

Cathedral Gate Homecare Limited

Cathedral Gate Domiciliary Care Services

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 23 May and 1 June 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. Not everyone using Cathedral Gate Domiciliary Care Services receives regulated activity. CQC only inspects the service being received by people provided with 'personal care', and help with tasks related to personal hygiene and eating. For people who receive a regulated activity, we also take into account any wider social care provided.

The last inspection took place on 16 December 2016 and 12 and 13 January 2017. We identified two breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks were not always identified and sufficiently addressed, medication profiles were not in place and records of topical ointments and creams were not maintained. In addition, auditing of the service was not fully effective, and findings were not used to improve the service. We also made a recommendation to develop a more person centred approach to care planning.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when, to improve the key questions of whether the service was safe, effective, responsive and well led to at least good. At this inspection, improvements had been made to all areas, although further work was needed in relation to the well led domain.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not available on the first day of the inspection, but was present on the second day.

Following the last inspection, the registered manager had researched quality auditing systems and the formats available. However, further work was needed to implement these and to ensure an overview of different areas of the service.

Improvements had been made to people's care plans. The information reflected people's needs, the support they required and their interests. The content of the plans was easy to read, detailed and person centred.

A new format had been introduced for staff to document the administration of people's medicines. The information gave clear instructions which minimised the risk of error.

People were happy with the service they received. They said they were supported by a consistent team of

staff who knew them well. People told us staff generally arrived on time and there were no concerns about staff not arriving to support them. They told us staff asked for their consent and always did what was asked on them.

People were complimentary about the staff. Staff were well supported and received a range of training to help them to undertake their role more effectively. Safe recruitment practice was followed and new staff received a thorough induction before working with people on their own. There were enough staff to support people.

There was a strong culture that was built on kindness and compassion. Core values, such as dignity and respect, were an integral part of service provision.

People told us they felt safe. Staff were aware of their responsibilities to identify and report a suspicion or allegation of abuse.

People were supported with meal preparation and encouraged to drink sufficient amounts. They were supported with their health care needs as required. The agency had built good relationships with local services.

People knew how to make a complaint and were encouraged to give their views of the service. Any requests or suggestions were addressed although there was not an overview, which could be used to develop the service further.

There was a clear vision for the development of the service. This included a new area of specialist support and greater networking. There were plans to develop the size of the agency, using a planned and targeted approach. New care packages were only accepted if the service had the skills and capacity to support the person safely and effectively.

We made one recommendation for the provider to implement their research into quality auditing systems and to ensure an overview of different areas of the service.

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.

There were enough staff to support people.

Medicines were safely managed.

Safe recruitment practice was being followed.

Is the service effective?

Good ●

The service was effective.

People were supported in line with the Mental Capacity Act 2005.

Staff had the knowledge and skills to support people effectively.

People were supported to have enough to eat and drink.

Is the service caring?

Good ●

The service was caring.

There was a strong culture, which was built on kindness and compassion.

People's rights to privacy and dignity were promoted.

People were complimentary about the staff.

Is the service responsive?

Good ●

The service was responsive.

People received a service that was responsive to their needs.

Improvements had been made to people's care plans.

People and their relatives knew how to make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

An auditing system had been researched but not fully implemented.

There was not an overview of different aspects of the service.

There was a strong, caring ethos which was fully applied in practice.

Cathedral Gate Domiciliary Care Services

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 23 May and 1 June 2018, and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be available at the office.

This inspection was undertaken by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection visit, we reviewed the Provider Information Return (PIR). 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 looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

In order to gain feedback about Cathedral Gate Domiciliary Care Services, we spoke to eight people who used the service, a relative and four staff on the telephone. We spoke with the registered manager and two staff in the office. We looked at people's care records and documentation in relation to the management of the agency. This included quality auditing processes and staff training and recruitment records. After the inspection, we contacted 12 health and social care professionals for their views of the service. Five health and social care professionals responded.

Is the service safe?

Our findings

At the last comprehensive inspection, in December 2016 and January 2017, we identified the service was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks to people's safety were not always identified and sufficiently addressed. In addition, medication profiles were not in place and records of topical ointments and creams were not maintained.

At this inspection, action had been taken in relation to risks identified. For example, one member of staff had not completed the training, which was expected of them. As a result, they were not allocated any work. A member of staff told us, "It's just not safe. We can't be assured they have the right up to date knowledge." Another member of staff told us the agency only accepted new care packages, if they had the capacity to do so safely. They told us, "We have to be able to provide good care at the start of the package and if it increases to more visits in the future. If we can't do that, we won't accept the package." The registered manager confirmed this and said, "We never take a risk with anyone. If we do not have the resources, knowledge or skills to support a person safely, we won't take it on. We won't fail anyone." One member of staff told us the agency always ensured a person's safety if staff could not get in to their property. They said, "We always make sure they're ok, as they could be on the floor."

People told us they felt safe whilst using the service. One person told us, "I do feel safe, and I think that's because I know the carers well and they know me and understand exactly what it is I need help with." Another person said staff support throughout the day made them feel safe.

Improvements had been made to the management of people's medicines. There were new medicine administration records (MAR) in place. The MARs had been developed following research into different formats. One member of staff told us some staff found the transition to the new forms difficult and as a result, did not complete them properly. They said staff were given additional training, which improved this. All MARs were printed by staff at the office. Whilst the records gave staff clear instructions of each medicine, they had not been signed and countersigned, to show they were accurate. Staff said this would be addressed before the next supply was given to people. All MARs showing a short-term prescription, such as antibiotics, were printed on different coloured paper. This was intended to increase staff awareness of the medicine, so it was not missed.

Records showed how people liked to be supported with their medicines. This included one person who preferred staff to place their medicines in an egg cup. Another person was prescribed a pain relief 'patch', to be applied to their skin on a weekly basis. Whilst staff had demonstrated this had been applied, records did not clearly show how the site of the patch was to be appropriately rotated. On the second day of the inspection, a chart to demonstrate this had been implemented.

Staff were aware of their responsibilities to report any suspicion or allegation of abuse. One member of staff told us, "If I think something is wrong and have a feeling, I would report it to the office. I'd rather get it wrong than not report something, which turns out to be really important." A health and social care professional told us staff had appropriately identified a potentially abusive situation involving a person. They said, "The

suspicion had been appropriately managed and reported, with the focus being the person and their safety."

Records showed staff had received safeguarding training, although three staff had not undertaken refresher training. The staff concerned had been informed of this and were in the process of completing the training with the new training provider.

Safe recruitment practice was being followed. Records showed applicants completed an application form and attended a formal interview. Information was gained regarding the applicant's past work performance and their character. However, on one occasion, this was undertaken on the telephone and not documented. The staff member said they would ensure this was completed in the future. Records showed the applicant's identity had been checked and they undertook 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. Staff told us they did not start working with people until all their recruitment checks had been completed.

There were enough staff to support people safely. Staff told us their work was manageable and they had enough time to support people effectively without rushing. One member of staff told us, "My work is very manageable. There's no rushing from one to another. We have time to spend with people and to chat." Another member of staff said, "I have a perfect round. I have some really nice people and they're quite close together so there's no rush." The registered manager confirmed this and said, "We are currently very well resourced. We also have exemplary scheduling, which ensures the effective use of resources." Staff told us they covered for each other at times of annual leave or sickness. They said the office staff were trained and knew people well, so would provide support if needed.

Staff were aware of their responsibilities to minimise the risk of infection. They said they had undertaken infection control training and had disposable protective clothing, such as gloves and aprons, to use as required. Records showed an additional training session regarding hand washing had been completed. One member of staff said they would be informed if a person had an infection, so they could take additional precautionary measures. They said they would raise any concerns regarding the cleanliness of a person's property, with the office.

People told us staff followed good infection control practice. One person said, "I've been very impressed with all of the carers hygiene skills. I never have to remind them to change gloves, nor do I have to remind them to wash their hands and it has really been quite refreshing for me to see that standards are being maintained in this way." Another person told us, "They always bring their gloves with them and they always put them on before they help wash my legs every morning. They will usually change their gloves then before they help dry me and then once again when they're ready to put my cream on."

Is the service effective?

Our findings

People were assessed before being offered a service. Records showed the person was asked about the support they were looking to receive and at what time. They were also asked about other areas, such as medical conditions. Staff told us they aimed to gather as much information as possible about the person. They then considered this in relation to the agency's capacity. Staff told us if any concerns were identified, the care package was declined. They told us, "We only take people we know we will be able to support. We won't take any chances." The registered manager told us staff were excellent at knowing capacity, where the gaps were and what packages could be taken on effectively.

Records showed staff had undertaken training which was deemed mandatory by the provider. This included topics such as moving people safely, infection control, and equality and diversity. Staff told us training had recently been developed to meet different learning styles and to ensure up to date information and best practice. They said as well as the use of DVD's and face to face training, a new electronic system had been introduced. Staff told us they preferred this, as they could complete the training at a time which was convenient to them. One member of staff told us "It's great as I'm now up to date with my training. I did 14 courses whilst I was watching TV last night." They explained these topics included, "Improving outcomes in People living with Dementia" and "Death and Dying." Whilst acknowledging the member of staff enjoyed the flexibility of the electronic training programme, undertaking 14 courses in quick succession, increased the risk of information not being absorbed effectively. The registered manager recognised this and said staff were required to pass an assessment, at the end of each course. They said this demonstrated their understanding so it was not just a "tick box" approach to learning. Staff told us they always received specialised training before supporting a person with a clinical need.

People told us staff had the skills and knowledge to support them effectively. One person said, "I've never had a single problem with any of the carers not being able to help me with things that I need help with." Another person said, "With other agencies I've used in the past, there have been issues particularly when it comes to hygiene, like making sure my commode is thoroughly cleaned every time. With this agency, I have never had to ask them to re-clean it, not even once. It just gets done properly, every time."

Staff told us they felt supported in their role. They said they had meetings with their supervisor and if they wanted more, they only had to ask. The registered manager told us these meetings generally took place every three months, but were timed in response to the staff member and their needs. Staff told us there was often another member of staff present when meeting with the registered manager. They said they did not mind this, although felt there were issues at times with confidentiality. The registered manager explained they always asked the member of staff if they wanted to be accompanied. They said staff were able to decline, if they did not want the additional support. The registered manager told us when working with staff, they always took them "on face value" and looked at their qualities and strengths. The registered manager told us, "We are very lucky as we have diversity within the team, so many perspectives. They're passionate about what they do. I love their energy."

Staff told us they had a detailed induction, which involved training and working alongside more experienced

members of staff. One staff member told us, "They made sure I went to all of the people I would be working with, which was really good." The registered manager confirmed the induction process for new staff was individually suited to each staff member. They said, "it [the induction] takes as long as it takes for the staff member to be confident and competent. We want staff to be as good as they can be, to be confident in their skills and true value."

People were supported in line with 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Records showed people had provided written consent to various aspects of their support such as the sharing of their personal information. People told us staff asked for their consent before undertaking any task. One person told us, "Sometimes I don't always feel like a shower so my carer will usually ask me whether I'd just like help with a wash instead. They never force me to do anything that I don't feel able to." A relative told us, "I can usually hear the staff ask my [family member] if they're ready to make a start before they close the door to give them some privacy." A member of staff told us, "Each person has a care plan which I use as a guide, but I always ask the person what they want done and in what order." Records showed staff had received training in the Mental Capacity Act 2005.

People told us staff supported them to be healthy and remain well. One person said, "Because I spend either a lot of time sitting down or lying down, my carers will always check me, both in the morning when I'm getting undressed for my wash and also, in the evening when I'm getting undressed for bed to make sure there aren't any pink marks starting anywhere." They continued to tell us, "If they do notice something, they will write in the records and they will ask me if I want them to tell my daughter." Another person told us, "A while ago, my carer came in and told me that she thought I was looking very pale and that perhaps we ought to have a word with my district nurse. She did call her and asked her to visit."

The registered manager told us the agency had developed good relationships with the local hospital and GP surgeries. They said staff were on "first name terms" with many of the health care professionals. This helped communication and enabled anything to get sorted more efficiently. Staff told us they were able to quickly recognise any signs of ill health or changes in character, as they supported people on a regular basis and knew them well. They said they would report any concerns to the office or the person's family.

People were supported to have enough to eat and drink. One person said, "I usually prepare my main meal so I get ready some potatoes and vegetables, and then when my carer gets here, she will cook it for me with something out the freezer, depending on what I fancy." Another person said, "My carers always help me with my breakfast. They will usually ask me if I fancy something different but I'm a creature of habit and I like what I like." Staff confirmed they always asked people what they wanted to eat or offered a selection of what was available. Records showed staff had received training in diet and nutrition. However, one health/social care professional told us they felt staff should be given more information about 'traditional' cooking.

People told us staff ensured they had enough to drink. One person said, "I'm perfectly capable of making my own drinks, but having said that it is nice because when my carer arrives every morning, she will usually put the kettle on to make me a cup of tea while we get things ready for my wash and breakfast. It seems to taste different when somebody makes it for you." Another person said, "I do struggle a bit to make my drinks and to be honest I usually forget about drinking so my carer will usually make me a hot drink when she comes in, and will also leave me a glass of cold drink so that I've got something for when she goes. They are very good

at encouraging me to drink more."

Is the service caring?

Our findings

There was a strong caring culture, which was built on kindness and compassion. The registered manager told us core values, such as dignity and respect, were at the heart of the agency and its operation. They said they demonstrated such values within their practice and expected all staff to do the same. This included being respectful to people and each other, at all times. The registered manager said values were initially discussed with a prospective member of staff at their interview. These discussions continued within staff meetings and training sessions. The registered manager told us "spot checks" of staff ensured the values were being applied in practice. Records showed Equality and diversity, and person centred approaches, formed part of the agency's training programme. To develop this area further, the registered manager told us they had signed the agency up to the National Dignity Council's "Dignity Values". They said this was to "fully embed and further develop practice, not just to adopt the logo to enhance reputation." The National Dignity Council was formerly known as The Dignity Partnership Board. It works to put dignity and respect at the heart of care services to enable a positive experience of care.

The registered manager was very aware of practices which could compromise people's dignity. They gave an example by saying, "Whilst it would be good advertising, people don't want a car pulling up outside their house with a big logo, saying Cathedral Gate Domiciliary Care Agency." They told us, "We understand the realisation of needing care must be difficult as it is, without everyone knowing. We need to be respectful." They told us they had also been considering the challenge between effective record keeping and people having "personal things about them written down." They told us they did not feel there was an answer to this, although it was something staff should be aware of.

Whilst there was a strong focus on values, there were entries in people's daily records which did not always promote this. One entry stated, "Very argumentative." Another record said, "Refused to let me heat her soup" and "Refused to have a hot meal." The registered manager told us they would talk to staff about alternative terminology such as "declined".

People told us staff treated them, and their home, with dignity and respect. One person said, "My carers never mind just running around and drawing all of my curtains in the evening and then opening them again in the morning." Another person said, "While I wash my top half they will usually just stand outside the bathroom door and then only come in when I call them to say I'm ready. It's just so much nicer not to have somebody standing over you while you are trying to have a shower and I appreciate their kindness in thinking about me in this way." A relative told us, "Staff always knock and calls out [family member's] name before they go in to them."

Staff were caring and respectful when answering the telephone in the office. They explained who they were, took time to listen and answered appropriately in a friendly manner. They gave reassurance when required and finished conversations by saying, "You are more than welcome." Staff told us they had met and/or worked with each person who used the service. This meant when people called the office for a request or advice, they knew who they would be speaking to. Staff told us they felt this made it easier for people call and feel relaxed about doing so.

People were complimentary about the staff and told us they did everything they needed them to do. One person told us, "Absolutely. They are always asking me if there's anything at all extra I need help with, or they can get for me, before they go. They are all very considerate in that way." Another person said, "Sometimes it's a case of them spotting something before I do. If they notice my laundry basket is getting rather full, they will ask me if I would like them to put it in the washing machine, to save me having to get up and sort it myself. It's little things like that that make all the difference." Another person said, "My carers never mind what it is they do for me. If I have some extra jobs that I'm struggling with, they will always make time to help me before they go." One member of staff confirmed this, they said, "we're guided by what the person wants us to do and can be flexible". They told us they followed the person's care plan but would also do additional jobs such as wiping down the kitchen surfaces or putting the rubbish out.

People told us staff were not rushed and had time for them. One person said, "They will always make time to have a chat, and in fact we usually chat while they're getting on and doing their jobs anyway." Another person said, "We usually start chatting as soon as she comes through the door, and we'll probably just about finish off, as she puts her coat on to leave." One person told us, "I spend so much time on my own that I get a little tearful sometimes when my carer is getting ready to leave. When she sees me like that, she'll always stop for a minute to check that I'm alright before she leaves." A health and social care professional told us, "my client thinks the world of them [the staff]."

The registered manager told us they had an excellent staff team who were all committed to "go the extra mile". They gave us examples of this including, "One of the staff travelled over eight miles on a tractor in the snow to make sure people received their visits. That's commitment. They were passionate and didn't want to let people down." They said another example was of a member of staff who visited a person late at night after they had been discharged from hospital unexpectedly, with no food or drink in the house. They said the member of staff "got some essentials from the local shop and ensured they were alright before leaving them". The registered manager told us another member of staff member gave a person some music to borrow. They said, "It was of their favourite music and lovely, as it brought back so many great memories for them."

Staff spoke about people with fondness and told us established relationships had been built. They said they enjoyed their role and were happy to work at the agency. One member of staff told us, "I love it, without a doubt, it's the best job. We have lovely clients and they trust us to be caring for them. It's such a privilege and a privilege to be working in their home." Another member of staff told us, "I look forward to coming to work. I am proud to wear my [identity] badge with the company's name on it and proud to work for such a lovely company. I think we really make a difference. If I won the lottery tomorrow, I would still work. It's an absolute privilege to do what I do."

The agency had received many compliments. One stated, "Firstly I was very appreciative of the understanding that [family member's] safety was always the first concern. I always found the carers polite and friendly. They always did their best to be chatty and involve [family member] in conversations. Cathedral's management always listened to my questions regarding [family member] and they were always answered in a timely manner. My whole experience working with Cathedral Care was one of competency, sympathy, understanding and empathy with the person they were looking after." Another compliment detailed the high standard of care their family member received and also stated, "I know my [family member] was glad of their friendship."

Is the service responsive?

Our findings

At the last comprehensive inspection, in December 2016 and January 2017, we recommended that the provider followed current guidance on care planning. This was because people's support plans lacked detail and did not show a person centred approach. At this inspection, improvements had been made to this area. People's support plans were clearly written and contained detailed information. For example, one plan detailed the toiletries the person liked to use and a breakdown of the support they needed to clean their teeth. There was information about people's preferences and interests such as "used to play football." This gave an insight into the person but also enabled a "talking point" for staff. Staff told us they had "worked really hard" to improve people's support plans. They said they had researched different formats and had spent time with people to improve the quality of information.

Whilst people's support plans had been improved upon, one person had a wound. Whilst staff did not treat this, there was no information about the wound or practicalities, such as what to do if the dressings got wet. Within the plans, there was a section titled 'Advanced Wishes'. The information generally showed people wanted to "stay at home for as long as possible". There was no further detail to inform staff of the person's preferences.

People and their relatives told us the agency gave consideration to consistency. One person told us, "I have a regular few carers and I know their routines now, so I know who will be coming next." Another person said, "When one of my carers is off on holiday, then usually one of the other regular carers who I know, will cover for her." Another comment was, "On the rare occasion that they employ somebody new, they are always brought round by one of my regular carers so I can be introduced to them before they come and look after me." A relative told us, "We know all of the carers who work for the agency so when one of my [family member's] carers is off, one of the other girls will cover for her. We never have anybody we've never met before." Another relative told us, "We haven't met any new carers for a long time but in the past we have been introduced to them before they come."

People told us they enjoyed being supported by consistent staff, who knew them well. One person said, "Because I have regular carers who have been looking after me for a long while, they know exactly what I like and don't like." Another person said, "It's been important to me to have regular carers because they have had the time to get to know me and my needs well." A health and social care professional told us a small team of staff had provided, "individualised care to a person who had very specific and quite 'demanding' needs."

The registered manager told us the process of allocating a member of staff to a person was important to enable the support to be effective. They told us people were matched to staff based on personalities and interests, as well as the practicalities of where they lived. Staff told us people had the right to request another member of staff if this was what they wanted.

People told us staff usually arrived on time to support them although there was the occasional variation. One person told us, "I was able to choose the time of my calls and when the carer is here she never rushes

me at all. Sometimes the time can vary a little, with her occasionally being half an hour early, or indeed half an hour after the time but it never really worries me because I know she will be here." Another person said, "I do prefer it when my carer is on time, but I do accept that on occasions, if there is an emergency with a previous client or the traffic is playing up, then it's going to be difficult for them to get to me absolutely on time. Having said that, they never rush me when they are here." A health and social care professional told us there were sometimes difficulties when staff were on sick or annual leave. They said staff who were covering people's support were not always as prompt in their time keeping as the "usual" staff." There were no concerns about staff not arriving to support people.

One person told us their support had been reviewed to ensure it remained appropriate. Other people could not remember having a review of their needs. One person told us, "I may have been phoned by someone in the office, asking me if I'm happy with everything, but I can't remember having a meeting with anyone. I was definitely asked what days I wanted and what time for my calls." Another person told us, "I don't remember having any meetings with a manager or anyone else. If I thought my needs were changing, I'd call them." The registered manager told us they had looked at improving outcomes for people in terms of reviews. This included the wording of certain phrases such as, "We would like to come out to see how you are", rather than saying, "We'd like to do a review of your care." The registered manager said they were hoping this would enable people to be more relaxed and open to discussion.

Staff had documented a programme of reviewing people's support plans in the diary. This gave a framework so none were missed. Staff told us in addition to these more formal reviews, people's support was amended as required. The registered manager confirmed this and said "People have to have value for money. If someone only needs half an hour of support but is allocated and paying for an hour, we would say and reduce it." They gave us another example and said, "We had a person who only had staff to sit with them, as this is what the family wanted but it was demoralising for them. After discussion, it was stopped with a view to starting it again if needed."

At the time of the inspection, the agency was not supporting a person at the very end of their life. Staff spoke of fondness in relation to people who had received this support in the past. They had received letters of compliment from relatives, thanking them for the care of their family member during the time of their decline. The registered manager told us a sympathy card was always sent to relatives, after their family member had passed away. They said staff were given time in their work schedule to go to the person's funeral if they wanted to.

Staff told us the agency recognised 'end of life' care was a specialised area of work. Due to this, they said staff with particular skills and a special interest in this area were allocated to an 'end of life' care package. They said any new care package, which involved this area of care, would only be accepted if there was sufficient capacity for it to work well. Records showed staff had received training titled "Death and Dying."

People told us they had been asked to give their views of the service. One person said, "I have a feeling somebody phoned me up from the office last year to find out my thoughts on the service and I think I've probably filled in a survey as well since then, but I can't be sure." Another person told us "I think I remember filling in a survey a few months ago." Staff told us they asked people informally if they were happy with the service and completed quality review meetings by telephone. The registered manager told us they encouraged people and their relatives to use the Internet to share their views about the service.

People and their relatives knew how to make a complaint. One person told us, "I would ask my son or daughter to make a complaint for me as I don't like doing that sort of thing myself these days. I would presume they would just contact somebody in the office to talk through any issues that I might have."

Another person said, "I wouldn't just sit here and mutter to myself about any problems that I had. I would simply phone the office and ask to speak to a manager." People told us they had never had cause to raise a concern. They told us this was because, "I think the service is first class" and, "the care is really excellent."

There was a record of complaints although none had been recently received. One concern, which was raised via CQC, was properly investigated and not substantiated.

Is the service well-led?

Our findings

At the last comprehensive inspection, in December 2016 and January 2017, we identified the service was not meeting Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the systems for assessing and monitoring the quality of the service were not effective. At this inspection, the registered manager told us they had researched different auditing systems and had become a member of an association for home care providers. They said the association had helped them gain more knowledge, as well as different formats, which could be implemented. The registered manager told us they were in the process of bringing the different systems together to meet the needs of the agency. However, further work was required to fully implement these and ensure the results of the audits were used to further develop the service.

Whilst the registered manager had an overview of the service, this was not formally evidenced within documentation. For example, surveys were being used to gain feedback about the service. Those which had been returned had been acted upon and then placed on the person's file. The overall feedback resulting from the surveys had not been coordinated. This did not enable the information to be used to improve the service. Staff told us there had not been any accidents or incidents but said if any had occurred, information about them, would be stored on the person's file. There was not a system to show an overview, which could be used to identify potential trends.

Records did not always show that follow up action was taken when needed. For example, one daily record showed a person's medicine was missing. This indicated an error but there was no information to show it had been investigated. Another daily record showed a member of staff had applied a topical cream to "two splits" of a person's skin." The record continued to state, "I will inform on call." There was no further information, to show what action had been taken, such as further monitoring, informing the person's family or community nurse. The registered manager told us they would investigate these areas.

We recommend that further focus is given to the implementation of documented audits, to ensure a clear overview of the service.

The registered manager had a clear vision for the service and its development. They said they were looking to increase the number of people being supported by using a planned and targeted approach. They said the increase would coincide with the recruitment of new staff. The registered manager told us they were also looking at developing specialised support for people with a particular health condition. Other initiatives were working in partnership with other agencies and adopting the values of 'Dementia Friends', developed by the Alzheimer's Society. The registered manager had researched interactive dementia care training for staff to assist with this.

The registered manager said they believed their role was to be a "role model for professionalism and to be involved but not too directive." They said they liked to set a good example and be open and transparent. The registered manager said another area of their role was recognising the potential in staff and then empowering them whilst building on their strengths. They said this could be seen in some of the staff who

assisted them in the day to day management of the service. These staff confirmed they had worked "really hard" to develop the service following the "Requires Improvement" rating, which was given at the last inspection. This included improving people's care plans and developing the medicine administration records.

Staff told us the office staff were approachable and "got things sorted." One member of staff told us, "Things get passed on and are dealt with, which is really good. You always get a quick answer to any advice you need." Another member of staff said, "It's like the other day. There was a problem with the delivery of [person's] medicines. I called the office to let them know and it was sorted." Another member of staff told us, "The office staff are excellent. If I'm running late due to an emergency, they always tell my next person so they don't worry."

The registered manager described the agency as "large enough to cope...small enough to care." They told us, "We always see people at the forefront of what we do. It's about the person and their life, not about financial accounts. We try to enshrine values in everything we do and ensure a positive culture so we can provide people with a personalised service." The registered manager told us they saw best practice as a minimum and together with the staff team, were driving the service past this, to be the best it could be.

Staff confirmed the agency was caring and supportive, with an emphasis on good quality, individualised care. One member of staff told us, "I really like that it's a small agency. It's very personalised." Another staff member said, "They make sure people and staff are happy. When I started, they made me feel very welcome." Another member of staff told us, "I am happy to say what I feel. I definitely feel I have the freedom to speak and contribute to development."

There were positive comments about the overall management of the agency. One person told us, "As far as I'm concerned, everything seems to work smoothly from my perspective as the client, so I can only assume that someone is managing the service well." Another person said, "I've never had any issues with anything to do with the agency and therefore feel that it's a well-managed service." A health and social care professional told us, "on the whole, they're pretty good. When we received all that snow a while ago, they were the only agency to do everything they possibly could to get to people. The staff were taken around on a tractor but everyone got their care." Another health and social care professional wrote, "No concerns from me!" as their feedback.

People told us they would recommend the service to others. One person told us, "I would recommend them because the carers are excellent. Even when they look like they're having a hard day, they never complain and whilst they're with me, they concentrate on me 100%. I can't ask more than that." Another person said, "All the carers that I've encountered have been professional, well-trained, caring and always willing to do whatever it was that I've needed in order to make me comfortable. In my experience of previous agencies, there is a lot they could learn from this set of excellent carers."