Supportive SRC Ltd

Supportive SRC Ltd

Inspection report

Chapter House
7a Dean & Chapter Industrial Estate
Ferryhill
County Durham
DL17 8LH

Tel: 01740658888
Website: www.durhamsrc.co.uk

Date of inspection visit:
01 June 2016
03 June 2016
13 June 2016

Date of publication:
06 July 2016

Ratings

Overall rating for this service	Good

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

This inspection took place on 1, 3 and 13 June 2016 and was announced. This meant we gave the provider two days' notice of our visit because we wanted to make sure people who used the service in their own homes and staff who were office based were available to talk with us.

Supportive SRC Limited is registered with the Care Quality Commission to provide personal care to people who wish to remain independent in their own homes. The agency provides services throughout areas of County Durham and provides a range of home care and support.

At the time of our visit there were approximately 300 people using this service who were supported by 151 staff.

There was a manager in place who had recently been assessed by CQC as having the skills, qualifications and experience to be the registered manager. The registered manager had also worked in a key leadership role for the organisation for over ten years and was continuing in this role. A registered manager is a person who has registered with the Care Quality Commission (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. There was also a 'homecare manager' appointed by the provider to manage the day to day operation of the service.

Everyone who was using the service had a care plan which described how their individual care and support needs were to be met. This meant that everyone was clear about how people were to be supported. These were evaluated, reviewed and updated as required. People who used the service and those who were important to them were actively involved in deciding how they wanted their care, treatment and support to be delivered. The registered provider had detailed plans in place to improve how care plans were written and had started to make these changes.

The registered provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. We saw risk assessments were carried out and these were updated if new situations or needs arose.

We found the registered provider did not operate recruitment procedures which were robust enough to protect people using the service from unsuitable staff. The provider had not undertaken thorough background checks for staff before they started working with vulnerable people.

Feedback from people who used the service showed that staff and the registered manager were friendly, open, caring and diligent; people who used the service trusted them and valued the support they provided. People told us they were happy with the support from this agency and felt they were in control of the support they received.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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.

We found the registered manager had a good understanding about how the service was required to uphold the principles of the MCA, people's capacity and ensure decisions about their best interests were robust and their legal rights protected.

The registered manager and staff that we spoke with promoted peoples' wellbeing and it was evident that staff knew people who used the service well. This included their personal preferences, likes and dislikes. Staff had used this knowledge to form caring and therapeutic relationships. These relationships improved the agency's effectiveness and helped them make changes in response to people's needs or in response to emergency situations.

People were supported by staff who had received appropriate training. The registered provider made sure that staff were provided with training that matched the needs of the people they were supporting. This was particularly important where staff were supporting people with complex conditions which required staff to have and maintain specific skills. Where staff undertook specialised training, their work was overseen and monitored by suitably qualified staff from the registered provider and other organisations.

People were protected from the risk of abuse. Staff, the registered manager and the homecare manager understood the procedures they needed to follow to ensure that people were safe. They had undertaken training and were able to describe the different ways that people might experience abuse. When asked they were able to describe what actions they would take if they witnessed or suspected abuse was taking place and what they expected of service colleagues and statutory agencies. Staff were aware of their role in protecting people from harm and were diligent in checking for signs of abuse.

We saw the registered provider had policies and procedures for dealing with medicines and these were followed by all staff. Staff had detailed training about how treatments were to be given. Some of these were personalised and dependant on people's needs and varying condition. Safeguards were in place where people required support with treatments. Medicines were securely stored and there were checks in place to make sure people received the correct treatment.

The service had a complaints policy which provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. Staff we spoke with understood how important it was to act upon people's concerns and complaints and would report any issues that were raised, to the registered manager. People who used the service and those who were important to them knew about the complaints process and had confidence that these would be handled appropriately by the registered provider.

We found that the registered manager and registered provider had systems in place to monitoring the quality and ensure that the aims and objectives of the service were met. This included audits of key aspects of the service, such as medication and learning and development, which were used to critically review the service. We also saw the views of the people who used the service and those who were important to them, were sought. The registered manager produced action plans, which showed when developments were planned or had taken place. The services operations were also subject to oversight by a board of trustees

who provided an additional level of decision making in line with the registered providers aims and objectives.

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 always safe.

Staff recruitment procedures were not sufficiently robust and did not protect vulnerable people who used the service from the potential risk of harm from unsuitable staff.

There were systems in place to manage risks, safeguarding matters and administration of medication.

The registered provider had an effective system to manage and reduce the likelihood of accidents and incidents and learn from them so they were less likely to happen again.

Is the service effective?

Good

The service was effective.

The registered provider ensured people's best interests were managed appropriately and they were protected under the Mental Capacity Act 2005 (MCA).

People's needs were regularly assessed and referrals made to other health professionals when required and their care and support was continually monitored and promoted.

Staff received specialised and general training and development, supervision and support from the services managers, trainers and senior staff. This ensured people were cared for by those who were knowledgeable and competent.

Is the service caring?

Good

The service was caring.

There were safeguards in place to ensure people's privacy, dignity and human rights were protected. Staff knew the people they cared for and supported in detail, including their personal preferences, likes and dislikes.

People told us that the registered provider was very supportive

and had their best interests at heart; people said they were caring, discreet and sensitive and they trusted them.

Is the service responsive?

Good

The service was responsive.

People, and their representatives, were encouraged to make their views known about their care, treatment and support needs.

Staff were understanding of peoples' expressions and recognised how these could change if they were unhappy.

People were supported by the service to take part in social opportunities, make and maintain friendships; and lifestyle opportunities.

Is the service well-led?

Good

The service was well led.

There were clear values that included involvement, compassion, dignity, respect, equality and independence. With emphasis on fairness, support and transparency.

The management team had effective systems in place to assess, monitor and drive the quality of the service. The quality assurance system operated to drive improvement and sustain beneficial outcomes for people.

The service worked in partnership with key organisations, including specialist health and social care professionals, local and national stakeholders.

Supportive SRC Ltd

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 checked whether the registered 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.

One adult social care inspector completed this announced inspection of Supportive SRC Limited on 1, 3 and 13 June 2016. We announced this inspection because we wanted to be able to meet with people who used the service in their own homes.

Before the inspection we reviewed all the information we held about the service. We reviewed notifications that we had received from the service and information from people who had contacted us about the service since the last inspection. For example, people who wished to compliment or had information that they thought would be useful.

Before the inspection we reviewed information from the local safeguarding team, local authority and health services commissioners. No concerns were raised by these organisations. Prior to the inspection we also contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During the inspection we spoke with three people who used the service and six relatives. We also spoke with three care staff, two senior care staff, two co-ordinators, the senior co-ordinator, the homecare manager and the registered manager.

We also spent time looking at records, which included six peoples' care records, and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe. They told us, "We get along fine and the sort of person I am I would let them know if I wasn't happy or if I thought they were taking the [liberty.]" One person's relative told us, "I make sure everything is alright and I know the staff are doing their jobs properly because [their relative] will tell me if they aren't" and, "You know if something's not right and I know these carers make sure my [relative] is safe and not in danger."

Staff said their work helped people remain safe because they had effective safeguarding procedures, [where staff report suspected abuse] Staff told us they had training and knowledge about discrimination and how their care practices should take into account peoples 'differing religions, different orientations, beliefs and ethnicity.' Staff said their risk assessments on things like medication helped reduce the likelihood of mistakes; the correct equipment to support people's mobility needs and having sufficient staff available to meet the demands of the service helped them to make sure people were safe. Staff said they would 'whistleblow' [tell someone] if they thought the provider was not ensuring that people were safe.

We looked at the records of five staff who had recently been recruited to the service. All staff had completed an application form and had undertaken a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. The registered manager showed us how a risk assessment was carried to see if applicants who had a criminal conviction were suitable to work for the organisation. However we found that new staff were undertaking shadowing training alongside permanent staff in peoples' homes before their DBS background checks had been completed. When we examined staffs previous employment histories and references we found that there were inconsistencies and omissions. The registered provider had no record of how these had been followed up and satisfactory assurances sought. Records to demonstrate that the identity of workers had been checked were not available and a recent photograph of each member of staff was not routinely kept on their employment record. The registered manager told us that the organisation would make immediate changes to make sure that full employment checks were carried out before staff started working or training with people using the service and records would now be kept.
This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
The registered provider protected people using the service from the risks associated with their care because they followed appropriate guidance and procedures. We looked at six people's care plans. Each had an assessment of their care needs which included risk assessments. Risk assessments included areas relating to the environment, for example potential hazards around people's homes, as well as those relating to the individual such as risk of skin pressure damage. Risk assessments were used to identify what action staff needed to take to reduce the risk whilst meeting people's needs and promoting their independence. Where this was appropriate people had signed to say they agreed with the risk assessment.

When we spoke with staff about people's safety and how to recognise possible signs of abuse, these were clearly understood. Staff we spoke with described what they would look for, such as a change in a person's

behaviour, mood or any unexplained injuries. They were able to describe what action they would take to raise an alert to make sure people were kept safe. This included reporting to the registered manager or homecare manager, senior staff and the local authority. This meant staff employed by the registered provider were able to take swift and suitable action when needed to keep people safe.

Training in the protection of people had been completed by all staff, with senior staff and coordinators having undertaken more advanced training including their part in raising alerts with the local safeguarding authority. The registered manager and all staff had easy access to information on the services' safeguarding procedures and a list of contact numbers was available and accessible at all times.

Staff told us they had confidence that any concerns they raised would be listened to and action taken by the registered manager. We saw there were arrangements in place for staff to contact senior staff and management out of office hours should they require support or advice. Staff were very clear about what was expected of their roles and responsibilities and they said they would feel confident in raising any concerns with the registered manager, senior staff or homecare manager. One senior staff said, "We have an on call system where we know there will be someone to pick up the phone, give advice or help out if necessary." Another senior staff said, "It's important to have cover because we normally work alone and sometimes you just need another view about the best way to do something."

The registered provider had guidance in each individuals care plan which described how staff were to respond to emergency incidents such as a fire or flood damage or if an emergency medical incident occurred. This ensured that staff understood how to respond to people they supported in an emergency and specifically what support each person required. We saw records that confirmed staff had received training appropriate to peoples' needs and general training such as fire safety and first aid.

The registered provider had procedures in place to ensure people received medicines as they had been prescribed. Medicines were stored safely in people's homes and records were kept which showed which medication had been administered to whom and when. We saw there were regular medicine audits undertaken by managers and senior staff to ensure administration had taken place as planned. We saw the provider had protocols for medicines prescribed 'as and when required', for example pain relief. These protocols gave staff clear guidance on what the medicine was prescribed for and when it should be given. There were examples where staff, pharmacists and the person using the service worked together to ensure people had the administration process that was most suitable for their needs and independence. This showed the provider followed the Royal Pharmaceutical Society Guidelines.

The registered provider had a policy in place to promote good infection control by staff. Some people who were supported by the provider had delicate health conditions making good infection control especially important. We saw staff had continual access to appropriate personal protective equipment (PPE) such as disposable gloves and aprons. They had received training from the provider and were knowledgeable about infection control procedures. Infection control was monitored through audits carried out by senior staff and this formed part of the registered provider's assurances that safety and quality standards were met. This showed the registered provider had considered infection control issues in people's homes and had taken action to minimise their risks when required.

The registered provider took steps to ensure accidents and incidents involving people using the service and staff were minimised. The registered manager told us that these occurrences were not frequent but when they did occur an analysis of the circumstances was carried out to see if there were any lessons which could be learned for future practice. We saw records which supported these findings. We talked with staff who reflected on these practices and gave examples of their experiences. For example investigations into

accidents / incidents were thorough, open, questioning and objective. We saw that people who used the service and those close to them were included in the investigation and the outcome.

Good

Is the service effective?

Our findings

When we visited people in their own homes, they told us that they were confident in the support they received from the registered provider and staff. People were complimentary and said things like, "I know these are my staff they look out for me and know what to do if I need help." One relative told us, "We're very happy – we know the [staff] who are coming know all about [their relative] and what they need to do – If they didn't I would ask for them to be changed."

Staff said they were effective because they did 'spot checks on staff to make sure they were following procedures' and staff were 'kept trained to a high standard in delivering care.' They said 'meetings could be held with service users if they need a chat about their care'. Staff were 'well trained with induction training for new staff over 12 weeks' and 'mandatory courses such as 'Dementia' and 'stoma care' along with 'on-going refresher training for existing carers.' Staff also said they had 'good communication' with people who used services and those who also support them which helped them to be effective.

The registered manager told us that the service invested heavily in the training and development of staff to make sure they had the competencies and skills needed to meet people's needs. Staff told us the registered provider supported them to gain the skills and knowledge they needed to meet the needs of people who they cared for. The homecare manager told us that the organisation placed a strong priority on training staff, had its own training department and brought in external training specialists for other courses. The homecare manager oversaw the courses provided for staff and supported their training, development and continued competency. Where possible training was directly aligned to national standards which enabled staff to demonstrate competencies and work towards the Care Certificate accreditation. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers
We looked at records which showed all staff had achieved a wide ranging of training courses. These included completing courses in for example 'report writing', 'infection control', 'MCA', 'end of life care', 'equity and diversity', 'confidentiality', 'pressure ulcer prevention' and 'person centred care' Staff told us they had access to the providers training programme which supported them to gain and sustain the skills and knowledge they needed to meet the needs of people they supported. One of the senior staff told us, "Supportive is really good for training – if we need training on anything they will find a way of getting it no matter what."

Records showed there was a programme of induction for new staff to prepare them for their work. Staff training took place over 12 weeks including classroom and 'shadowing' [with an experienced worker] at the end of which a written competency assessment of the 15 Care Certificate knowledge outcomes was undertaken. Staff were not 'signed off' as being adequately trained until their competencies had been checked and agreed by training staff or the homecare manager. Further training could be arranged if staff needed more support to complete the induction and demonstrate competency. Specific training included, 'Safeguarding,' 'Basic life support' and 'Dementia awareness'. The homecare manager told us that some people come to the organisation having never worked in a caring role before so they had designed a specific course for these staff to give them grounding in how to care for people and prepare them for likely

experiences they will have. Continued support was available for people who were new to writing in care records. This meant that people using the service were supported by staff whose training and support matched their care and health requirements.

Staff received regular monitoring, supervision and appraisal from senior staff. The homecare manager and senior staff told us about a system of monitoring and supervision visits carried out with each member of staff. This had been a recent development following changes in the organisations structure and was to improve the effectiveness of the service. This involved monitoring of staff practice in people's homes and reviews of care records, including medication administration and daily notes. We looked at records held at the providers' offices which showed that the monitoring and supervision visits were carried out for all staff. Staff received an appraisal to show how their work met the requirements of the people they were supporting and the needs of the organisation. The registered manager confirmed that they also reviewed the monitoring and supervision of senior staff, service co-ordinators and managers to make sure the aims of the organisation were met. This showed that the registered provider had a good understanding of peoples' needs and how they were being met by their staff.

When we met with people in their own homes we saw how staff were in place to enable people to live as independently as possible in their home environment. Some people had homes which had been adapted to make sure their physical and healthcare needs could be met there. We saw how staff fitted in their support around people's needs and lifestyles and how routines were adaptable depending on their choices. Some people needed support to manage long term conditions such as mobility or dietary needs. We saw examples of records of how staff supported people's needs and when we spoke with people who used the service they confirmed that staff were diligent. One person we spoke with said, "They are reliable and I always know the time they are coming." This showed that the registered provider made sure that people's needs were met.

Records showed that the service made sure that people's health care needs were met. Where appropriate the registered provider co-ordinated and maintained consistent access with community healthcare professionals or supported people to attend regular appointments. This ensured people had the advice and treatment they required. This included contact with general and specialist doctors, dentists, specialist trained nurses and occupational therapists. We saw records which showed how staff and the provider contacted relevant health professionals if they had concerns over people's health care needs. For some people this included teams of staff from several organisations some of which were, at times, co-ordinated by the registered provider.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 Act.

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. The homecare manager told us there were no authorisations in place or presently under consideration for any support undertaken by the registered provider. We found the registered manager had a good understanding about how the service was required to uphold the principles of the MCA, people's capacity and ensure decisions about their best interests were robust and their legal rights protected.

Good

Is the service caring?

Our findings

We spoke with people about the support they received from the registered provider. All of the people's responses were very positive. One person said, "They are good people some of them live nearby and are like neighbours. I trust them in my home because I know they respect me." Another person said, "I wouldn't be able to live at home if it wasn't for them."

Staff told us they were caring because they 'listened to people and altered things to suit their needs' and treated people with respect and dignity.' They said the aim was to 'achieve a better quality of life' for the people who use the service and they 'always monitor peoples well-being and report any concerns or issues promptly.'

One senior staff told us, "One of the good things about the job is where we can provide a service in very difficult circumstances and often at short notice." One relative said they had experienced poor care with other organisations and was thankful that the service was 'reliable and professional."

When we visited people in their homes they were complimentary about the service, the staff and the homecare manager. They said they knew the senior staff, co-ordinators and managers well and had confidence that their service was set up to meet their requirements and circumstances. One relative told us, "I have a team of people who come so that I don't get new staff all the time."

The registered manager, homecare manager and staff we spoke with all showed genuine concern for peoples' wellbeing. They all placed great thought and consideration when making decisions that may affect their care and welfare. It was evident from discussion that all personnel knew people's needs, circumstances and sometimes life histories in detail, including their personal preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We saw these details were recorded in people's care plans some of which were detailed. The registered manager and homecare manager gave examples of where they had taken a role in ensuring that people who used the service received appropriate end of life support.

In response to people's needs for equality we found the registered provider had in place arrangements to assess people's needs and had put in place plans and strategies to ensure people had a lifestyle which promoted their independence. For example specific plans were in place to enable people to continue to live in their own homes sometimes with long term medical conditions or following serious injury. One person told us, "My working life took its toll on my body and now I need care to do many things. Without the help of the staff I wouldn't be able to get around the house or see to the household things like laundry and cooking."

The homecare manager told us how the service sought to recruit people who had the personal attributes to make excellent staff. She said, "We don't just want anyone working for us. We want people with potential and that means sometimes taking on staff who are new to the care profession or who may have experience of caring for family members." We found several staff had been working successfully for the registered

provider for over five years.

The senior staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for. They explained how they were very aware of the need to maintain and support peoples' privacy when they were working with them in their own homes. One senior staff member told us, "You have to remember no matter what you do you are in someone's home and if they don't want you there or don't want to speak to you then that's their choice." Another senior staff said, "We have arrangements like 'knock and enter' for some people where they can't answer the door which is in their care files and we always say to all staff they must ask the customer all the time." We found staff were committed to delivering a service that had compassion and respect and which valued each person.

The staff we spoke with understood people's routines and the way they liked their care and support to be delivered. Staff described how they supported people in line with their assessed needs and their preferences to make sure their care and lifestyle needs were met.

Staff talked about how they worked together with colleagues who delivered care and organised it; and their positive relationships with people who used the service and their relatives which helped them to be effective.

Good

Is the service responsive?

Our findings

We visited the registered provider's offices we looked at individual's records to see how their care was planned, monitored and co-ordinated. When we spoke with people who used the service they told us that the registered provider made sure they received the service that was expected and the staff who visited were always known to them and knew what their needs were. One person told us, "I have my regulars and occasionally a new person comes round but they've been told what to do before they come to me and don't spend ages reading the [care plan] file while they're here."

Staff told us they were responsive because they could 'act straight away if a carer goes off sick to cover and make sure service users get all their calls.' They told us services were 'person centred' and care plans included information from the person themselves and the other agencies involved in their support. They also told us they had 'care plans where we ask a bit about the persons history so the other carers know what to talk about' and 'if people are feeling isolated I would talk to the social worker to see if there was say a day centre that people could attend.'

All the people who used the service had care plans in place. These were developed following an assessment of each person's needs and where appropriate a consultation with everyone who had a role in the person's life. People who used the service were supported and empowered by the registered provider and senior staff to make decisions about how they would best like their care and lifestyle needs to be met. These decisions formed the basis of a formal agreement between the registered provider and the person using the service. We saw examples of these agreements in people's care plans and these were signed by all parties to acknowledge that the agreement would be followed.

We looked at the care records of six people who used the service to see how their needs were to be met. We saw each person's needs had been assessed and plans of care written to describe how there were to be supported. We looked at examples of how peoples' needs were to be met and found each area of need had clear descriptions of the actions staff were to take to support them. We found some care plans had been successfully implemented at short notice and the registered provider had a 'can do' approach to providing services for example at short notice. This showed the registered provider had responded appropriately and at short notice to unusual demands on the service.

The homecare manager told us they had recognised through quality reviews that care plans could be further developed. We saw examples of the new care plan that was in place for some people and were replacing the 'old style' plans. The homecare manager showed us that 'New' care plans were more detailed and 'person centred.' 'Person centred' is a way of working which focuses the actions of staff and the organisation on the outcomes and wellbeing of the person receiving the service. The registered manager told us that it was their intention to use this care plan format with each new person referred to the service whilst using relevant parts of it to update the plans for existing service users. This showed that the registered provider had plans in place to develop and improve care planning throughout the organisation.

Where people were at risk, there were written assessments which described the actions staff were to take to

reduce the likelihood of harm. This included the measures to be taken to help reduce the likelihood of accidents. The registered manager told us that the service helped support people who wished to remain as independent as possible whilst still having an oversight which could be used to minimise risks if required. This showed us that the service was flexible in its approach whilst maintaining people's safety.

The way care plans were written showed how people who used the service were to be supported and there were reviews by senior staff every month or sooner if their needs had changed. This meant people's changing needs were identified promptly and were regularly reviewed with the involvement of each person and those that mattered to them; and any changes that were required could be put in place quickly.

The service protected people from the risks of social isolation and recognised the importance of social contact and companionship. People were encouraged to maintain and develop relationships, hobbies and interests. Staff were proactive and made sure that people were supported to keep relationships that mattered to them, such as family, community and other social links. Staff were supportive of people so they could continue with important family events and special occasions. We found people's cultural backgrounds and their faith were valued and respected.

When people used or moved between different services or agencies this was anticipated and planned. People who used the service and those that mattered to them were involved in these decisions and their preferences and choices were respected. There was an awareness of the potential difficulties people faced in moving between services such as hospital admission and strategies were in place to maintain continuity of care and ensure their wishes and preferences were followed. Some people who used the service had advocates who expressed the persons view or spoke on their behalf and the registered provider promoted these services where required. The homecare manager gave us examples of how the service responded to people's changing needs and often co-ordinated the involvement of other social and healthcare agencies.

We checked complaints records. This showed that procedures were in place and could be followed if complaints were made. The complaints policy was seen on file and the registered manager when asked, could explain the process in detail. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. People who used the service and those who were important to them told us they felt comfortable raising concerns with the registered manager or homecare manager and found them to be responsive in dealing with any concerns raised. The staff we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the registered manager. We saw people were actively encouraged to give their views and raise any concerns. When we spoke with people no one raised any concerns but told us they knew who they could approach if they did. The registered manager saw concerns and complaints as part of driving improvement.

Good

Is the service well-led?

Our findings

People who used the service talked positively about the registered manager, homecare manager and senior staff. People said they were 'friendly and open' and 'were at the end of the phone if there were problems.' All of the people who used the service and their relatives we spoke with said the registered provider acted in the best interests of the people who used the service.

There were management systems in place to ensure the service was well-led. We saw the registered manager was supported by the management structure of the organisation. This included a board of trustees, homecare manager, senior coordinator as well as staff responsible for training, finance and human resources within the organisation. There was regular monitoring of the service as part of the organisations overall activities. The registered manager and homecare manager shared the organisations offices and were in regular communication with staff, service users, relatives and other professionals involved in people's care. These showed that the registered provider had oversight of the quality of the service offered by Supportive SRC Limited.

We saw there were procedures in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. There were quality assurance systems in place for the registered manager to ensure objectives were met. These included collecting information on all areas of the registered providers operations which and comparing these with expected targets and previous levels of achievement. For example audits were carried out for key areas of service provision such as care planning, training, health and safety, accidents and incidents and medication. These were used to compile key performance information and compare trends within the service and plan and support changes to improve how the service was run. This also meant that any unexpected incidents could be identified and analysed and actions taken to reduce the likelihood of them happening again.

The registered manager had worked at Supportive SRC Limited for over 10 years and is also the senior manager for the organisation. He had successfully applied to CQC to become the registered manager within the previous month. He has had over thirty years of experience in working at a senior operational and management role level in a variety of public organisations. This background and experience had given him the skills and knowledge to structure and successfully operate the service. The registered manager worked closely with the homecare manager who was active in the day to day running of the service. We saw they interacted and supported people who used the service and supported all office and care staff to do the same. From our conversations with the homecare manager it was clear she was able to make sure that the resources of the organisation were used in the best way to meet people's assessed needs and their safety was assured.

The registered manager told us they encouraged open, honest communication with people who used the service and their representatives, staff and other stakeholders. Relatives and people who used the service told us they were 'kept informed' about developments and changes made by the provider. One person who used the service told us, "They refer to me as a 'customer' and I like that because I am treated properly and looked after." We saw the registered manager, homecare manager and staff worked in partnership with a

range of multi-disciplinary teams including social workers, community health staff and other professionals such as GP's consultants and psychologists / therapists in order to ensure people received a good service.

The staff we spoke with were complimentary about the registered manager and homecare manager. They told us that the management style was open and supportive and they could talk to managers when they needed. Arrangements were also in place for staff to receive support from the organisations trustees where for example staff can obtain assistance or guidance from people who did not directly manage them.

Staff said they felt that their skills were appreciated and valued. Staff we spoke with told us they would have no hesitation in approaching the registered manager or homecare manager if they had any concerns and they regularly discussed their work with senior colleagues and managers on a day to day basis. They told us they felt supported and they had regular meetings where they had the opportunity to reflect upon their practice and discuss the needs of the people who used the service. We saw documentation to support this.

The registered provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. We saw risk assessments were carried out and these were updated if new situations or needs arose. The service was effective at making changes quickly for people with complex and varying needs. We saw evidence of how these were reviewed regularly and changes made to the care plans where needed. In this way the provider could demonstrate they could continue to safely meet people's needs.

The registered manager had in place arrangements to enable people who used the service, their representatives and other stakeholders to affect the way the service was delivered. For example, people who used the service were routinely asked for their views by completing surveys. The outcome of this feedback was collated and circulated to the provider's senior managers with any actions identified as a result of this feedback. The most recent surveys completed by people who used the service, those that mattered to them and professionals involved in people's care and support, demonstrated there was a high level of satisfaction about people's care, treatment and support.

The registered provider was also subject to quality assessments by other organisations. For example, as part of their contractual agreements with service commissioners. The most recent report showed that the provider had improved their quality rating score since the previous assessment.

All of these measures meant that the registered provider gathered information about the quality of their service from a variety of sources and used the information to improve outcomes for people.

The registered manager had notified the Care Quality Commission of all significant events which had occurred, along with associated outcomes, in line with their legal responsibilities.

We saw the provider had management systems in place to support the registered manager including finance, training and human resources support.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not established or operated effectively to ensure that persons employed in carrying out the regulated activity were of good character or had the necessary skills, qualifications and experience to carry out the regulated activity.