Browncross Healthcare Limited

Browncross Healthcare Limited (Domiciliary Services)

Inspection report

120a Commercial Road
London
E1 1NL

Tel: 02076801488

Date of inspection visit:
23 August 2016
25 August 2016

Date of publication:
24 October 2016

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 August and 25 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. At our previous inspection on the 27 and 28 August 2015 we found the provider was in breach of six regulations relating to person centred care, consent, safe care and treatment, safeguarding service users from abuse and improper treatment, good governance and notification of incidents.

After the comprehensive inspection, the provider told us what they would do to meet legal requirements in relation to managing risks to people's safety and welfare, consent, governance, and person centred care. We carried out this inspection to check that they had followed their plan and to confirm that they now met legal requirements. During this inspection we found that improvements had been made.
Browncross Healthcare Limited is a domiciliary care agency which provides personal care and support to people in their own homes. At the time of our visit the service was providing personal care and support to 49 people in the London Boroughs of Bexley, Camden and Barking and Dagenham. All of the people using the service were funded by their local authority.

There was a registered manager in post at the time of our inspection. 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.

The provider had updated their medicines policy in January 2016 which took into account the concerns raised at the last inspection and was reviewed again in May 2016. Staff had completed training in medicines which was refreshed annually.

People's risks were managed and care plans contained appropriate risk assessments which were updated regularly when people's needs changed. The provider had a robust recruitment process and staff had the necessary checks to ensure they were suitable to work with people using the service. People had regular care workers to ensure they received consistent levels of care.

People and their relatives told us they felt safe using the service and care workers understood how to protect people from abuse. Staff were confident that any concerns would be investigated and dealt with. All staff had received training in safeguarding adults from abuse and had a good understanding of how to identify and report any concerns.

Care workers received an induction training programme to support them in meeting people's needs effectively and were always introduced to people before starting work with them. They shadowed more experienced staff before they started to deliver personal care independently and received regular supervision from management. They told us they felt supported and were happy with the supervision they received and the content of the training available.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). Care workers respected people's decisions and gained people's consent before they provided personal care.

Care workers were aware of people's dietary needs and food preferences. Care workers told us they notified the office if they had any concerns about people's health and we saw evidence of this in people's daily logs and minutes of meetings. We also saw people were supported to maintain their health and well-being through access to health and social care professionals, such as GPs, district nurses and social services.

People and their relatives told us care workers were kind and caring and knew how to provide the care and support they required. Care workers understood the importance of getting to know the people they supported to develop positive caring relationships.

People told us that staff respected their privacy and dignity and promoted their independence. There was evidence that language and cultural requirements were considered when allocating care workers to people using the service.

People were involved in planning how they were cared for. An initial assessment was completed from which care plans and risk assessments were developed. Care was personalised to meet people's individual needs and was reviewed if there were any significant changes, with health and social care professionals being updated on people's current condition.

People and their relatives knew how to make a complaint and were able to share their views and opinions about the service they received. There were regular monitoring systems in place to allow people and their relatives the opportunity to feedback about the care and treatment they received. The provider allocated a member of staff to deal with each complaint that was received.

The provider was aware of the concerns that had been highlighted at the previous inspection and the management team had worked hard to make a number of improvements to the quality of service, which had been highlighted by people and their relatives. They were open and honest during the inspection when information was not available and acknowledged when there had been an oversight.

Staff felt well supported by the management team and were confident they could raise any concerns or issues, knowing they would be listened to and acted on.

There were processes in place to monitor the quality of the service provided and understand the experiences of people who used the service. This was achieved through regular communication with people, care workers, supervision and an enhanced monitoring programme that had been developed since the previous inspection. However the registered manager failed to notify the CQC about a safeguarding concern that had been raised which is a legal requirement of the provider's registration.

We identified one breach of the Regulations in relation to notifications and you can see what action we told the provider to take at the end of the full version of this 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 and recorded by staff who had received relevant medicines training and the provider's medicines policy had been updated.

Staff had a good understanding of how to recognise and report any signs of abuse and protect people from harm.

Risk assessments were in place to identify the areas of risk and to reduce the likelihood of people coming to harm.

The provider took appropriate steps to ensure robust staff recruitment procedures were followed and there were sufficient staff to meet people's needs.

Is the service effective?

Good

The service was effective.

The registered manager and staff had a good understanding of the legal requirements of the Mental Capacity Act 2005 (MCA) and made sure people's capacity was assessed if there were concerns.

Staff received the training and supervision they needed to meet people's needs and was refreshed on a regular basis. Staff commented positively on the content of training available to them.

Some people were supported to have a balanced diet, which took into account their preferences as well as medical and cultural needs.

Staff were aware of people's health and well-being and responded if their needs changed. People had access to health and social care professionals, such as GPs, social workers and district nurses.

Is the service caring?

Good

The service was caring.

People and their relatives told us they were happy with the care and support they received. Care workers knew the people they worked with and were polite and respectful.

People, including relatives and health and social care professionals, were informed about their health and well-being and were actively involved in decisions about their care and support, in accordance with people's own wishes.

Care workers promoted people's independence, respected their dignity and maintained their privacy. Privacy and dignity was discussed during staff induction and supervision.

Is the service responsive?

Good

The service was responsive.

Care records had improved since the previous inspection. People's care plans were discussed and designed to meet individual needs and staff knew how people liked to be supported.

People and their relatives knew how to make complaints and said they would feel comfortable doing so. The management team reviewed complaints and appointed an investigating officer responsible for dealing with the issue in a timely manner.

People and their relatives were given the opportunity to give feedback about the care and support they received.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider did not meet the CQC registration requirements regarding the submission of a notification about an allegation of abuse, for which they have a legal obligation to do so.

People and their relatives told us that the service was well managed and the management team were very kind and approachable. Staff spoke highly of them and felt they were supported to carry out their responsibilities.

There were regular audits and meetings to monitor the quality of the service and identify any concerns. Any concerns identified were documented and acted upon with enhanced monitoring put in place to improve the service.

Browncross Healthcare Limited (Domiciliary 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 the 23 August and 25 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector.

Before the inspection we reviewed the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to the CQC and the report for the last inspection that took place on the 27 and 28 August 2015. We looked at the providers' action plan that was sent in after the last inspection. We also contacted the local authority safeguarding adults team and Healthwatch. We used their comments to support our planning of the inspection.

We spoke with eight people using the service, seven relatives and 15 staff members. This included the registered manager, the quality assurance manager, the general manager, the deputy manager, two care coordinators, the office administrator and eight care workers. We looked at six people's care plans, eight staff recruitment files, staff training files, staff supervision records and audits and records related to the management of the service.

Following the inspection we contacted six health and social care professionals who had worked with people using the service for their views and heard back from three of them.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe when receiving care. Comments included, "I feel very safe when they are in my home. They are very trustworthy and reliable", "I feel safe that I'm not going to fall when they are with me" and "I feel much safer when they are with me as they all understand my needs." Relatives were confident that their family members were well looked after and did not have any concerns. One relative told us, "The service is very safe. I'm comfortable leaving them with my [family member] when I'm not there."

At our previous inspection in August 2015 we found the provider in breach of regulations relating to safeguarding procedures and medicines management. The medicine policy gave insufficient guidance to staff about prompting and administering medicines, and best practice in relation to the management of medicines, for example, guidance about handling homely remedies or PRN (as required) medicines.

At this inspection we found that improvements had been made.

We found that the provider had updated the policy in January 2016 and then reviewed it again in May 2016, with clear guidelines in place for staff to follow. The guidelines for PRN medicines were being used and we saw one person's medicine administration record (MAR) which showed it was being recorded appropriately. Staff we spoke with had a detailed understanding of when to use this type of medicine and what needed to be recorded. We also saw the medicines policy discussed in minutes of the weekly team meetings and care worker supervision records. We saw medicines records for the month of June 2016 for one person where PRN medicines were being recorded.

Care plans had also been updated to highlight where family members were responsible for managing people's medicines, which had been highlighted as an area of concern previously. We saw records for one person who was supported by a family member to take their medicines. Even though there was no involvement from care workers, a list of medicines was in place with details of who was supporting them with it.

Where people were prompted with their medicines, care workers recorded this in people's daily log books. The quality assurance manager told us all care workers were informed that if they had any concerns with people's medicines they had to call the office straight away and also record it in the daily log book. This would then be recorded electronically, as each person had a daily diary. We saw samples of people's daily log records confirming this however we found incidents for a person where concerns about medicines had been recorded but had not been reported to the office. When we spoke to the management team about this they acknowledged this was the first time they had heard about it. On the second day of the inspection the quality assurance manager showed us records that they had carried out a home visit to the person and had contacted the care workers involved to invite them to the office to discuss the concerns. They told us they would update us with the outcome of the investigation.

At the previous inspection in August 2015 we found people who used the service were not always protected

from the potential risk of abuse and improper treatment as the safeguarding procedures were not consistently followed. During this inspection we found that improvements had been made. We saw that their safeguarding policy had been reviewed and there was evidence that showed investigations were taking place and being recorded appropriately. It also highlighted if the allegation had been substantiated and what action had been taken to ensure the safety of people who used the service.

All staff members, including office staff had received appropriate training in safeguarding which was reviewed on a yearly basis. Staff were able to explain what kinds of abuse people could be at risk of, potential signs of abuse and what they would do if they thought somebody was at risk. One care worker said, "It's important to protect my clients in their home and to safeguard them from abuse. I know that I can call the office or the manager if I have any concerns." We also saw records that showed safeguarding issues were discussed regularly at team meetings and in staff supervision sessions.

The eight staff files that we looked through were consistent and showed that the provider had robust recruitment procedures in place. We saw evidence of photographic proof of identity and that criminal record checks had been carried out. The provider asked for two references and people could not start work until they had been verified. There were verification forms in place and records showing if a reference could not be obtained, there was correspondence with the care worker asking for further referees. Referees were able to comment on areas such as flexibility, motivation, competence, reliability and communication and we saw positive feedback in all the references we viewed. We saw correspondence that showed the provider made contact with care workers to let them know that their Disclosure and Barring Service (DBS) check needed to be reviewed.

There were sufficient care workers employed to meet people's needs. At the time of our inspection there were 26 care workers employed in the service. The deputy manager told us that they have a 30 minute window policy and this is explained to people during the initial assessment. If care workers were running late they needed to contact the office to let them know so they could inform people about the delay. We saw that improvements had been made since the last inspection and people we spoke with confirmed this. One person said, "The time keeping has really improved. They always arrive on time. If a different carer is coming they always update me". A relative added, "There were problems before but weekends have improved a lot and they have made sure there is a dedicated care worker to ensure consistency." We saw correspondence sent to care workers in November 2015 to remind them about the importance of time keeping and what to do if they were running late. Further correspondence was sent out in August 2016 thanking care workers for their improved efforts, which showed a 95% punctuality rate after carrying out a telephone monitoring survey. The quality assurance manager added that since the previous inspection they now had five pool cars for monitoring officers to drive care workers to people's homes, to reduce the chance of late visits. One care worker said, "I don't have any concerns with the schedule. We have plenty of time to get to visits now we have drivers to get us to clients on time. Another care worker told us that as drivers were available, they always arrived together with another care worker if it was a double handed call.

The deputy manager told us that their out of hours service was from 10.30pm until 7am and any incidents that happened during this time were handed over to the morning staff to follow up. We saw correspondence that showed where a care worker had called regarding a concern, the information had been handed over and followed up accordingly. Care workers spoke positively about this and said that they could make contact at any time if they needed to and they would always get a response.

There were procedures in place to identify and manage risks associated with people's care. Before people started using the service an initial assessment of their care needs was carried out by a member of the management team. This identified any potential risks associated with providing their care and support.

Their risk assessment covered 11 areas of risk which included people's mobility, personal care, medicines, communication, mental health and physical health and well-being. They also assessed levels of risk in relation to the person's home environment, including access and security issues. One person was a smoker and an environmental risk assessment was in place with details for care workers to follow to minimise any risk of fire due to smoking. We also saw records that showed the fire brigade had been contacted to carry out a visit and install smoke alarms throughout the property as it had been highlighted as a risk during the assessment.

Once completed, risks that had been identified were placed into a risk management plan which contained information about the level of support that was required. It also included practical guidance for care workers about how to manage risks to people. Care workers we spoke with were able to tell us about individual risks to people's health and well-being and how they were to be managed. For example, one person was assessed as being at risk of malnutrition. Guidance was given for care workers to encourage them to eat and prompt food throughout the visit. If food was refused then an alternative option should be offered. If food was refused it needed to be recorded and the office informed. Another person had reduced mobility. There were detailed guidelines in place for care workers on how to carry out transfers and support the person safely with personal care. There was also advice from a physiotherapist about support to help the person weight bear for short periods of time to allow them to increase their independence. Risk assessments were updated every year or sooner if there were any significant changes to a person's needs.

We have improved the rating for this question from requires improvement to good because we found that concerns had been addressed.

Good

Is the service effective?

Our findings

People told us they were well supported by their care workers and that they had the right level of skill, understanding and experience to meet their needs. Comments included, "They do all that they can for me and can help me with anything that I ask. They really are first class", "All of my care workers, even the replacements know how to look after me and support me. They are very understanding" and "They know what they are doing, are very experienced and know how to care for me." One relative said, "Not only do they know how to care for my [family member] but they also give me a lot of support."

At the previous inspection in August 2015 we found that people's rights may not have always been protected because the provider had not applied their practice consistently in relation to the requirements of the Mental Capacity Act 2005 (MCA). Concerns had been found relating to people's capacity not being assessed and recorded appropriately, and that staff had limited knowledge of the MCA and its application, with training being recommended to raise awareness in this area.

At this inspection we found that improvements had been made.

The provider had recruited a quality assurance manager, who had over 20 years' experience working as a nurse in mental health services. One of their main responsibilities was to carry out mental capacity assessments on all people using the service and if concerns around people's capacity were found, contact was made with the relevant local authority making them aware of this. We could see that each person had been assessed and this was recorded in their file. We also saw it had been discussed during staff meetings. We saw in one person's care plan the details of a family member who had been granted lasting power of attorney and for which areas they had responsibility for. We saw training records to show that all staff had attended training on the topic and staff we spoke with had a good understanding of the principles of the MCA. One senior member of staff said, "It is important that I'm able to understand it so I can support the care workers if they have any concerns and also know my responsibilities". We also saw records that this topic was regularly discussed during staff supervision and spot checks in people's homes.
Staff told us they always asked for people's consent prior to carrying out daily tasks and providing personal care for them. One person said, "They always ask me what needs to be done and check with me first if it is OK." We saw that people's care records and permission to share information and spot check visit forms had all been signed appropriately and were in date.

New staff completed an induction training programme when they first started employment with the service. This programme covered a range of policies and procedures to highlight the role of the care worker. We looked at their induction checklist, which covered 28 areas about working for the service. These included policies and procedures on moving and handling, medicines, safeguarding and lone working, along with information about health and safety and responding to incidents. Staff were given a copy of the handbook during their induction which also covered the code of conduct, equal opportunities and disciplinary procedures. Training was also provided as part of the induction which was in the form of classroom based sessions and practical skills such as safe moving and handling techniques. Staff were given mandatory training including moving and handling, medicines, safeguarding, infection control, food hygiene and health

and safety. All of the staff files we looked at had certificates that confirmed training had been completed and was reviewed on an annual basis.

Staff also received training which was specific to people's individual needs. The quality assurance manager showed us their training facilities where they told us they carried out scenario based role plays and made sure it was as interactive as possible. To support staff with the practical element of the training, they had access to a hoist, hospital bed, a variety of mobility aids and products for safer moving and handling techniques. They also told us that they worked closely with district nurses and occupational therapists to get guidance on safe moving and handling procedures and training to support people with PEG feeds. A percutaneous endoscopic gastrostomy (PEG) feed is where a tube is passed into a person's stomach to provide a means of feeding when swallowing is not possible. Where people needed this extra support, we saw it recorded in people's files and care workers confirmed training from health care professionals had taken place. Care workers spoke positively about the training content and quality and we saw samples of feedback forms highlighting this. One care worker said, "It was very good, very clear, gave us a lot of information and was easy to understand." One of the care coordinators told us that they had completed all the training that was available to them. They added, "The office staff have the same training as the care workers so that we have an understanding of issues that they might call us about."

Care workers told us that they were able to shadow senior care workers before working independently. At the time of the inspection shadowing records were not recorded in care worker files but the quality assurance manager told us they would implement it right away. One care worker told us how they found it really helpful when they had been paired with an experienced care worker for a double handled visit. They would then have supervision at least twice a year, including the opportunity to attend a group supervision. We saw copies of documents related to supervision records showing that care workers were given the opportunity to discuss items including the tasks they carried out, concerns with people using the service, communication and any training needs. Care workers told us they received regular supervision, sometimes more regularly than the providers policy, especially in the past year. Office staff received supervision every three months and we saw records confirming this. The quality assurance manager told us it was good to have a regular meeting to discuss people's objectives, but also to find out what they can do, as the provider, to help staff meet their objectives.

Care workers also received regular observation visits from the management team, generally unannounced. We saw one care worker had received five visits in the last seven months. One care worker said, "They check on us regularly to see how we are doing. If there is any room for improvement they will always let us know and it encourages us to improve." We saw that staff who had worked for the service for over a year had received annual appraisals. The appraisals that we viewed were detailed and gave staff the opportunity to discuss their relationship with people using the service, the comprehension of their care duties and any feedback they had received throughout the year.

People were supported to maintain good health and have access to ongoing healthcare support. Care workers said they helped people manage their health and well-being and would always contact the office if they had any concerns about the person's health during a visit. One person said, "When I had a fall, they got in touch with my GP for me and asked me if I was OK or needed anything else." One relative said, "They always let me know if there have been any changes or concerns and contact the GP. Their communication is good." We looked through a sample of their weekly team meeting minutes which showed that when issues or concerns had been brought to their attention, they followed it up with the relevant health and social care professional. A care worker had noticed a bruise on one person. We saw that the incident had been recorded and reported to the office, and contact had been made with a district nurse and the person's social worker. For another person, we saw correspondence that regular contact had been made with the local authority

about the use of a mobile optician. We saw that it was discussed at consecutive meetings until a referral had been made.

Some people required care workers to support them with their nutritional needs, including meal preparation and support during mealtimes. This information was recorded in their care plan along with the level of staff support needed and if anybody had any specific dietary needs. It was highlighted if people were diabetic or had any food allergies. We saw information in one person's care plan where they needed to be encouraged to eat during mealtimes and offered a number of alternatives if they refused. Advice was given on how to encourage the person to eat if they refused food during the visit. We looked through a sample of the corresponding care logs which showed that information about food was recorded, including what drinks were offered and highlighted if food was refused. For another person, who was fed using a percutaneous endoscopic gastrostomy (PEG) tube, we saw that there was adequate information for care workers in the person's care record and evidence of liaising with other health care professionals, such as district nurses. The quality assurance manager told us they were also able to advise care workers on this procedure due to their own clinical experience and was still registered as a nurse. This showed that care workers were aware of the support that people required and were familiar with the dietary requirements of the people they supported.

We have improved the rating for this question from requires improvement to good because we found that concerns had been addressed.

Good

Is the service caring?

Our findings

All the people we spoke with told us they felt well supported by the service and that the staff were respectful and caring. Comments from people included, "They are very considerate and understanding. They don't rush me around. They are very patient with me and always give me a choice", "I know them all really well. To me, they are part of the family" and "They support me to be independent. They adapt their care to how I'm feeling." Relatives were also positive about the staff. One relative said, "My [family member] gets on really well with the care workers. They are polite, pleasant and always have time for a chat. They try to engage with him/her which is really good." Another relative commented on how well the care workers treated their family member and could tell that they were caring in nature. For their most recent telephone monitoring report, everybody that was spoken to said they thought their care workers were polite and respectful.

When people started using the service they were assigned regular care workers with replacements available for when regular care workers were unavailable. The general manager told us that they would look at a care workers profile, skills and the training they had received to try to match them with people using the service. Findings from the previous inspection in August 2015 highlighted there had been times when people and their relatives had not been notified if there was a change of care worker. Comments we received during this inspection showed that improvements had been made. One person said, "If there is a change, they always let me know who is coming. I'm happy with all the care workers who come." A relative told us they were pleased with the improvements the provider had made. They added, "There used to be a lot of variability with the care workers but it has improved considerably recently. We have a dedicated care worker and they let me know if there are any changes." Care workers knew the people they were working with and told us it was important to get to know them. One person was able to communicate with their care worker in their own language. We saw spot check records which highlighted how important this was for the person and made them feel more reassured. We also saw records that showed another care worker had begun to learn basic phrases in a person's first language to be more personal with them.

People using the service and their relatives confirmed they were involved in making decisions about their care and felt listened to when they discussed their needs and preferences. The quality assurance manager told us they carried out initial assessments in people's homes and always made sure, where appropriate, a relative or health and social care professional was present with the person. We saw records confirming this within care plans, along with correspondence with health and social care professionals if more care and support was needed. Once the assessment of needs was complete they would discuss people's preferences and find out how they wanted their care to be carried out. The deputy manager said that they always made sure people understood the expectations of the service and provided them with a service user guide. When asked about being involved in decisions about people's care, comments from people and their relatives included, "I'm always involved in the care planning. It's perfect at the moment", "When they come around, they ask questions and I'm happy to be involved" and "We do get invited to meetings but can't always make them. They do update us though so we know what is going on."

People and their relatives told us staff respected their privacy and dignity. We received many positive comments about how respectful care workers were when they worked with people in their own homes. One

person said, "They always respect my privacy and are very patient with me. They treat me like a person." Another person said, "Because of how they are with me, they put me at ease and don't make me feel embarrassed. They know me very well." Care workers had a good understanding of the need to ensure they respected people's privacy and dignity and were able to give detailed answers as to how they would do this, especially when carrying out personal care. One care worker told us how they made sure they talked with people during personal care and made sure they were comfortable with each other. They added, "It can differ from client to client and home to home, depending on the surroundings. When we build up a rapport, we can support them better." We saw records that showed the importance of privacy, dignity and giving people choice was covered during the staff induction programme, along with being recorded in people's care plans. One person's care records highlighted how their mood could change at different times. There was information showing how the attitude of the care worker played an important part in how to support the person throughout different mood stages.

Good

Is the service responsive?

Our findings

People and their relatives told us they were happy with the care and support they received from staff and that if they had to contact the office, they felt listened to and were confident issues would be acted upon. Comments from people included, "I am planning on moving home and want to keep them. I don't want anybody else to look after me" and "They do keep us involved and come and visit regularly to find out if everything is OK. When they visit, they come and have a chat, I like that." Relatives commented positively on the care their family member's received. One relative said, "They are so personal with my [family member]. They are excellent in what they do and I can't fault them." Another relative added, "If I call them, they deal with it as soon as they can. We are very happy with that." One health and social care professional we spoke with told us their response time was very good, especially with emergency referrals. They also added that they made themselves available and were never any issues with attending meetings.

At the previous inspection in August 2015 we found that some people were at risk of their individual needs not being met as care plans did not always cover all aspects of people's needs. Concerns had been found relating to people's personal preferences not always being stated and specific information about how to support people not being documented.

At this inspection we found that improvements had been made.

People's care plans had been updated and we could see information was much more detailed and personal compared to previous care plans. For example, one person's care record highlighted that their hairdresser visited on a particular day so it was important for the care workers to arrive and complete all the personal care tasks by a certain time.

We spoke with the quality assurance manager and the deputy care manager about the process for accepting new referrals. All of the people that received care from the provider were funded by the local authority or had personal budgets where they could choose their own care provider. When contact had been made with the provider, they would schedule a home visit to discuss people's needs. Once their needs assessment was carried out, they would discuss with the person and their family what care and support they would be able to provide, including preferred visit times and preferences for care workers. One care coordinator told us how they had shadowed around seven home assessments to develop their understanding of the role and had found it really useful. A client contract and service user guide was given to people to keep in their home which set out an overview of what people could expect, how to contact them if they needed to and highlighted a range of policies and procedures they could access.

Care plans were consistent and contained a personal profile, which included contact details about the person, their next of kin, their GP, a brief summary of medical conditions and other health and social care professionals involved in their welfare. A detailed overview of the visit, including time of visit was recorded, along with the tasks that needed to be carried out. It identified health issues and gave advice on how to communicate effectively with each person. This information was different from care plan to care plan which showed it was individual to the person and the assessment had covered it in enough detail. A summary of

the needs was described with what action was required. Care plans also included relevant information, such as people's assessments from the local authority, correspondence with health and social care professionals and quality assurance monitoring forms, like home visits and telephone checks.

We saw a sample of some daily log records as they were returned to the office on a monthly basis and discussed if any issues were found. The quality assurance manager told us they would check the records to check the quality of the recording by the care workers and to see if there had been any change in people's needs. There was an audit checklist in place to confirm if care workers had signed the log, if recording was legible, were tasks in line with the care plan and if there were any missed calls. Care workers recorded what care and support they had carried out including food that was given, medicines that were prompted and whether they had any concerns with people's health and well-being. The logs showed that the care that had been planned was being carried out. One care worker said, "The care plan is explained to us, what we need to do. They explain it properly so it is clear to understand."

The service provided to individuals was reviewed on an annual basis but if there were any significant changes to people's needs, this was brought forward. We saw records within people's care plans that when concerns had been highlighted, action had been taken. In one person's care plan we saw records that showed concerns had been raised as there had been a change in the person's needs. The deputy care manager was able to show us the updated documents that had been completed after the visit along with correspondence from the relevant health care professional. We also saw contact had been made with the person and their family to confirm if they were happy with the change in service.

There was evidence that the provider listened to people's preferences with regard to how they wanted staff to support them. We saw records that showed a relative had commented how impressed they were that a Muslim care worker prepared a meal including pork for their family member and was happy to see that the preferences of the person came first. We also saw records in the daily diary about changing visit times due to hospital appointments or visits from the district nurses. One person had made five requests over a six week period to change the scheduled visit time and this was accommodated. Care workers were contacted and once the change had been agreed, it was confirmed with the person.

At the previous inspection in August 2015 it was highlighted that there were mixed opinions about how well the provider dealt with people's complaints and the system in place to record complaints made it difficult to analyse and how they were followed up.

All complaints received were now located in one specific folder, separated into monthly sections. The quality assurance manager told us that when a complaint is received, three senior members of staff discuss the concern and allocate an investigating officer to deal with it. A letter of confirmation was sent to the complainant to acknowledge it and they would give them an expected date for it to be resolved. An index was kept within each complaint log to show the chronology of events and what had been done to resolve the issue. The quality assurance manager had also created a notification guidance document to inform staff when incidents needed to be notified to other agencies, such as the local authority or the Care Quality Commission.

There had been 12 complaints since January 2016 and they had all been resolved at the time of the inspection. We could see that they had been followed up accordingly and that enhanced monitoring had been put in place to monitor the incident and check that care was being carried out as planned. We saw one person had received five visits over a four week period after a complaint had been received to check the issue had been addressed. We could also see from their complaints log that the number of concerns, specifically late calls which had been highlighted at the previous inspection, had reduced. There was one

complaint however where the provider was unable to show any evidence of action taken with the staff member involved, whether supervision or any training resulted from the incident.

People and their relatives said they were happy with the service and would feel very comfortable if they had to raise a concern. One person said, "It's easy getting in touch with them, they always listen to me and respond to my needs." Another person said, "There has definitely been an improvement and I've really noticed it. There are no problems these days, I rarely have to contact the office now." One relative told us they had no problems getting in touch if they needed to, and added, "I've got the number and know who to speak to but I've not had to make a complaint."

We saw that people were given a copy of the complaints policy at the beginning of their assessment and it was discussed during reviews and home visits. A copy was also placed inside the person's copy of their care plan which was kept in their home. We also saw that the provider had received 11 compliments in the past 12 months, mainly thanking staff for looking after their relatives and being happy with the care provision.

We have improved the rating for this question from requires improvement to good because we found that concerns had been addressed.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed he had been formally registered with the Care Quality Commission (CQC) since October 2010. He was present on both days we visited the office and assisted with the inspection, along with the quality assurance manager and deputy manager.

The registered provider is required by law to notify the Care Quality Commission (CQC) of important events which occur within the service. We saw records during our inspection about a safeguarding incident which should have been reported to us which had not been. It was an allegation of abuse that was raised by a health and social care professional who informed the safeguarding team. We spoke to the management team about this and we were told that it was discussed as a team whether a notification needed to be sent in but they decided against it. We told them that any allegation of abuse needed to be notified to us, even though they had carried out an investigation and put risk management plans in place.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We have requested that in future all notifications are sent to us in a timely fashion so that, where needed, action can be taken.

At the previous inspection in August 2015 we found the lack of effective quality assurance and monitoring systems increased the risk that areas of poor practice may not be identified and addressed. Concerns were raised that monitoring systems used were not robust enough and had the potential to impact on levels of satisfaction, safety and wellbeing of people who used the service.

At this inspection we found that improvements had been made.

The provider had recruited a quality assurance manager to address previous concerns and we saw evidence of enhanced monitoring being put in place to check the quality of the service provided. The provider had also set up a CQC improvement plan and had specific monthly team meetings to discuss the issues that arose from the previous inspection. They had discussions about improvements under each key question of the report and dates for actions to be completed. We saw minutes from meetings which discussed topics including nurses would be used for supporting capacity assessments, another monitoring officer would be employed and how communication would be improved. The deputy manager showed us the communication group and how general information could be shared amongst the management team so everybody was updated at the same time. We also saw evidence of funding being discussed for an electronic monitoring system to be used, which would reduce the risk of missed and late calls not being picked up. We saw that funding had been agreed to go ahead with purchasing a monitoring system and the general manager was in the process of contacting suitable companies and hoped to have it running by the end of September 2016.

The provider had internal auditing and monitoring processes in place to assess and monitor the quality of service provided. The senior management team had weekly meetings where they discussed the previous

week and then focussed on people using the service, booking supervisions and dealing with complaints, if any had been received since the last meeting. Specific audits of people's daily log records and home visits were completed on a quarterly basis to check for quality of recording and if any issues had arisen. Enhanced monitoring had been put in place through weekly telephone calls and monthly visits. We saw records where the quality assurance manager carried out more detailed unannounced audits in people's homes on a quarterly basis. It covered areas such as staff knowledge, quality of record keeping, medicines administration and storage, property and maintenance and health and safety concerns. There was a summary of findings and recommendations given for each section, including whether documentation was in date or not and if anything needed to be reviewed. We did see that a recommendation had been made for one person relating to updating the medicine administration record (MAR) sheet so that information was typed rather than handwritten however this had not been put in place at the time of the inspection. We spoke with the registered manager about this who acknowledged this and told us they would action this right away. Accidents and incidents were recorded and followed up and kept in people's files. The quality assurance manager said, "With thorough monitoring in place, we are able to find solutions to minimise risk and put safeguards in place."

We saw the results of their most recent telephone monitoring report which was carried out in June 2016. It covered areas such as care workers timekeeping, satisfaction with quality of care, happy with their care workers, do care workers stay the allotted time, are they polite and respectful and their overall satisfaction. 31 people responded and results showed there was a 100% satisfaction rate with the overall service. We saw further evidence that if people had replied negatively, further contact was made to find out why and how they could improve their service. For example, we saw one record where a person stated their care worker did not always arrive on time. We saw that the person was contacted to discuss the issue and had their schedule amended to meet their preferred time.

People using the service and their relatives were very happy with the way the service was managed. One person told us, "They are a good company, they listen to my needs and their response is good." Another person said, "They are very experienced and know what they are doing. I'm confident they can help me out if I call." Comments from relatives included, "I think it is an excellent service. They are very good and always get back to me if need be" and "They deal with things the best they can and take everything on board. We don't have any problems." Health and social care professionals told us they had built up good relationships with the management team and since the previous inspection, had heard from them on a more regular basis, with one health care professional saying they had improved and received a fortnightly update on people using the service.

Care workers told us they felt well supported by the management team and had positive comments about how well the service was run. Staff told us they could contact the office at any time if they had any problems. One care worker told us, "They are very helpful, they train us and good communication is in place, it has really improved. They are always there for us." Another care worker said, "They are supportive and encourage us, they make it easy for us by listening and giving advice. I'm really happy working for them." The registered manager told us that they had bridged a gap between staff and the office and wanted to create more of a personal touch so staff would feel supported by them. Care workers felt that the service promoted a very open and honest culture and care workers knew about the whistle-blowing policy. Even though none of the care workers we spoke with had any concerns they all said they were confident that any concerns would be dealt with straight away. The registered manager added, "Staff feel more confident with our presence when we carry out visits and people feel confident with the monitoring in place. We want to give good quality care all of the time."

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 18 Registration Regulations 2009 Notifications of other incidents The registered provider had not notified the Commission without delay about serious incidents in relation to service users. Regulation 18 (1), (2) (e)