication between us all [agency, relative and person] is very good and we have reviews together. We've just recently done one and [name person] was fully involved". There was a system that care plans could be reviewed and updated as needs changed or on a regular basis. For example, we saw changes had been made to a person's care plan following home alterations to promote their independence.

A record of care provided was kept for each person. These records showed people occasionally required a change to their routine, perhaps due to ill health. Staff responded to this and ensured care was provided to the person. The agency was responsive to changes in people's care needs. Whilst in the office we saw a person had requested some additional support for social events and the office staff were arranging to cover this. A person told us "The office staff are super at helping to accommodate change. Even if it's a day before". We saw records showing that when necessary office staff provided additional support. For example one record stated 'I collected the medication from [name pharmacy] last evening. Delivered it and logged in the book'. Staff were clear that if they felt they needed extra time to meet a person's needs they would let the office know and were confident they would make any necessary arrangements.

The agency sought feedback from people or their families through the use of a quality assurance survey questionnaires. One person told us "We get annual questionnaires to fill in and give back to them to share our views". Another person said "Yes surveys are carried out". We saw the results from the latest questionnaire, which had been completed from January to March 2016. The questionnaire had been sent from the providers head office and was not specifically aimed at domiciliary care services. It included questions about 'the building, smoking areas and your room'. However, the questions which related to the

domiciliary care service showed people were happy with the service they received with no-one responding that they were dissatisfied with the care they received from the agency.

People and relatives were confident that the office staff took their concerns seriously and took appropriate action in response to any issues raised. A person told us "I would feel comfortable if I had to make a complaint. I am not frightened to speak up." Another person said "if there are any issues at all someone from the office pops round". This view was confirmed by everyone we spoke with. Information on how to make a complaint was included in information about the service provided to each person. Everyone who completed our survey stated that they knew how to make a complaint about the care agency. A community health professional who completed our survey told us the care agency's managers and staff are accessible, approachable and deal effectively with any concerns I or others raise. Should complaints be received there was a process in place which would ensure these were recorded, fully investigated and a written response provided to the person who made the complaint.

Requires Improvement

Is the service well-led?

Our findings

Providers are required by law to notify CQC of significant events that occur in registered services. This allows CQC to monitor occurrences and prioritise our regulatory work so that, where needed, we can take follow-up action to ensure the safety and wellbeing of people who use services. We identified two safeguarding incidents, one involving the police which had not been reported to us. Discussions with office staff showed they had taken all necessary action and reported the concerns to the local authority safeguarding team and police. They had not realised that these incidents required to be reported to us and the registered manager had not ensured this was done.

The failure to notify CQC of incidents of serious injury and allegations of abuse was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Prior to the inspection we requested the registered manager to complete a provider information Return (PIR). We did not receive this however we were shown copies of emails sent by the registered manager to CQC and other departments within the provider organisation. These showed the registered manager was trying to submit this as requested but did not have access to the relevant computer links. The registered manager also managed another agency for the provider and had completed the PIR for that agency when requested. Other information requested by CQC such as contact lists to enable surveys to be sent out had been completed when requested demonstrating that the registered manager was aware of their responsibilities to submit information when requested.

People and their families told us they found the agency well managed with good communication. One person said "I have a number to ring and a mobile number to ring out of hours if I need it". People said they would recommend the service. One person said, "Everything is working very well so I'd recommend them". Another person told us, "We've had them a long time and we all know each other well. I would be happy to recommend them yes". Other comments included "I would totally recommend them and have done". People were positive about the office manager and other members of the office team. One relative said "The office staff are so helpful and nothing is too much trouble. I was really worried as [name of relative] was due to come out of hospital and I was going away but they said if there was anything they could do to let them know". A person said "The office are very clear and direct, I like it so I know where I am. They treat you like a normal human being not like an ill person".

Staff were all positive about the office manager and other members of the management team. Staff comments included, "You know they wouldn't ask you to do anything they haven't done, they all used to be care staff so understand our job and the problems we can find". Another care staff member said "The office staff are really supportive, if you need time off, even at short notice, they cover it even if they end up doing it". They added "Whenever you phone up they make time for you and theirs it can't be an easy job".

The service was open, honest and transparent. We saw a newsletter which had recently been sent to all people using the service by the office staff. This apologised for the agency having to change staff around at short notice and explained that they had had a period of high staff sickness which was now resolved. A

similar letter had been sent to all staff thanking them for picking up extra work at short notice. Both letters showed an openness to explain the problems the agency had experienced and recognised the impact this may have had on care staff and people. Office staff said they would "treat people how we would want to be treated". They felt the agencies values were to "give service users the services they deserve – to treat people as individuals". The office manager added that they "would not expect any staff to do something they wouldn't do" and felt they demonstrated this by covering care calls when required.

Staff meetings were held every few months. A staff member said "We have staff meetings, if there are any problems or something we need to know they [office staff] will contact us or send a letter out with our schedules". Where people were receiving a complex package of care team meetings, including the person, were also held. This helped ensure all staff were providing care as required and preferred by the person.

The registered manager and office staff completed a number of audits. They told us they reviewed records of care provided and medicines administration records when these were returned to the office although records were not kept of these checks. The office staff also, worked directly with care staff and completed training with them. They said this enabled them to fully monitor the way staff worked. They also identified that unannounced 'spot checks' enabled them to ensure staff were following the correct procedures and people were receiving safe care. A community health professional agreed with the statement 'The service tries hard to continuously improve the quality of care and support they provide to people' when they completed our survey.

The provider had processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person did not notify CQC of incidents of safeguarding or police contact with the agency involving the people who used the service. Regulation 18 (1) and 18 (2) (e)(f)