

Mrs Linda Darkens

Star Absolute Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 1 March 2017 and was announced.

Star Absolute Care is domiciliary care service that provides support to people in Horsham and the immediate local area. At the time of our visit the service was supporting 11 people with personal care, carrying out 140-160 visits each week.

The service was run by the provider and there was no requirement to appoint a registered manager. The provider is a 'registered person'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection, in January 2016, the provider was found in breach of three legal requirements. At this visit, we found that action had been taken regarding requirements in the areas of medicines management and the safe storage of records. Further action was needed, however, to ensure that staff received appropriate staff training, supervision and appraisal. This was a continued breach of regulation and we have asked the provider to take action.

The provider lacked clear systems and processes to ensure compliance with the regulations. The provider did not always have clear policies to set out how they would meet the requirements. The provider had not fulfilled their action plan sent to the Commission following our last inspection and remained in breach of the regulation concerning staff training and support. We are considering what regulatory action we will take to ensure this requirement is met and sustained by the provider.

Despite the above-mentioned issues, people and relatives were delighted with the service they received. One person said, "We are more than happy, they are absolutely lovely". Another told us, "I've been really lucky with the help I've been given and the people that come to me". In response to the provider's survey a third person had written, 'This agency has not only helped my physical health but my mental health too'. People enjoyed good relationships with staff and everyone said they would recommend the service.

People were able to adjust their call times and duration to suit their lifestyles. They told us staff regularly went 'over and above' what was expected of them and that they were never rushed. People told us how the provider had attended appointments with them and returned for additional time following calls if further support was needed. Relatives felt supported by the provider, who would cover for them even at short-notice. People and relatives told us the service was reliable and they had never been left in the lurch.

The provider had an excellent understanding of the people she supported and was in regular contact. People and relatives felt able to raise any concerns or ideas and were confident they would be listened to. The provider operated in an open and transparent fashion and people felt fully involved in their care. Staff supported people to maintain their independence. They treated people respectfully and with dignity.

People were supported by a regular team of staff. The agency was small, with just the provider and three staff delivering care at the time of our inspection. Staff knew people well and were vigilant to changes in their needs. The provider was proactive in responding to changes and in seeking input from healthcare professionals when needed.

Staff understood local safeguarding procedures. Risks to people's safety were assessed and reviewed. Where necessary staff had collaborated with people to find ways of minimising risks whilst maximising their independence.

People had confidence in the staff who supported them. Staff understood how consent should be considered in line with the Mental Capacity Act 2005. Staff supported people to prepare meals and to eat and drink if required. Staff spoke positively about their roles and the support they received from the provider.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Medicines were administered safely.

People said they felt safe. Staff understood their responsibilities, could recognise the signs of abuse and knew what action to take if they needed to raise concerns.

Risks to people were identified and assessments drawn up so that staff knew how to care for people safely and mitigate any risks.

There were enough staff to cover calls and ensure people received a reliable service.

Is the service effective?

Requires Improvement ●

The service was not effective in all areas.

Staff were knowledgeable about people's care needs but they had not always received recent training to support their practice.

Although staff felt supported, there was little evidence of regular supervision and appraisal.

Staff understood how consent should be considered and people were consulted on the care they received.

People were offered a choice of food and drink and given appropriate support if required.

The provider liaised with health care professionals to support people in maintaining good health.

Is the service caring?

Good ●

The service was caring.

People received person-centred care from staff who knew them well and cared about them.

People were involved in making decisions relating to their care. They were encouraged to pursue their independence.

People were treated with dignity and respect.

Is the service responsive?

Good 

The service was responsive.

People were able to arrange their calls to suit their lifestyle or changes in their health.

The provider regularly went over and above the planned care to ensure people's physical and emotional well-being.

People received personalised care that met their needs. Staff were proactive in monitoring people's health.

People were able to share their experiences and were confident they would receive a prompt response to any concerns.

Is the service well-led?

Requires Improvement 

The service was not well-led in all areas.

The provider did not have effective systems to ensure compliance with the regulations. Actions relating to our last inspection had not been completed and not all breaches in regulation had been addressed.

The provider did not have clear policies setting out how some aspects of the service would be run so as to ensure compliance with the regulations.

Records relating to people's care were stored and shared securely.

The provider sought regular feedback from people and monitored the quality of care they received.

The culture of the service was open and friendly. People and staff held the provider in high regard and felt able to share ideas or concerns.

Star Absolute Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 March 2017 and was announced. The provider was given notice because the location provides a domiciliary care service and the registered person often provides direct care to service users; we needed to be sure that someone would be in.

One inspector undertook this inspection.

Before the inspection, we reviewed three previous inspection reports, the provider's website and registration details. We used this information to decide which areas to focus on during our inspection.

We visited the office where we met with the provider. We looked at care records for five people and medication administration records (MAR) for three. We also reviewed three staff files for recruitment, training and supervision records. We looked at quality feedback surveys, staff rotas, compliments and the service-user guide.

We visited two people in their homes and met with one care worker. Following our inspection, we telephoned two people, two relatives and two care workers to ask for their views and experiences.

Is the service safe?

Our findings

At our last inspection, in January 2016, we found the provider had not ensured the proper and safe management of medicines. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We set a requirement and asked the provider to take action. At this inspection we found improvements had been made and that systems were in place to manage medicines safely. The requirement was met.

People were happy with the support they received with their medicines. There was guidance in the care plans as to the level of support each person required. Some administered their own medicines or were supported by family members and did not require support from staff. Others were prompted by staff to take their medicines or staff administered their medicines for them. The provider had introduced a new Medication Administration Record (MAR) where staff recorded which medicines had been administered and at what time. Where a medicine was prescribed on a variable dose, the amount given was clearly recorded. One person used a different system as they had a number of 'as needed' medicines and found a list easier to understand. This was important to them as they were sometimes helped by family or friends to take their tablets from the packets. It helped them ensure the appropriate gap between doses. They told us, "I can't get them out of the packets. It makes the records easier". The records matched the list of prescribed medicines, doses and administration times set out in the care plan and demonstrated that medicines had been taken in accordance with the instructions from the prescribing GP. Where medicines needed to be destroyed care workers completed a form and returned the medicines to the pharmacy for safe disposal.

People told us they felt safe with staff. The provider had a policy on safeguarding which detailed the different types of abuse and contact information for external agencies. Staff had signed to say they had read and understood their role in safeguarding people. They were able to describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. Where staff supported people with shopping, they maintained a record of the money spent. One person told us, "I feel safe, I can leave money around. I know I can trust them". Staff told us that they felt able to approach the provider if they had concerns. One care worker said, "If I was concerned about any abuse – physical, mental or emotional – I would flag it up and let (provider) know my concerns". They added, "I could go to CQC or social services". Another care worker said, "I would report to (provider), I'd have no qualms". Staff knew where to access up-to-date contact information for the local authority safeguarding team.

Risks to people's safety were assessed. People's care plans described each risk that had been identified and instructed staff on how support should be delivered to minimise the risk. This guidance was specific to the individual they were supporting. We saw guidance in areas including moving and handling, nutrition and the home environment. For example, staff assisted one person in and out of their shower as it had a high threshold which put them at risk of falling. We saw that staff had been proactive in seeking additional support or equipment to promote people's safety and independence. For example, one person had been referred to the occupational therapist and a bed raiser was subsequently provided. This made it easier and safer for them to stand. When we visited people in their homes, we observed that staff wore personal protective equipment (PPE) to minimise the risk and spread of infection. We observed a care worker assist

one person to walk using their frame. They offered guidance and reassurance, ensuring that the person had a good grip before setting out. A relative whose mother was helped to transfer by staff using a hoist told us they had confidence that staff did this properly and safely.

Where accidents or incidents occurred, the provider had taken action to address the risks. Although there was no formal system in place to monitor and review accidents and incidents, she had spotted patterns and worked to keep people safe. For example, one person had a number of falls, four of which were in their kitchen. As a result the provider discussed with the person how the different flooring and the need to bend and stretch may be contributing to their falls. We read, '(Name of person) agreed that she would no longer access this room and we will therefore leave her lunch, drink and a flask for a hot drink during the day in the lounge so that she does not need to go into the kitchen. (Person) was accepting of this as she understands that this would further minimise her falls risk'. The provider had discussed with a second person about installing a stair lift. The person had not wished to do this but in the care plan we saw they were assisted downstairs in the morning by staff. Then, with the arrangements in place, they had no need to return upstairs until bedtime, which they could do safely without support. We found that staff were proactive in identifying risks to people and that the provider took prompt action to work with people and address concerns.

People told us that staff were reliable and arrived on time. One person said, "I've always had someone. They've never let me down". A relative said, "They're always on time, pretty well within quarter of an hour". Staff said the rotas worked well and they were allocated sufficient time to travel between calls. One care worker said, "(Provider) always gives ample time for each call, there is never a rush". Another told us, "The rotas fit in nicely". People told us their calls were flexible and they were able to change or extend the times in order to meet their needs. We noted that some calls were scheduled for a flexible duration and that staff were allocated sufficient time for the longer call should it be required.

At the time of our inspection, the provider was recruiting. The provider and her three staff all delivered care to people. The provider explained how they maintained a tight geographical area to ensure a logical progression in the calls. Staff received their rotas a day or two in advance, which meant the provider could update the rotas with any pertinent information or changes regarding the call or the care needed. This information was sent securely to protect people's personal information. People and staff told us the late finalisation of the rotas was not a problem as there was a pattern and they generally knew who they would be visiting or for clients, who to expect. One person told us, "I know pretty near enough when they're going to come in of a morning and lunchtime". Another said, "(Provider) will tell me the day before who is coming". Despite the shortage of staff, the provider had maintained their planned calls to people. She told us, "I've not let people down; I've avoided having to give notice".

We looked at staff recruitment practices and found that one staff member who joined in January 2016 had just one reference on file. We discussed this with the provider, who advised that they had known the staff member prior to their employment. They were, however, unable to locate the second reference. All other files we checked contained necessary checks including a review of the staff member's previous employment history, references and a check with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions. These measures helped to ensure that new staff were safe to work with adults at risk.

Is the service effective?

Our findings

At our last inspection, in January 2016, we found the provider had not ensured that staff received appropriate supervision, training and appraisal to enable them to carry out their duties. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We set a requirement and asked the provider to take action. At this inspection we found the provider still lacked suitable staff training arrangements and that there was no plan for regular staff supervision and appraisal.

Although people had confidence in staff supporting them and staff felt confident in their skills, the provider had not ensured staff received appropriate training. The provider only took on staff with experience of working in care. She had obtained and stored records of the training courses attended by staff with their former employers. However, in one case there was just a list of courses with no completion dates. In the case of both new staff, there was no evidence the provider knew who the courses had been delivered by, their content or effectiveness. One staff member had not completed any training with the provider since joining three months earlier, meaning the provider had relied completely upon their former experience and knowledge. There were no records of the provider, who regularly delivered care and support to people, updating their knowledge or skills via training. In the 'service-user guide' we read, 'Each carer undergoes continuous training that ensures that we deliver the highest quality services to you'. This had not been borne out in practice. The lack of regular training for staff might put people at risk if their skills were out of date and they did not follow good practice.

In the provider's action plan following the last inspection we read that the method of staff supervision would be formalised with appraisals being carried out every four months. It also stated that assessments of staff practice would continue and be recorded. At this inspection, though staff told us that the provider did visit and assess their practice, there were no records of these visits or of staff supervision. The provider had completed an appraisal for one staff member who had been in post for more than a year; the appraisal for a second staff member was overdue and had not yet been scheduled. The provider is responsible for ensuring on-going supervision and checks of staff competency to ensure they continue to deliver safe and high quality care. This had not been done despite this being raised as an area for improvement at the last inspection. This will be particularly vital as the provider looks to recruit new staff.

The lack of appropriate staff supervision, training and appraisal was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the lack of rigour around staff training, people told us staff were competent and skilled in their work. One said, "I find them all excellent. They really are great". The provider used DVD training to provide refresher training. Courses included first aid awareness, consent, medicine administration, safeguarding and The Mental Capacity Act 2005 (MCA). There were also courses available in infection control and dementia care. When people required the use of a hoist to transfer, staff had received bespoke training from the occupational or physiotherapist to ensure they understood how to support the person using the equipment in the home.

When a new staff member joined the team, they spent time shadowing experienced staff and the provider. One care worker told us, "She went through her expectations and how she does things". Before working independently, the provider told us they observed the staff member to ensure their competency. One care worker said, "(Provider) observed me, such as with using the hoist. I got to know my client base and their needs". Staff told us that they felt supported and sufficiently prepared when they began to work independently. One said, "I had all the details before I went in".

Staff felt supported and told us they could contact the provider for advice at any time. One care worker said, "I feel supported. She is at the end of the phone at the drop of a hat". Another told us, "(Provider) will always make time to speak with me". Staff confirmed that the provider would drop in unannounced when they were carrying out visits. One care worker said, "She'll meet me at a client's house to support and make sure all is OK". Another told us, "(Provider) will randomly come round, she won't give notice. She gives me feedback". The provider explained, "I do appear just randomly to do checks on staff. Also, when I do calls I can see if PPE is in the bin and how the records have been completed". Staff told us that they received advice and feedback on their practice from these checks and that they valued the support from the provider.

People were delighted with the care and the service they received. One person told us, "Having (provider) visiting has improved my everything!" Another said, 'I could not be happier with the care given'. A relative said, "I can't sing their praises high enough, they're part of my family now".

People had agreed to their plan of care and were happy with the support they received. They told us that staff checked with them before carrying out care. In response to the provider's survey, everyone had given the highest score to the question about involvement with the development of their care plan and being consulted on any changes. Staff told us that they respected people's wishes and said that despite prompting on occasions people refused care. A relative confirmed this. They said, "If she really doesn't feel like it (a shower) they won't push her but rather do it the next night. Usually they coax her". When we visited people in their homes, we observed that staff involved them and checked for agreement before proceeding.

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.

Staff understood the requirements MCA and put this into practice. Although staff had not received recent training in the MCA from the provider, they each had a good understanding of what the legislation meant in their daily work. One staff member explained the MCA as, "It's about being able to make their own decisions; it would be assessed day to day". They added, "If they didn't have capacity I would note it down and contact (provider) if I felt changes were needed to the care". The provider told us, "It is being in a position to make a decision on the day". She was able to describe the action she would take if a best interest decision was needed, including the involvement of the person's representatives and healthcare professionals.

Some people were supported to prepare meals and drinks and to ensure they ate and drank enough. One person told us, "My friend makes me meals. The carers ask what I'd like and put veg with it. I've always got plenty of choice". Another said, "They keep an eye on the food in my kitchen and tell me if anything is running out". We observed as one care worker prepared lunch, having agreed with the person what they wished to eat. They ensured the person was happy with their meal and had sufficient drinks and snacks before leaving. Where people had specific dietary needs or preferences, this was clearly recorded in the care

plan. At the time of our inspection, no one was at risk of malnutrition or dehydration but staff were supporting one person with their goal to lose weight.

People were supported to maintain good health. The provider was proactive at seeking necessary support from healthcare professionals. People had been referred to the GP and community nurses when required. One care worker told us, "If anyone has an issue with their health she (provider) really chases it up". A relative said, "They are very observant. A couple of time they have mentioned things and I've called the doctor".

Is the service caring?

Our findings

People spoke highly of the staff who supported them. People and staff spoke of how they appreciated the small size of the agency and the fact that they knew everyone well. One person told us, "It's the regular people, I know all of them". A care worker said, "It's nice that they get to see the same faces. Having regular people coming in is a real advantage for them". Another told us, "They know us and we know them". People spoke of how much the staff meant to them. One person told us, "They are part of my life now. We found (provider) and it is 'happily ever after'". They added, "One of the carers came in on their lunchbreak because they saw I had the ambulance outside, that's the type of person she (provider) has working for her". We observed that staff enjoyed good relationships with the people they supported. They were able to have a laugh together and clearly had a good rapport.

People felt involved in determining the support they received. They told us they had been consulted on the care provided and that any changes were discussed and agreed. One person told us, "They've always helped and done what I'd like them to". In the provider's 'Charter of rights' we read, 'It is the right of each client to make informed choices and to take risks; there is a certain amount of risk associated with each aspect of our lives'. We found that this was reflected in people's experiences. One person told us they often asked staff for advice, whilst freely admitting that they did not always follow it. They told us, "I value the advice from all the carers. We have some cracking conversations. I don't feel pushed into making decisions but it is nice to be able to think things through".

People were supported to be as independent as they were able. People told us that they were given time by staff and encouraged to do as much as possible for themselves. One person told us that staff assisted them to walk in the garden when the weather was nice and that this helped them to stay mobile. The provider said, "It's the way you approach it. We encourage them to do it for themselves. It's not a conveyor belt. We allow time, otherwise they will lose their confidence in doing things". Staff were enabled to support people in this was because sufficient time had been allowed for care calls and travel. A relative said, "They are lovely. Always cheerful and they never rush her".

Staff treated people with dignity and respect. One person said, "They are all respectful and they get used to my routine". In the provider's survey, another had responded, 'I am always treated with dignity and respect, and made to feel that I matter as a whole person'. Another wrote, 'I feel completely accepted and respected by all staff'. If there was ever a change to a person's call time, staff informed them. One person said, "If they happen to be a bit later, they always ring up". A relative confirmed, "They are reliable. If by chance anything happens they ring".

Staff respected people's privacy. When we visited on person with a care worker, we observed that they rang the doorbell before gaining access using a key safe. They then assisted the person to the toilet and left them alone until they were ready. People also trusted staff with matters personal to them. In response to the provider's survey one person wrote, 'I feel especially pleased with how easy it is to have conversations about private matters and difficult topics as I cannot speak to others about it'.

Is the service responsive?

Our findings

The provider offered a personalised service to ensure people felt well cared for and had all the support they needed. The provider was able to adapt people's care to respond to changes in their needs. This was achieved through flexibility on the rotas and by effective communication with staff. One person generally received two visits a day, but this was quickly increased to three if their condition, known to be variable, worsened. In response to the provider's survey one person wrote, 'The quality of care I receive is excellent. All staff are very flexible to my needs which can fluctuate each day'. On the staff rotas we noted that some calls were recorded with a variable duration, for example 60/75 minutes. This enabled staff to provide additional care if needed, or allow more time for people to complete their personal care independently. People told us that staff never left them in the lurch. One said, "My call is supposedly an hour morning and evening but she (provider) doesn't leave until it's all done. If she has to go to someone else, she will offer to come back if needed. She always says 'good care takes time'". A relative told us, "If they run over their time it doesn't matter to them as long as Mum is happy and content. They'd never walk away. I can't fault them". In the survey responses we read, 'They always give me as much time as I need – I never feel rushed, even though they are probably very busy'.

People told us there was flexibility over the timing of their calls and that this enabled them to live their lives as they chose. One person said, "She'll (provider) make the effort, she's so flexible. I sometimes decide I want to go out for dinner with friends so she comes at a different time. The same if I have a doctor's appointment. She's really good at moving things around to make my life easier". Another said, "They come three times a day but the mid-morning one I'm often out so I just warn them and they don't come". Relatives also appreciated the flexibility. One told us, "She always covers for me if I want to go out". Another said, "They're absolutely fantastic. I don't know where I'd be without them. They're a great support for me. They do a fantastic job". In the survey responses we read, 'The care I receive from (Provider) and her team makes a huge difference to my quality of life and I look forward to seeing my carers'.

People and relatives told us of how the staff regularly went over and above what was expected of them. One person said, "If I ask her (provider) to do something, she'll never say no. If I need anything, I don't feel afraid to ask". Another told us, "They'll get anything extra that I want" and gave examples of picking up their newspaper or dropping prescriptions off at the pharmacy. A third said, "They're very friendly. Whatever needs doing they do for me. They're lovely people and very helpful". There was a consensus that 'nothing is too much trouble' and that people really valued the support they received from staff. One person added, "It's emotional support too, which I really appreciate".

People told us staff understood their needs. One person said to the provider as we were visiting, "You guys know exactly what I want and when I need it". Another told us, "When you've got a small group you get to know people and they get to know you and your routine". A care worker said, "We come in and we know what we are doing. They don't have to keep explaining". When there were changes to a person's care needs or wishes, the care plans were updated. One person told us, "It was reviewed in the last couple of weeks. It gets updated each time my needs change anyway". A care worker said, "All the information I needed was there, to know about them and their conditions". Staff told us that the provider kept them

updated when a person's needs changed. One care worker said, "We (with provider) communicate a lot so if anything is different, I know straight away. I can also ring her if it is urgent". Another said, "(Provider) is on the ball, she'll send any updates or call us. She is constantly in contact with us".

Staff were vigilant and responded quickly to changes in people's needs. People appreciated this flexibility. In the survey responses one person wrote, 'The carers are always sensitive to my needs on any given day'. A relative told us, "They all understand her, such as if she has a urinary-tract infection (UTI) and the confusion that goes with that". A staff member said, "You know the person well so if there are changes you notice straight away". Staff carried urine-analysis strips which meant they could quickly test to see if the person had an infection. They told us the GPs were happy to accept this and that the person received faster treatment. "We can nip it in the bud", the provider told us. We also noted that staff had conferred about a change in one person's bowel action. As a result the provider had contacted the GP to arrange for a stool test. The provider often supported people as they attended appointments. She told us, "It gives us a better understanding of how to care for them". One person told us, "(Provider) will arrange care around my hospital visit and arranges that she comes with me". Recently the provider had attended an assessment with one person regarding a cataract operation. A relative described how the provider had worked closely with the hospital to facilitate their mother's return home.

Each person had a care plan that described their needs, personal objectives and how they wished to be supported. The care plans were clear and concise. They provided guidance to staff on how to meet people's needs and support them in their goals. They detailed the person's medical history and their support needs in areas including mobility, eating and drinking, pressure areas, personal care and dressing. For each task there was detail on the level of support the person needed, for example if they were 'independent', 'assisted', 'supervised' or independent 'with aids' (such as a walking frame or stick). There was also information about other people or agencies involved in the person's care, such as for domestic tasks, gardening or managing the person's finances. The care plans described the person's interests and life history. We read about individual interests and how people enjoyed spending their time. In one we read, '(Name of person) follows current affairs closely and whilst she is no longer able to work in her garden, shows a keen interest in the planting'. This information would help staff to get to know people and build relationships with them.

People felt confident to raise any concerns with staff or the provider. One person said, "If I have a problem, I feel I can say. I know they would want to know if I wasn't happy". Another told us, "I would be able to say something to them. I've never been unhappy with them". The provider told us they were keen to encourage open dialogue. People and relatives told us that they saw the provider on a regular basis and were able to discuss any areas of concern or changes with her directly. One relative said, "I do see (provider) and I can always send her a text. She always gets back to me". Everyone we spoke with told us that the provider responded quickly when they had any queries.

The provider had a complaints policy. Details were available to people in the 'service-user guide' which was included with their care plans. This described the process for making a complaint, along with the contact information of other organisations the complainant could contact if they remained dissatisfied. The provider had not received any complaints. One person told us, "I've no complaints about the routine or anything. I find all the staff are very obliging". A relative said, "I haven't had to complain once".

Is the service well-led?

Our findings

The provider did not have effective systems in place to ensure compliance with the regulations. Although requirements in relation to how medicines are managed and records are stored were met, the provider had not taken sufficient action to meet the regulations in the area of staff training and supervision (You can read more about this in the 'Effective' section of this report).

The provider did not have clear policies setting out how they would run and monitor the quality of the service. This was contrary to the statement in the 'Service-user guide' saying, 'Every aspect of running and managing our business is set out in a comprehensive set of specific Policy documents'. The lack of policies meant that systems to ensure the provider met the regulations were not always in place. For example, at the time of our inspection, the provider did not have a policy setting out how staff would be supported through training, supervision and appraisal. As a result there was no guidance on the expectations for staff training and support. In the area of recruitment, although the provider had complied with the requirements, we found that criminal records checks were not always current. We discussed the rationale of this with the provider, questioning how they could be assured of a staff member's suitability for the role when the criminal records check was a year or more out of date at the point of recruitment. Whilst the guidance states that accepting a previously issued check is the employer's decision, the provider was not able to set out how this provided reasonable assurance and told us they would be applying for updated checks.

The provider had failed to ensure that necessary improvements were made to the service. Following our last inspection, an action plan was received. We reviewed this with the provider and found that not all areas had been completed or sufficiently addressed.

The lack of systems and processes to ensure compliance with the regulations was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the provider sent us new policies relating to staff training and supervision. This included a template that would be used to record regular spot checks on staff practice. The training policy set out the courses that staff would be expected to complete and at what frequency they should be refreshed.

At our last inspection, in January 2016, we found the provider had not ensured care records were maintained securely and completely. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We set a requirement and asked the provider to take action. At this inspection we found that action had been taken. Care records were available for us to view and confidential information was shared with staff securely. This aspect of the regulation had been met.

The provider was very hands-on and regularly delivered care to people. She monitored the quality of the service through checking care records during her visits to people and seeking their feedback. We found the records of the care delivered and the medication records in people's homes to be in good order. The provider did not have a system to return these to the office for checking, but staff told us the provider

checked the records as on occasion she had raised queries with them. One care worker said, "She checks up on records etc. She is checking. She is so hands-on with it".

The provider had an excellent knowledge of the people she supported. She used feedback to monitor satisfaction with the service. One person told us, "I can't think of anything that would make it better for me and if I could I would tell (provider)". A relative said, "I can't fault them". The provider sent out an annual survey and reviewed the results. We looked at the results of the surveys from November 2016 and from 2015. People and their relatives had been asked to comment on whether they were satisfied with the service, if they felt their views were listened to, if they were confident in the quality of the care, if they knew how to make a complaint and whether they would recommend the service. There was also space for additional comments. In both cases, the feedback was overwhelmingly positive. One person had written, '(The service is) more than satisfactory... EXCELLENT'.

People spoke very highly of the service. The aim of the service, as recorded in the provider's 'Statement of aims and objectives' was to deliver a service, 'That will improve and sustain the client's overall quality of life'. Furthermore it was to ensure the service was delivered 'flexibly' and 'attentively'. From our observations and the feedback received from people and their relatives, we found that the provider was meeting these objectives. The provider operated the service openly and was keen to receive feedback. Following our last inspection, people told us that the provider had discussed the findings with them. The provider was aware of their responsibilities under the duty of candour regulation which requires them to act in an open and transparent way.

People, relatives and staff held the provider in high regard. One staff member said, "She works tremendously hard. She's passionate. She is friendly, caring and efficient. She puts people first all the time. She will go above and beyond". Another told us, "I don't know anyone else who puts so much into it". A third added, "The fact it is small, the communication is a lot better. It is a nicer environment to work in. It is more organised". People told us the service was run efficiently and that they received dependable support. One person said, "I'm very, very happy. It couldn't be any better".

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have established systems and processes to ensure compliance with the requirements. Regulation 17 (1)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider was unable to demonstrate that staff had received appropriate training, supervision and appraisal to enable them to carry out their duties. Regulation 18 (2)(a)