Able Carers Limited

Able Carers (East Yorkshire & North Lincs)

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We undertook an announced comprehensive inspection on 14 April 2016. We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service and we needed to be sure that someone would be at the agency office that could assist us with the inspection. This service was registered by Care Quality Commission (CQC) on 12 October 2015 and this was the first comprehensive inspection for this location.

Able Carers East Yorkshire & North Lincolnshire is registered to provide personal care for people with a range of varying needs including dementia, learning disabilities, mental health, older people, physical disability, sensory impairment and younger people who live in their own homes. At the time of our inspection, 12 people received a personal care service. The service provides domiciliary care and support services from the registered office location in the village of Gilberdyke in the East Riding of Yorkshire.

The registered provider is required to have a registered manager in post and on the day of this inspection there was a registered manager registered with the CQC. A registered manager is a person who has registered with the CQC 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.

Care workers had undertaken training in safeguarding of vulnerable adults and they knew how to report and protect people from avoidable abuse and harm. The registered provider had a safeguarding policy in place and we saw they worked with the local safeguarding team to address any concerns.

People were kept safe as risks to them and others were assessed and managed by the service. We looked at people's care plans and we saw that these provided up to date information about their care and support needs. We saw documented risk assessments and support plans were in place and that these were regularly reviewed. People's independence was supported and respected using risk assessments to identify and work within the capacity of the individual to undertake daily activities in a safe way.

The registered provider had a robust recruitment process in place including sufficient checks to help ensure that the care workers recruited were considered suitable to work with vulnerable people.

We saw care workers underwent an induction programme followed by a supervised introduction to people. People told us they received consistent care from care workers who they knew. Where people required support with their medication this was provided appropriately. Risk assessments were completed and training provided to care workers to help them ensure that they followed the agency's policies and procedures on the administration of medication.

Care plans included protocols for medicines, which were prescribed for people with specific conditions. Care workers told us they felt well supported and we saw good communication and relationships between

care workers, management, people who used the service and outside agencies such as the local authority and health workers.

Training for care workers and other staff was managed using an electronic training plan to ensure that they had the up to date skills they needed to carry out their duties effectively. Competencies were reviewed at least annually. We saw that training completed by staff included safeguarding, moving and handling, medicine management and health and safety. Care workers were also able to access additional training to meet people's individual needs and we saw this included diabetes, dementia and Parkinson's disease.

Care workers had a basic understanding of the Mental Capacity Act 2005 MCA and they understood the importance of people being supported to make decisions for themselves. We saw the registered provider had a policy in place. The registered manager told us care workers did not receive additional training in the Mental Health Act as they referred any concerns or changes in people's behaviour to the Community Mental Health Team (CMHT). They told us further training was under review for care workers in mental health awareness.

People were supported to maintain good health. Care plans contained information on meal preparation and nutrition to help ensure people were not at risk of malnutrition. We saw any dietary requirements were noted in their care plans that included details of food likes, and information on supporting people with good nutrition and hydration. Where any concerns were noted with people's health, we saw the registered provider liaised with other health professionals including the GP who could refer people to a dietician if required.

People told us that the service was responsive to their needs. We saw that care plans were person centred and focused on the individual needs of the person being supported. They included peoples' preferences, likes and dislikes. All of the people we spoke with confirmed that they had been involved in discussions regarding their care.

The registered provider had an effective compliment and complaints policy and procedure in place and people told us they were confident in raising concerns and providing compliments. Everybody told us they were confident that any concerns or complaints would be listened to and resolved.

The register provider worked effectively with external agencies and other health and social care professionals to provide consistent care to a high standard for people. This ensured that they were responsive to people's changing needs.

People and care workers we spoke with told us they thought highly of the management and told us they were happy with the way the service was managed. The registered manager understood how to meet the conditions of their registration with the Care Quality Commission (CQC).

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.

Staff were able to identify types of abuse and knew how to report any concerns.

People were protected from harm; environmental and personal risk assessments were in place for people and these were (backspace) reviewed.

The service had sufficient numbers of staff and recruitment of care workers was on-going to keep people safe and meet their needs.

People's medicines were managed safely and people were supported to manage their medicines themselves where this was appropriate.

Is the service effective?

Good

The service was effective.

Care workers we spoke with understood the importance of ensuring people consented to the care and support they provided and had an understanding of the Mental Capacity Act 2005.

People were supported with their dietary needs and helped to maintain a balanced diet.

Care workers had received appropriate training and competency checks to enable them to meet appropriate standards of care and people's needs.

Is the service caring?

Good

The service was caring.

People were involved in and agreed to their care and support.

People told us they were treated with dignity and respect by care workers and others, and care workers understood how to

maintain people's confidentiality.

People's independence was encouraged and supported.

Is the service responsive?

Good

The service was responsive.

Care records were detailed and included a person centred 'Pen Picture' section. Care workers followed this and other documentation to deliver individualised care and support which reflected their personal preferences and lifestyle choices.

People knew how to complain. Compliments and complaints were encouraged and responded to with appropriate procedures in place.

The registered provider worked closely with the local authority and other care professionals to ensure they only agreed to provide a service for people whose needs they could meet.

Is the service well-led?

Good

The service was well-led.

The service was open and promoted a positive, person-centred culture.

People and staff felt well supported by the registered manager.

There was a clear management structure in place and care workers understood their roles and responsibilities.

The registered manager understood their responsibilities under their registration with the Care Quality Commission.

Able Carers (East Yorkshire & North Lincs)

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.

The inspection took place on the 14 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary community care service and we needed to be sure that someone would be available at the office to assist us with the inspection. One adult social care inspector undertook the inspection.

Before this inspection, we reviewed the information we held about the service, such as notifications we had received from the registered provider. The registered provider submitted a provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We interviewed three care workers at the office and we spoke with the registered manager and a care supervisor. We spoke with four people receiving a service and we looked at records that related to people's individual care; this included the care planning documentation for four people. We also looked at four care workers' recruitment and training records, care worker rotas, records of audits, policies and procedures, records of meetings and other records associated with running a community care service.

We contacted the local authority for their feedback on the service. They told us they had not received any concerns regarding services provided by Able Carers from their care management teams, safeguarding adults' team or people receiving a service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe in their homes when care workers visited. One person receiving a service said, "I feel very safe with this service." They added, "One care worker visited me and spoke to a stranger in the driveway. They reported this to [manager] and the person didn't return." We saw care workers had completed training in safeguarding of vulnerable adults and the registered provider had a safeguarding policy in place. The registered manager told us, "The [safeguarding] policy is available in people's care files; we tell care workers if it doesn't feel right then report it." The registered provider dealt with safeguarding concerns promptly and thoroughly. We saw the registered provider had a "Safeguarding Alert" file. This contained details of the concern, the date, to whom it was reported and outcomes of the investigation. The manager confirmed that these were discussed to encourage a culture of learning.

Care workers explained to us how they recognised abuse, dealt with incidents and how they would report their suspicions. A care worker told us, "I would not hesitate to whistle blow bad practice or escalate any concerns to the manager." They continued, "I know I can contact the CQC [Care Quality Commission] or the local authority safeguarding team too." Care workers told us they were confident any concerns or whistleblowing would be handled professionally, confidentially and would result in actions being taken.

We saw that risk assessments were completed in people's care files and these assessments included risks associated with the environment, such as access to properties, pet hazards, the use of needles and any fire risks. One risk assessment identified a person's difficulty with their mobility due to identified limitations when they entered and left the property, and handrails were being fitted around the home. Care workers we spoke with told us of the hazards they looked out for when entering people's homes. One care worker told us, "We check the general environment for trip and electrical hazards." This meant the provider understood the importance of risk management and care workers knew what to look out for to keep people safe. This helped people to remain independent, living in their own homes, in a safe way.

The registered provider had also completed risk assessments based on daily care activities undertaken with people. These included manual handling, medication administration and personal care. A care worker told us, "If there is lifting equipment for a person we check the service sticker to ensure it is safe to use" and "If we find equipment has not been checked we report it and management follow it up with the local authority." The registered provider had implemented support plans. These helped care workers manage the associated risks. This meant that the registered provider had taken steps to ensure that risks in relation to people were anticipated, identified and managed.

The registered provider told us in their PIR, "We have in place a record of all incidents and accidents that the carers have reported with details of what we have done about these." At the time of our inspection, the service had not recorded any accidents or incidents. We saw that the registered provider had a system in place to record accidents and incidents. This included details of the date of the incident, who reported it and any actions taken as a result. Care workers told us they understood the process and that this was covered as part of their induction training.

We looked at staffing levels and we saw that there were sufficient numbers of staff to meet people's needs safely. Staff and management told us they did not use agency staff. The registered manager told us, "We try and recruit more staff than we need to, we have adequate cover but if we have a shortfall in any of the services, staff from our neighbouring York service can provide cover." We spoke with care workers who told us, "There is always adequate cover; if anybody is unwell calls are always covered by other staff" and "There are enough staff and new staff are being recruited all the time, we have a positive flexible team with most calls lasting over thirty minutes so we are not rushed." Care workers told us, "The rotas are really good and allow plenty of time to travel between calls, which means I don't have to worry if I am running late."

People we spoke with told us, "We receive details of our calls for the week and who is attending." They told us they knew who the care worker would be and that they arrived on time and stayed for the full call duration. One person told us, "On rare occasions staff may run a little later than expected" They continued, "When this happens the office rings me to let me know." This meant the provider ensured there was sufficient cover across the geographical area and people received a consistent and reliable service.

We saw the registered provider had an electronic call monitoring system but that in the East Riding area they used manual rotas. The registered manager told us it was sometimes difficult to manage this method of allocating calls to care workers. They showed us a missed calls audit that identified the person's name, date, who investigated, the outcome, follow up and conclusion. We saw the system was effective and helped to ensure that calls were not missed and people were kept safe. Only one call had been missed since the start of the service in 2015.

We looked at the recruitment files for four care workers. We saw that the dates references and Disclosure and Barring Services (DBS) checks had been received were recorded. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. The registered provider had implemented a file checklist to ensure it was clear on records that these checks had been undertaken and that the registered provider had received this information prior to the new employees being allowed to work independently with people. This information helped to ensure that only people considered suitable to work with vulnerable people had been employed.

We asked four people if they received help from care workers with their medication. One person told us they were supported with medication but this support only consisted of a check by care workers to make sure there were no problems. We spoke with the registered manager who told us, and we saw from peoples care plans, that people taking medication had a risk assessment and associated support plan that identified the amount and type of support they required with their medication and that this was reviewed. We saw all care workers had received up to date training in medication. The provider had a medication policy and procedure in place and this included reference for care workers on the storage, refusal, disposal and errors of medication. This helped to ensure peoples medication was managed in a safe and consistent way.

Administration of medication was recorded using Medication Administration Records (MAR). The registered provider undertook monthly audits of people's MAR charts. Where any errors were recorded, the registered manager told us they would speak with the employee. They told us that the disciplinary process was used as a learning process; care workers would be offered additional training and supervision before more serious action was considered. Care workers told us they were not allowed to administer medication until 'signed off' as competent and that they received regular spot checks. This process helped to ensure people received their medication in a safe and controlled way by competent care workers.

There was guidance for people who were prescribed 'as and when needed' (PRN) medication. For most people, appropriate guidance by way of pictorial body maps was documented for the application of patches

and emollients. We saw one care plan for a person listed three cream applications on the MAR that were administered to the person 'as and when required'. It was not clear from the MAR chart or the body map where each cream should be applied. We spoke with the registered manager about this and they showed us the daily task sheet from the person's file where we saw the required information. The registered manager advised us that they would ensure the file was updated with the information available in the appropriate place. This meant information was available to help people receive their medication as prescribed.

Care workers we spoke with understood the importance of their roles and responsibilities in maintaining high standards of cleanliness and hygiene. The registered provider had policies and procedures in place and we saw that care workers had received up to date training in health and safety in the home, fire procedures, infection control and food hygiene. We saw the registered provider had a contingency plan in place in case of emergencies to ensure people continued to receive a consistent and safe service. The contingency plan included information about how to temporarily re-house people if required, to continue the business, to deal with shortages of care workers, to cope with a flu epidemic and to address the possible absence of the registered manager.

Good

Is the service effective?

Our findings

People told us that the service was effective and that care workers had the necessary skills to meet their needs. One person told us, "Staff who visit me are skilled at what they do" and, "Nobody seems unsure of how to care and support me; they know my needs and everybody is absolutely wonderful."

Care workers told us the registered provider supported them to ensure they had the right skills to undertake their work. They told us, and we saw from employment records, that they attended a corporate induction during their first week and that this was followed by a period of shadowing experienced care workers before working on their own. The registered provider told us on the PIR, "We have adapted our induction programme to reflect the Care Certificate." The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. This demonstrated how care workers were supported to understand the fundamentals of care. It assesses the skills, knowledge and behaviours that are required to provide safe, effective and compassionate care.

Care workers had a training plan in place and we saw how this was managed and recorded electronically to ensure they had the up to date skills they needed to carry out their duties effectively. Essential training included safeguarding, moving and handling, food hygiene, fire awareness, infection control and health and safety. We saw learning from moving and handling people training was followed up with practical skills assessments and this was recorded. Where competencies were not achieved, care workers were supported and additional training was provided to meet the required standards. A care worker told us they received additional competency observations. They told us medication training included a full day's theory learning followed by observation of a senior administering medication in a person's home. They told us they then assisted with the medication count and that on the next visit the roles were reversed. This meant care workers were observed by a senior and this was followed up with a discussion where they could highlight any concerns. The care worker said, "The process is robust, after the initial learning we receive a documented formal review and only if we pass are we allocated a call where medication is required and that is also supervised. We are provided final feedback before being on our own."

Training for care workers was also personalised to meet the individual needs of people using the service. We saw from training records this included training on dementia , person centred care, equality and diversity, Parkinson's disease, challenging behaviour and end of life care. This meant that the knowledge and skills of care workers was kept up to date and that they were competent in delivering care and support to people.

The registered manager showed us a copy of a policy that covered the five key principles of the Mental Capacity Act 2005 (MCA). The 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. For people living in their own home, this would be authorised via an application to the Court of Protection. We were told care workers were asked to read and

complete a question and answer booklet that demonstrated their understanding of the MCA policy at induction. We spoke with two care workers who had a basic understanding of the MCA; one told us, "I always assume someone has capacity and if I have any concerns I document them and I will speak with a GP and the health worker to make sure they don't have any underlying health problem causing the concerns." Another care worker told us, "People have capacity to make decisions but if that changes they may require a best interest decision to provide appropriate care so we would involve other health professionals." We looked at the training matrix and saw care workers had not undertaken any additional training in the MCA. We asked the registered manager about this and they told us, "We are able to source internet learning for care workers through the e-learning training and this has covered topics on the Mental Capacity Act." They added, "At the moment we don't train care workers in the Mental Health Act, we refer any concerns or changes in behaviour to the Community Mental Health Team [CMHT].We are looking at further training for staff in awareness of mental health for people."

Care workers we spoke with understood the importance of ensuring people consented to the care and support they provided. We saw people's care files contained assessments and people had signed to provide their agreement and consent to the activity. A care worker told us, "I always ask people if they are happy with the care and support I am providing. If they decline I will leave them and then try again, if they still refuse I would document the refusal and would ring the office." They added, "I wouldn't leave the person until I had received appropriate advice and guidance, but at the end of the day it is the person's choice."

We saw people's dietary needs were recorded in their care plans and that this was reviewed. The registered manager told us the amount of care and support provided to people with their meals was dependant on their individuals assessed needs and abilities. One person we spoke with told us, "I prepare the vegetables and the care workers cook the meal, it's a partnership." Another person said, "I am good at preparing food myself and care workers encourage me to continue to do so." We asked the manager what they would do if a person showed signs of malnutrition. The registered manager told us, "We always involve the GP who can refer people to a dietician if required and we would input additional checks and recording during the call." This meant the registered provider involved other health professionals and supported people to have positive outcomes concerning their health.

We asked management and care workers how they managed anxious behaviour shown by people using the service. The registered manager told us, "We have a physical intervention policy that advises care workers should only use physical intervention as a last resort or in defending themselves and others from immediate physical harm." A care worker told us, "Ideally we don't use restraint, we try to de-escalate the situation and we would check its safe and allow people time to calm down." They said, "We have a challenging behaviour policy and receive training as part of the induction programme." We saw that people had a "Daily Task' sheet in their care plans that detailed their behaviour patterns and what staff needed to do to manage this. We were told that from March 2016, the registered provider required existing staff to complete training in challenging behaviour, and we saw that all care workers starting after January 2016 had completed this training.
The registered provider had measures in place to develop and motivate care workers and to ensure their practice was up to date. We saw from care worker files that they received three monthly supervisions, one-to-one meetings and staff meetings. A care worker told us, "We have staff meetings both with and without other area teams which is good as we can share best practice."

Good

Is the service caring?

Our findings

It was clear form talking with care workers during the inspection that they knew the people they cared for. People told us they were communicated with in the way they wanted to be and that they discussed and agreed to their care and support with the care worker. A care worker told us, "Care staff are all caring, we treat people like family" and "It is a great place to work." We asked another care worker how they had got to know people's likes, dislikes and their preferences. They said, "We can look at their care files which contain a pen picture but we really get to know them by talking with them."

Care workers told us they completed an induction period when they shadowed existing staff and were introduced to people. The registered manager told us, "We ask people and care workers what they think of each other to try and improve compatibility, if there are any problems or concerns we can move staff around, we try and keep everybody happy." People told us they were happy with their care and we saw that they knew their care worker. A person told us, "[Name] is really nice, they care about me." People using the service spoke positively of the care they received. One person receiving a service told us, "When I first met the care worker they asked me straight away about any concerns I had. I told them my concerns and they responded immediately and my notes [care plan] were updated with the information." They added, "They are wonderful."

The registered provider told us in the PIR, "We send the service user a weekly bookings list so they are aware of which carer is arriving." People confirmed they received a list each week detailing the care workers and the times they would be attending. One person told us, "I have a regular group of care workers and the senior will introduce anybody new." Another person said, "The list is great, I make sure I am ready when they arrive and I look forward to it."

We saw care workers had completed training in equality, diversity and person centred care and that care workers understood people's diverse needs. Discussions with the registered manager revealed there were some people with a disability receiving a service. We saw from their care files that their needs were appropriately documented and reviewed. Disability is one of seven characteristics of the Equality Act 2010. Other characteristics of the Equality Act include age, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that anyone that received the service was discriminated against and no one told us anything to contradict this.

People were supported to express their views and to be involved in decisions, as far as possible, about the care and support they received. The care and support plans viewed during our visit included people's involvement and we saw they were reviewed at least every three months. We saw a record was kept in the office and in people's homes. People signed their agreement to their care records and care workers told us that they had time to read them. We spoke with four people who commented, "I have a care plan in my home and there is a copy in the office," and "[Care worker] reviews my care plan with me every three months and they write in it after every visit." This meant the registered provider had taken steps to support people to express their views, that they were actively involved in making decisions about their care, treatment and support and that their views were acted on.

Care plans we looked at contained an information section on providing personal care for people. This included documented information written with people to help care workers provide personal care with bathing and showering such as, 'what I like', 'what I can do' and 'what I need assistance with.' Care workers discussed how they provided personal care and maintained people's dignity. One care worker explained, "The main activity we undertake with people for personal care is bathing and we always make sure people are comfortable with what we are doing" and "We refer to the care plans and we get towels ready, as long as they are safe we ask them if they want privacy for a few minutes." Another care worker told us, "We respect people's privacy and wishes that are documented in the care plans and we talk to people to ensure they are happy with and understand what we are doing." This showed that care workers were aware of the need to promote privacy and dignity.
Care workers understood the importance of promoting people's independence. A care worker told us, "I try and encourage a person's independence with their day to day living, no matter how small the task." They provided examples and told us, "When helping a person to dress I encourage them to fasten some of their buttons, I help with the difficult ones and when I am making a drink I ask them if they would like to switch the kettle on and then I pour the water out." People confirmed care workers encouraged them to participate as much or as little as they were able to. One person said, "Care workers know my capabilities and they always encourage me to help out when they are around.

We saw reference to Independent Mental Capacity Advocate (IMCA) that the registered provider used should they suspect a person was not able to make an informed decision or provide consent. IMCAs can provide support for people who lack the capacity to make specific important decisions.

Care workers read and had an understanding of the registered provider's confidentiality policy, and they told us they understood how to maintain people's confidentiality. A care worker told us "Conversations we have with people are private, we never repeat anything we are told unless we hear a risk or a concern," and "If we thought something wasn't right we would discuss it with the person and advise them we may need to report it."

Care workers told us they had a basic understanding of end of life care, which they had covered during their induction. The registered provider told us in the PIR, "Our in-house trainer has recently developed additional care workers training in end of life care." The registered manager told us, "The training has been designed to ensure care workers were able to support people with their wishes and preferences and ensure that people were treated with dignity, comfort and respect at the end of their life." The registered manager told us they worked closely in partnership with palliative care specialists where appropriate. Palliative care is a multidisciplinary approach to specialised medical care for people with serious illnesses.

Good

Is the service responsive?

Our findings

People told us that they were involved in discussions regarding their care, and confirmed that the care delivered was responsive to their changing needs. We looked at people's care files and we saw they were thorough and focused on the person. Care plans included a 'Pen Picture'. This provided care workers and others with a profile of the person and included details of their personal history, health conditions, interests/hobbies and details of their support network. Care workers told us they used the Pen Picture as a point of reference, which helped them to deliver personalised care and support for all areas of a person's life no matter how small. We spoke with one person who told us they had told the registered provider they enjoyed fruit. They told us, "I like to buy fruit for my room." We spoke with care workers who told us they made sure fruit was available for the person and we looked at the persons care plan and saw this was documented.

A care plan we looked at included evidence of a multiagency approach to their personalised service. We saw their support network included input from social services, occupational therapists, community mental health teams, chiropodist, beautician and dietician.

We saw people's care files contained detailed daily task sheets and written objectives and goals with details of social inclusion that meant they were not socially isolated from and maintained contact with their family, friends and the community. We saw these had been written with input from people and, when appropriate, their families. One care plan noted, '[Person's] daughter visits every Tuesday,' and '[Person's] neighbour visits every Saturday to help wash [person's] hair' and '[Person's] daughter who lives away visits every 10 weeks'. A care worker told us the person had dementia. They told us the care plan, daily task sheet and diary helped them to provide appropriate care and support and enabled them to reassure the person when relatives would be visiting.

The registered provider told us people were encouraged to socialise in the coffee shop in the residential home next to the main office. They told us they were building links with the local community and had introduced a weekly coffee morning and a knitting club. They told us the events helped people to understand the services provided and enabled people to form friendships that helped to break down any anxieties people had when they needed to transition between services.

People's care needs were regularly reviewed and people signed their agreement to their care records. The registered manager told us in the PIR, "We complete client reviews quarterly or as and when required in addition to reviews held by the Local Authority." The registered manager told us they were not invited to attend the reviews held by the local authority but that they were responsive to the feedback provided. In addition, we saw care plans were reviewed at least quarterly and people, their families and other health professionals were involved ensuring the service met with peoples changing needs. People were encouraged to feedback any concerns regarding their care workers during reviews. This helped to provide the registered provider with a holistic care plan that met a person's full needs.

People were encouraged to submit feedback, share their experiences or raise any concerns. People we

spoke with understood how to raise complaints. One person told us, "If I have any concerns I speak with staff or the manager. The service is responsive and someone always deals with any issues I may have." The registered provider had a complaints procedure in place and care workers we spoke with were clear of the importance of reporting and recording any complaints.

The registered manager showed us the results of a quarterly survey for people receiving a service. In response to a question, "Are you happy with the time your carer arrives?" we saw a person had written, "They are sometimes early and sometimes late." We asked the registered manager about this. They showed us the complaints file where this was also documented and we saw how the care worker had been spoken with. The feedback had highlighted some other concerns with the care worker and we saw these had been addressed. We saw actions had been implemented to prevent re-occurrence. The registered manager told us they valued and encouraged feedback and had used this example to demonstrate the importance of this and how the service could improve as a result.

The registered manager told us they worked closely with the local authority and other care professionals to ensure they only agreed to provide a service for people whose needs they could meet. Where people's needs changed or they required specialised care the registered provider told us they would work with the person, their families and other health professionals to ensure they received the appropriate care and support, or that they were communicated with and supported to transition to a service more appropriate for their needs.

Good

Is the service well-led?

Our findings

There was a registered manager in place. The registered manager was on duty on the day of our inspection and they supported us with the provision of information required for our inspection. There was positive feedback from everyone we spoke with about the leadership of the service and there was a high degree of confidence in how the service was run. Care workers we spoke with told us the registered manager was approachable, open and honest. People knew the manager and senior care worker by name; one person told us, "If I had a complaint I would speak with [names], they are quite approachable". There was a clear management structure in place and care workers had an understanding of their roles and responsibilities.

Care workers told us the service had a positive open culture. One care worker told us, "It's a very positive organisation to work for." Another care worker said, "It's a great job, the manager recognises the need for a work life balance and provides flexible opportunities. We are all pushed to develop our careers if we want to, there's lots of opportunity to develop."

The Health and Social Care Act 2008 (HSCA) requires providers to notify CQC of certain incidents and events. We discussed the submission of notifications by the registered manager as part of their registration requirements with the CQC and it was clear they understood their responsibilities. This meant they understood the conditions of their registration.

We saw that peoples care was person-centred and empowered people to make choices and remain independent in a safe, managed way. Care workers told us they were supported and kept up to date with changes, not just for people but also in best practice and organisational changes. A care worker told us, "We are constantly updated about people's needs, not just verbally and at staff meetings but information is also documented in daily notes and from new information in people's files."

The registered provider had a statement of purpose that included details of the visions and values of the agency. This included their aims and objectives, the nature of the service provided, consultation with people, quality assurance and additional contact details. We saw that this document was compiled in October 2010 and we were told it was kept under review and revised annually as a minimum in line with CQC regulations.

We asked the registered manager how they kept up-to-date with best practice guidance and changes in legislation. They told us, "We receive updates as a member of United Kingdom Homecare Association (UKHCA) which is the professional association of home care providers. We also receive updates from the CQC and Skills for Care and we work in partnership with the local authority and multi-disciplinary agencies, families and anyone acting for or on behalf of the service user." They continued, "We share best practice with our parent care home provider and utilise their training and resources to improve our services." The registered manager told us they disseminated key information to care workers to help them to be aware of legislation and best practice so that it could be encompassed in their everyday working.

We saw that regular staff meetings took place. We noted that a range of topics were discussed which

included; staff contracts, medication administration records, care logs, training, the use of personal protective equipment and the on-call process. This helped to make sure care workers were kept informed and updated with changes and best practice.

The registered provider was undertaking quality assurance checks on the service. In addition to the quarterly surveys that had been sent out to people the registered manager told us, "We have developed surveys that we send to other health professionals to gain feedback on the service, so that improvements and developments can be made to the service." We saw that the provider was in the process of updating and implementing new documents including care plans.

The service had an on-call procedure where people could contact care workers out of hours. People told us they knew how to contact the registered provider when they needed to and they told us and we saw that the information was available in their care plans. One person told us, "I have not needed to use the on-call system but the information is in my care plan. It's reassuring to know someone is there to help, if I need them."