Broadfield Care Services Ltd

# Broadfield Care Services Limited

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

We carried out an inspection of Broadfield Care Services Limited on 7 and 8 December 2017. We gave the service 48 hours' notice to ensure that the registered manager would be available when we visited.

Broadfield Care Services Limited is a domiciliary care service. It provides personal care and support to people living in their own homes. It provides a service to people with a physical disability, sensory impairment, mental ill health, younger adults, older people and people living with dementia. At the time of our inspection the service was providing personal care and support to 73 people.

At the time of our inspection there was a registered manager at the service who had been registered with the Commission since October 2010. 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.

At the last inspection on 17 November 2016, we found a breach of our regulations relating to the submission of statutory notifications and asked the provider to make improvements. During this inspection we found that the provider was meeting all regulations. We have made a recommendation about the management of people's medicines.

We found that the processes in place at the service for ordering people's medicines, did not reflect current guidance. The registered manager told us they would take action to address this. Staff members' competence to administer medicines safely was assessed regularly. People told us they received their medicines when they should.

The people we spoke with told us staff arrived on time and stayed for the full duration of the visit. No-one we spoke with had experienced any missed visits.

People told us they received safe care. Staff had a good understanding of how to safeguard adults at risk and were aware of the appropriate action to take if abusive practice was taking place.

Records showed that staff had been recruited safely and had received an appropriate induction. They received regular supervision and their practice was observed to ensure they were providing safe care. Staff told us they felt well supported by the senior care staff and the management team.

People were supported with their nutrition, hydration and healthcare needs and were referred to community healthcare professionals when appropriate.

People were happy with the care and support they received from the service. They told us their care needs were discussed with them and they were involved in decisions about their care.

People liked the staff who supported them and told us they were caring. They told us staff respected their right to privacy and dignity when providing care and encouraged them to be as independent as possible. We found evidence that people's confidential information was protected.

We found that people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff understood the main principles of the Mental Capacity Act 2005 (MCA). They sought people's consent before providing support and supported people to make everyday decisions about their care. Where people lacked the capacity to make decisions about their care, their relatives had been consulted.

People knew who to contact if they had any concerns or if they wanted to make a complaint. We saw evidence that complaints had been investigated and responded to appropriately.

People were asked to give feedback about the service they received during regular reviews and in satisfaction surveys. We reviewed the most recent surveys and found that most people had reported a high level of satisfaction with all aspects of the service.

People we spoke with told us they were happy with how the service was being managed. They found the staff and registered manager approachable and helpful.

We saw evidence that regular audits were completed and found that these checks were effective in ensuring that appropriate levels of care and safety were maintained.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

There were some safe medicines policies and practices in place. However, staff were not following the current guidance when ordering people's medicines. Some staff had not updated their medicines management training for some time.

People told us staff visited them on time and stayed for the appropriate amount of time. No-one had experienced any missed visits.

The registered manager followed safe recruitment practices when employing new staff, to ensure that they were appropriate to support adults at risk.

Staff had completed safeguarding training and were aware of the action to take if they suspected abuse was taking place.

Risks to people's health and wellbeing were assessed and reviewed regularly. We saw evidence that people's risks were being managed appropriately.

### Is the service effective?

**Good**

The service was effective.

New staff received an appropriate induction and observed experienced staff before they became responsible for providing people's care.

People's care needs were assessed before the service began supporting them. This helped to ensure that the service was able to meet their needs.

Staff understood the importance of seeking people's consent and supporting people to make decisions about their care. Where people lacked the capacity to make decisions, their relatives had been consulted.

Staff supported people with their nutrition, hydration and healthcare needs and referred people to community healthcare

agencies when appropriate.

## Is the service caring?

Good

The service was caring.

People were given information about the service when they started receiving care. This included a service user guide which was available in a variety of formats.

People told us their care needs had been discussed with them and they were involved in decisions about their care.

Staff respected people's privacy and dignity and did not rush them when providing care. People told us staff encouraged them to be as independent as possible.

The provider took steps to ensure that people's right to confidentiality was protected.

## Is the service responsive?

Good

The service was responsive.

People received personalised care which reflected their needs and their preferences. Their needs were reviewed regularly.

People received support from regular staff who were familiar with their needs and preferences.

People felt able to raise concerns with the staff or the registered manager. We found evidence that complaints were investigated and responded to appropriately.

## Is the service well-led?

Good

The service was well-led.

People were asked to give feedback about the care and support they received during reviews and in satisfaction questionnaires. People reported a high level of satisfaction with the service.

People told us they were happy with the way the service was being managed and that staff and the registered manager were approachable.

Staff felt that the service was managed well and felt supported by the management team. They felt fairly treated as employees.

Regular audits of the service were completed and were effective in ensuring that appropriate standards of care and safety were being maintained.

# Broadfield Care Services Limited

**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 was 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.

The inspection took place on 7 and 8 December 2017and we gave the provider 48 hours' notice, as we needed to be sure that the registered manager would be available to participate in the inspection. The inspection was carried out by an adult social care 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. The expert by experience contacted people who received support from the service or their relatives by telephone, to gain feedback about the care provided.

We did not ask the provider to complete a Provider Information Return. This is information we usually require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed information we held about the service including safeguarding information and statutory notifications received from the service. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed previous inspection reports.

As part of the inspection we contacted four community social care agencies who were involved with the service for feedback about the care provided, including the district nurse and occupational therapy teams. We also contacted the Quality and Contracting Unit at Lancashire County Council and Healthwatch Lancashire for feedback. Healthwatch Lancashire is an independent organisation which focuses on the public's experiences of health and social care in Lancashire.

As part of the inspection we spoke on the telephone with five people who received support from the service and seven relatives. We also visited one person at home. We spoke with three care staff, two senior care staff, the registered manager, the training manager and the nominated individual for the service who was also the general manager. In addition, we reviewed the care records of four people receiving support from the service. We looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records and records of checks that had been completed to monitor the quality of the service being delivered. We also looked at the results of the most recent satisfaction surveys completed by people being supported by the service and staff.

Requires Improvement

# Is the service safe?

## Our findings

The people we spoke with told us they felt safe when staff supported them. Comments included, "At no time do I feel unsafe", "They make me feel safe all the time. I am comfortable when they are here" and "I certainly do feel safe. They are good". Relatives also felt that people received safe care. They told us, "[Care worker] is brilliant. She really looks after my relative, makes her feel safe", "My relative is safe and comfortable" and "They are good. My relative feels safe with the care workers".

We looked at whether people's medicines were being managed safely. A medicines policy was available which included information about administration, self-administration, 'as required' (PRN) medicines, disposal, refusals and errors. Records showed that some staff members' training in medicines management had not been updated for a number of years. We discussed this with the registered manager and arrangements were made for the relevant staff to attend refresher training. Shortly after our inspection, the registered manager contacted us to confirm that the staff had completed the training.

We found evidence that staff members' practice was observed regularly and this included an assessment of their competence to administer medicines safely. The completion of medicines administration documentation was reviewed as part of the observations. We noted that the staff who had not updated their medicines training for a number of years, had all been subject to competence checks in the previous 12 months. The staff we spoke with demonstrated they understood how to administer medicines safely and confirmed that their competence to administer medicines safely was checked regularly.

We reviewed the Medication Administration Records (MAR) for two people. We found that one person's MAR did not include their GP and allergies on every page. The other person's MAR had a gap on one date when staff had not signed to demonstrate that their medicines had been administered. We saw evidence that the shortfalls we had noted had already been identified and action had been taken to improve staff practice. We found that staff were ordering one person's medicines on their behalf. However, they were not following the relevant guidance. We discussed this with the registered manager who advised that they ordered medicines for two people they supported and would review whether they continued to provide this support.

We recommend that the service consider current guidance on managing medicines for adults receiving social care in the community and take action to update their practice accordingly.

Relatives told us they were happy with how staff supported their family members with their medicines. Comments included, "They will give the medication to my relative. They stand there and ensure he has taken them, "The care workers make sure that my relative does take the tablets" and "It (medication) is given to my relative always on time".

We looked at staffing arrangements at the service. None of the people we spoke with told us they had experienced any missed visits. They told us staff visited them at the agreed time and stayed for the duration of the visit. Comments included, "I haven't had any missed visits. They stay for the right amount of time. They're rarely late more than five minutes. They ring me if it's going to be any longer", "They're exactly on

time. They are very good, strict with timing. They do everything for me. They certainly do not rush off" and "Yes, they are on time. On occasions slightly late due to traffic". Most relatives told us staff visited their family members on time. Comments included, "No issues with timing", "They are always on time", "No issues about turning up. If there are any changes to the rotas, they will let us know" and "Yes, always on time. No complaints at all".

We looked at how the service safeguarded adults at risk. There was a safeguarding policy in place which included information about the different types of abuse, staff responsibilities and the contact details for the local safeguarding authority. Records showed that all staff had completed safeguarding training. The staff we spoke with understood how to recognise abuse and told us they would raise any concerns with the senior care staff or the staff member on call. They were aware that they could raise their concerns directly with the local authority. We found evidence that safeguarding concerns had been managed appropriately.

There was a whistle blowing policy in place which encouraged staff to report instances of poor practice by a colleague. One staff member told us, "We're encouraged to raise any concerns with the manager. There's a whistle blowing policy and I'd use it".

We looked at how risks to people's health and wellbeing were managed. Risk assessments had been completed for each person, including those relating to medicines, moving and handling, falls and mobility, eating and drinking, bathing and showering, equipment such as wheelchairs and the home environment. The assessments included information for staff about the nature of each risk and how people should be supported to manage it. We saw evidence that risk assessments had been reviewed regularly. We noted that there was no information about the support that people would need from staff if they needed to be evacuated from their home in an emergency. We discussed this with the registered manager who advised that this would be included in the home risk assessment information. Shortly after our inspection, she contacted us with evidence of plans that had been completed and assured us that the remaining plans would be completed by February 2018. We noted that some staff members had not updated their fire safety training for a number of years. We discussed this with the registered manager and arrangements were made for all relevant staff to complete the training by the end of January 2017.

A record was kept of accidents and incidents that had taken place in relation to people being supported by the service. We saw evidence that people had received appropriate support and any necessary action had been taken.

We looked at the recruitment records of two members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Proof of identification and two written references had also been obtained. These checks helped to ensure that the service provider recruited staff who were suitable to support vulnerable people. We noted that a gap in one staff members' employment history had not been addressed. We discussed this with the registered manager who resolved the issue during our inspection.

Staff told us that communication at the service was good. They told us they documented the support they provided at each visit and any concerns identified. They told us that they always contacted one of the senior care workers or the staff member on call if they had any concerns about a person's health or wellbeing and, where appropriate, discussed any concerns with family members. One staff member told us, "Any concerns are recorded in the daily notes and we ring the office, who ring other staff and let them know". We reviewed people's daily visit records and found that information documented by staff included the support provided

with personal care, meals, drinks, medicines and domestic tasks, as well as any concerns identified. We noted that there was also an 'on-call book' and 'report book' at the service, where concerns and any action taken were documented. This helped to ensure that all staff were kept up to date with people's needs, and that risks to people's health and wellbeing were managed appropriately.

We found that people's care documentation and staff records were kept securely at the office and only accessible to authorised staff. This helped to ensure that people's personal data was protected.

We looked at how the service protected people from the risks associated with poor infection control. Records showed that all staff had completed infection control training. The staff we spoke with confirmed they had completed the training and told us they had access to infection control equipment, including gloves and aprons. Staff understood the importance of following appropriate infection control practices to keep people safe. One staff member told us, "I pick up my aprons and gloves weekly with my rota. I use them for personal care, cleaning and meal preparation". People told us staff wore gloves and aprons when they supported them. They had no concerns about staff members' hygiene or infection control practices. One person told us, "The staff do my laundry regularly. It's all fine".

The staff we spoke with told us they supported people regularly with their personal care. One staff member commented, "People get support with personal care. We make sure they're kept clean, dry and comfortable". One person told us, "I get daily support with washing. I'm very happy with the care. They're very good".

There was a business continuity policy in place which provided guidance for staff in the event that the service experienced a loss of staff, power, communication systems, flooding, an outbreak of infection, restricted access to the premises or a terrorist attack. This helped to ensure that people continued to receive support if the service experienced difficulties.

Good

# Is the service effective?

## Our findings

People told us they were happy with the care they received. Comments included, "They're brilliant. They always do what I want, how I want it" and "Wonderful. That's all I can say". Relatives were also happy. They told us, "The care workers are brilliant. I cannot speak highly enough of the company and the care workers", "They are brilliant with my relative. Fantastic care workers" and "The care workers have a wonderful rapport with my relative. They really make her happy".

People told us they felt staff had the knowledge and skills to meet their needs. Comments included, "They are really good", "They're really nice. They know what they're doing", "They are absolutely wonderful. Trained and skilled" and "No problems with training. Everything's done correctly". Relatives commented, "Oh yes, the care workers are certainly skilled and trained" and "They always know what they are doing".

An assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and personal preferences. Local authority assessments and support plans were also available in people's care files for staff to refer to. This helped to ensure that the service was able to meet people's needs.

We reviewed four people's care plans. We found they included information about people's needs and how they should be met, as well as their likes and dislikes. Each care plan contained information about what people were able to do for themselves and how care and support should be provided by staff. Where it was felt that people lacked the capacity to make decisions about how their care was delivered, we saw evidence that their relatives had been consulted.

We looked at how the service considered people's mental capacity. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

We checked whether the service was working within the principles of the MCA. The service had a MCA policy which included information about the principles of the MCA, capacity assessments, and best interests decisions. Records showed that 28% of staff had completed MCA training. The registered manager told us that further MCA training was being arranged. In addition, 80% of staff had completed dementia awareness training. The staff we spoke with understood the importance of seeking people's consent before providing support, even when people lacked the capacity to make decisions about more complex aspects of their care. They were aware of the importance of giving people the information they needed to make decisions and that people had the right to refuse care regardless of their capacity. One staff member told us, "I give people as much information as they need. I give them options or I show them, like bringing them food from

the fridge to help them choose what they'd like". Staff were aware that where people lacked capacity, their relatives should be involved in decisions about their care, in line with the principles of the MCA. People told us that staff regularly sought their consent before providing support. One person commented, "They always check if it's ok before they support me with things like personal care".

Records showed that staff completed a thorough induction when they started working at the service. This included an introduction to the service, health and safety, moving and handling, safeguarding, medicines management, infection control, first aid, fire safety and food hygiene. Records showed that new staff observed experienced staff as part of their induction and this was confirmed by the staff we spoke with. Each staff member's practice was observed regularly, when they were assessed in relation to a number of issues including appearance, communication, consulting the person's support plan, infection control, medicines, personal care, meal preparation, domestic tasks, documentation and offering people choices. We saw evidence that where shortfalls in practice were identified, this was addressed with staff.

We reviewed staff training records and found that in addition to safeguarding and infection control, all staff had completed up to date training in moving and handling and first aid. The staff we spoke with told us they had completed training when they joined the service and their training was updated regularly. One member of staff acknowledged that some of the training had not been updated for some time but told us they were aware that further training was planned.

Records showed that staff received regular supervision and the staff we spoke with confirmed this to be the case. We reviewed some staff supervision records and found the issues discussed included performance, training and development, work standards, personal needs and any other issues. We saw evidence that staff were given constructive feedback about their performance and were given the opportunity to raise concerns or make suggestions. The staff we spoke with told us they could raise any concerns or make suggestions for improvement during their supervisions. They told us they felt well supported and fairly treated by the senior care staff and the management team.

We looked at how the service supported people with eating and drinking. Care records included information about people's dietary needs, risks and preferences. Risk assessments and action plans were in place where there were concerns about a person's nutrition or hydration. We found advice and guidance from a dietitian in one person's care file, including information about soft diets, positioning and things for staff to look out for. Staff told us they supported people with a variety of nutrition and hydration needs. One staff member commented, "Some people we support need encouragement. There are some people who if you ask them, will say that they don't want anything but if you make them something, they'll eat it. It's important to encourage them".

People told us that staff supported them with their nutrition and hydration needs. Comments included, "They warm the food up. It's microwaveable", "I'm not confident with the kettle. They always make me a cuppa". Relatives told us, "They are good. They make the food just like my relative wants it", "Whenever I can't do the cooking, I will leave a note. They always listen to me" and "My relative is a really fussy eater. The care worker always makes the food to her standard".

We looked at how people were supported with their health needs. The people we spoke with felt staff made sure their health needs were met. One person told us, "Staff had contact with the district nurses about how to manage my [equipment] properly". Care plans and risk assessments included information about people's medical history, their health needs and guidance for staff about how to meet them. The staff we spoke with told us they contacted the senior care staff or the staff member on call if they had any concerns about a person's health and they would contact healthcare professionals and people's relatives when appropriate.

We saw evidence that staff had contacted healthcare services, including GPs and paramedics, when needed.

Good

# Is the service caring?

## Our findings

People told us they liked the staff who supported them and that staff were caring. Comments included, "I am very happy with the care workers. I am satisfied. They are so good with me, caring and kind", "I am very happy. The care workers are lovely, very nice and caring", "They are brilliant. They always cheer me up. I cannot fault them at all" and "They are wonderful. They're always jolly". Relatives commented, "They are kind and caring towards my relative" and "We are extremely happy with the care worker. Absolutely wonderful, caring and kind".

People told us staff respected their right to privacy and dignity. Comments included, "The staff speak to me politely. They're always respectful", "I'm a lot happier since they come to see me. They are brilliant, respectful, always treat me with dignity" and "I'm funny about personal care. They reassure me". One relative told us, "My relative is very happy. They are all respectful and kind to her". The staff we spoke with gave us examples of how they respected people's right to privacy and dignity. They told us, "When I'm helping people with personal care, I make sure I shut the curtains and the door and cover up the parts of their body that aren't being washed" and "I treat people with dignity. I always say please and thank you and I give them choices. When I'm providing personal care, I cover people with a towel and shut the curtains". The daily records completed by staff that we reviewed were respectfully written.

People told us that staff encouraged them to be independent. One person commented, "I can't do much now but they let me do what I can do for myself". Staff understood the importance of encouraging people to be independent and could give examples of how they did this. Comments included, "If they're having a shower, I encourage them to wash what they can" and "Some people would let you do everything. If you don't encourage them, they'll lose it. I say to them, 'You wash what you can manage yourself'".

People told us that staff provided support when they needed it and did not rush them. Comments included, "The staff take their time. They never rush me" and "They always ask me if I need anything else".

Staff told us they knew the people well that they supported regularly, in terms of their needs, risks and their preferences. They could give examples of how people liked to be supported and felt they had enough time during visits to meet people's individual needs in a caring way. One staff member told us, "I know what's important to the people I visit and I can tell when something's wrong. People get good care from Broadfield".

People told us their care needs had been discussed with them. One person commented, "I've had reviews when we've talked about what I need".

We saw evidence that people received detailed information about the service. The registered manager showed us the service user guide that was provided to each person when the service agreed to support them. The guide included information about the provider's aims and objectives, the services available and how to make a complaint. Emergency contact details for the service and contact details for the local authority safeguarding team, CQC, the Local Government Ombudsman and local advocacy services was

also included. Advocacy services can be used when people do not have family or friends to support them or if they want support and advice from someone other than staff, friends or family members. Information about other local and national support services was also included. The registered manager told us that the guide could be ordered in large print or braille if this was needed. This helped to ensure that people had access to information in a format that met their needs and preferences.

We looked at how the service respected people's right to confidentiality. There was a confidentiality policy in place which clarified staff responsibilities and we noted that staff signed a confidentiality statement when they started working at the service. Information about how people's right to confidentiality was protected was also included in the service user guide. Information at the service office was kept secure and was only accessible to authorised staff. One staff member told us, "We're clear about confidentiality. We don't discuss service users in front of other people".

We looked at how the service promoted equality and diversity. The service user guide included a charter of rights. This included people's right not to be discriminated against on the grounds of race, ethnic origin, religion, disability, marital status, gender or sexual orientation. Records showed that most staff had completed LGBT (Lesbian, gay, bi-sexual and transgender) training in 2013. The training manager told us staff had enjoyed the training and found it useful. He told us he planned to arrange for staff to receive an update in the new year. This demonstrated a commitment by the service provider to increase staff awareness and understanding of the support needs of LGBT people. This helped to ensure people's diversity was respected by staff and that people were treated fairly.

Good

# Is the service responsive?

## Our findings

People told us that the care they received reflected their needs and their preferences. Comments included, "I can do things slowly. They [staff] help me at my pace", "They make my breakfast just as I like it" and "Staff know me. They know how I like a brew and things like that".

We saw evidence that people's care plans were reviewed regularly and any changes in people's needs were documented. The staff we spoke with were clear about the importance of taking action when people's needs changed. They told us that any concerns identified were discussed with the senior care staff or the staff member on call, who sought medical advice when appropriate. Staff told us they updated relatives about any changes in people's needs when it was appropriate to do so.

Most people told us their support was provided by regular care staff. Comments included, "I have regular staff with the odd exception", "I have a variety of care workers who come. I am happy with this", "I have a couple of care workers. I'm very content with this arrangement" and "Care workers do vary, I think it's because they're short staffed. We don't get any rotas. I would prefer one care worker but I don't mind". Relatives commented, "My relative has a team that come. She knows them all", "I do have a few different carers for my relative. They are all very nice to her. I'm not too fussed" and "The company really do try to have some consistency. It's not possible all time. My relative is happy". This helped to ensure that people got to know the staff who provided their care and that staff were familiar with people's needs.

People told us that staff offered them choices and encouraged them to make decisions about their care. One person commented, "They make me food. They always ask me what I'd like". Staff told us they encouraged people to make everyday decisions when people were able to. One staff member told us, "I encourage the people I visit to make decisions like what they want to eat or wear or what they want to buy when we go shopping".

We looked at whether the provider was following the Accessible information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. The registered manager told us that the service was not currently supporting anyone with a communication need resulting from a disability, impairment or sensory loss. She told us that she was aware of the Accessible Information Standard and would ensure that it was followed if the service was supporting anyone with a communication need in the future.

We noted that the service used different types of technology to support people and staff. This included contact with people and staff by email and text, and emailing staff with information and updates. Staff rotas were created electronically and care documentation and information about staff training was also stored and updated electronically.

The service had a complaints policy which included timescales for an acknowledgement and a response.

The contact details for the local authority and CQC were included. We noted that the contact details for the Local Government Ombudsman (LGO) were not included in the policy. People can contact the LGO if they are not happy with the outcome of their complaint. We discussed this with the registered manager who amended the policy. Information about how to make a complaint about the service was also included in the service user guide. We reviewed the complaints received in 2017 and found evidence that they had been investigated appropriately and responded to in line with the policy.

People told us they knew how to make a complaint and would feel able to raise any concerns with staff or the registered manager. Comments included, "I've never complained. I've never had reason to. If I needed to, I'd ring the office. The number's in my care file" and "Management are brilliant. Any issues, they will sort it out in minutes". Staff told us they would raise any complaints made with the senior care staff or the registered manager. One staff member told us, "I haven't had any complaints. I'd inform the seniors of any complaints made". Another staff member commented, "If it was a comment about something like lateness, I'd apologise. If someone wanted to complain, I'd refer it to the on-call or encourage them to write in".

Good

# Is the service well-led?

## Our findings

At the last inspection on 17 November 2016, we found a breach of our regulations relating to the submission of statutory notifications. A statutory notification is information about important events which the service is required to send us by law. The provider had failed to send us a notification relating to a safeguarding incident. At this inspection we found that improvements had been made. Our records showed that the registered manager had submitted statutory notifications to the Commission about people using the service, in line with the current regulations.

The people we spoke with were happy with how the service was managed. Comments included, "Excellent company. I've been with them for many years" and I am very happy with this company, they are marvellous. If there is any change in care workers, they always let me know". Relatives told us, "The company is well run. I'd be happy to recommend this firm", "Management do keep in touch, they listen to me when I need them" and "I'm extremely happy with this company for my relative".

People felt the staff and registered manager were approachable and helpful. They told us, "All of the staff are very approachable", "The management are nice and caring", "The management are very approachable, always there for us. Very caring indeed" and "Management are very good, from reception to the bosses. I could recommend this company to anyone".

People felt that staff understood their responsibilities. One person commented, "They're very good. They know what they're doing and they do everything they should".

We looked at how the service engaged with the people being supported. People told us that staff sought feedback about their care during their reviews. One person commented, "They've discussed my care needs with me and I'm asked for my views during my reviews. I had a questionnaire a few months ago". Another person told us, "I've never had any concerns but I'm asked regularly if everything's ok"

The registered manager told us that satisfaction questionnaires were issued to people being supported by the service every year. We reviewed the results of the surveys completed in 2017 and noted that, of the 51 people who received a questionnaire, 31 people had responded. Most people had reported a high level of satisfaction with all aspects of the service, including being consulted about their care, the friendliness and approachability of staff, support received with personal care, medication, meals and domestic tasks, their dignity and privacy being respected and knowing how to make a complaint. We saw evidence that the provider had taken action where concerns had been raised or people had made suggestions for improvement.

During the inspection we found evidence of the service working in partnership with a variety of agencies including district nurses, dietitians, GPs and social workers. This helped to ensure that people received safe, effective care and their health and social care needs were met.

The staff we spoke with told us they enjoyed their jobs. Comments included, "I enjoy it", "The management

are very good. They listen to you if you have any problems. They're very caring employers" and "They're really good to work for". They felt well supported by the senior care staff and the management team and told us they could speak with them at any time. They told us, "They're very good to work for" and "Communication's very good. We get support when we need it. I always feel confident that there's some back-up available". During our inspection we observed the senior care staff and the management team communicating with staff in person and on the telephone, and noted that they were respectful and supportive.

Records showed that staff meetings took place regularly. We reviewed the notes of the meetings held in May and September 2017. Issues addressed included rotas, recruitment, new staff, improvements made following the last CQC inspection, medicines, documentation, the staffing structure, provider developments, health and safety, care staff roles and responsibilities, the use of mobile phones, quality assurance, employee of the month, carer of the year and fundraising for local causes. We saw evidence that staff were able to ask questions and raise concerns during the meetings.

The staff we spoke with confirmed that staff meetings took place regularly. They told us they felt able to raise any concerns or make suggestions at the meetings. One staff member commented, "Staff meetings are regular. We're updated about any changes". Another staff member told us, "We have staff meetings regularly and can make suggestions or comments about the things being discussed".

Staff told us they were kept up to date with good practice through training and during team meetings.

The registered manager informed us that satisfaction questionnaires were completed by staff yearly. We reviewed the results of the questionnaires completed in 2017 by 11 staff. We noted that staff had expressed a high level of satisfaction with most areas, including rotas and shift planning, administrative support, training, health and safety and policies and procedures. We saw evidence that any suggestions for improvement made by staff had been considered by the provider and responded to.

Regular audits of the service were completed, including checks of Medication Administration Records (MARs) and daily visit records. We found evidence that where shortfalls had been identified, action had been taken and the necessary improvements had been addressed with staff. Staff practice was observed regularly to ensure that staff were delivering safe and effective care. People's care documentation was reviewed as part of these observations to ensure that it was complete and up to date. We found that the audits and checks being completed were effective in ensuring that appropriate levels of care and safety were being maintained. The registered manager told us she planned to review all care files in the New Year to ensure that all information was accurate and up to date.

We saw evidence that the service worked in partnership with a variety of agencies. These included local GPs, district nurses, social workers and the police. The registered manager told us about two people with little family support, who the service had supported to improve their quality of life. We saw evidence that this had involved the service working with a number of agencies to support each person with issues such as accommodation, furniture, decorating, health and safety and meeting new people.

We asked the registered manager about any planned improvements to the service. She told us she planned to introduce values-based recruitment to ensure that they were employing care staff with the right values to support adults at risk. She told us that the service had become part of a small consortium of local domiciliary care services and she hoped that this would result in a number of improvements. These included sharing knowledge and expertise, sharing training resources and the potential sharing and standardisation of assessments and other documentation.