Mrs Linda Darkens

Star Absolute Care

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on the 21 June 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

Star Absolute is a domiciliary care agency registered to provide personal care and rehabilitation services to adults with physical disabilities, sensory needs, learning disabilities and those living with mental health conditions. It provides a care to people living in their own houses and flats.

At the time of our inspection the service was supporting 12 people with a personal care service carrying out approximately 140 visits a week. Not everyone using Star Absolute Care receives a regulated activity; CQC only inspects the service being received by people provided with personal care; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered provider. A registered provider is a person who has registered with the Care Quality Commission to manage the service. Like registered managers, 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.

At our last inspection, in March 2017, we found two continued breaches of the regulations. The service was rated as 'Requires Improvement'. This was because the provider had not fully ensured that staff had suitably up to date training, received regular formal supervision and that policies and systems supported them to carry out their duties. We wrote to the provider and asked them to tell us what they would do to ensure they met the legal requirements. The provider wrote to us to say what they had done and planned to do to meet the legal requirements. We undertook a comprehensive inspection on 21 June 2018 to check whether the required actions had been taken to address the breaches previously identified.

At this inspection improvements had been made and the breaches had been met. For example, the provider had established policies and procedures that specified the types of training staff would be required to complete and the timescales that these courses needed to be refreshed This ensured staff regularly updated the skills and knowledge required to provide safe effective care. The provider had also developed clear written, roles and responsibilities that they could measure their staff performance in relation to.

The provider had systems in place to ensure medicines were managed and administered safely and staff were trained and assessed as being competent to administer medicines safely. In relation to supporting people with 'as required medicines' the provider was not consistently providing suitable guidance for staff. We have recommended that they seek further guidance in relation to best practice in this area. Robust arrangements in relation to documentation was also not consistently achieved in relation to the management of recruitment processes.

People and relatives were very positive about the care given by the service. One person told us, "I feel very safe, the carers have never missed a visit in all the years I have had them." Another told us, A relative told us, "They are absolutely excellent. They never let me down. I can go out knowing that my relative will be OK." People and their relatives were involved in their care planning and their preferences and choices were respected. Relatives and health care professionals told us that staff were knowledgeable and encouraged choices and recognised that the needs of people living with dementia.

There were good systems and processes in place to keep people safe. Health and safety and environmental risks were monitored through audits. Risks and accidents were assessed and staff received guidance on what actions to take to mitigate risk and ensure people and staff's wellbeing at the service site and in the community. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe.

The provider and staff considered people's capacity and worked in line with the Mental Capacity Act (MCA) 2005. Staff recognised the importance of choice respecting people's choice and self-determination. People's right to privacy, to be different and to be treated with dignity was respected. People's religious, cultural beliefs, chosen relationships and disability rights activities were promoted where this was an important part of a person's life.

People were supported to maintain good health, maintain a healthy nutritious diet and had assistance to access health care services when they needed to. Where needed, people were supported to receive support from health care professionals and staff worked with these professionals to promoted people's wellbeing and independence. On person told us, "They keep my life ticking over because I can't do it on my own. They enable me to lead an independent life and go to university."

People's communication needs were met as staff had a good understanding of people's methods of communication including their sensory needs. People and their relatives told us they could communicate with the service, and receive information in a way that met their needs. When required people had access to technology that promoted their independence.

There were clear management lines of responsibility and accountability. The service had an established leadership and the values discussed and demonstrated by the registered provider were reflected in their staff team's actions and motivations. One staff member told us, "We provide a good standard of care and each person is an individual." The provider was committed to supporting people of all ages to gain as much independence as they could achieve. The service had an open transparent culture, where feedback, complaints and surveys were encouraged and acted on.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

People's 'as required' medicines were not always managed in line with best practice. Recruitment documentation was not consistently robust.

People were supported by staff that were trained and understood their responsibilities in relation to protecting people from harm and abuse.

There were a sufficient number of staff to meet the needs of people. People and staff knew each other well and had a good rapport.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of the Mental Capacity Act 2005 and worked in line with its principles. Staff always gained people's consent before providing care.

People were supported by staff that were knowledgeable and had suitable training and support.

People and their relatives told us that their preferences and choices for care and were always considered. The care given was good and promoted people's wellbeing and independence.

Is the service caring?

Good

The service was caring.

People were supported by staff that knew them well and understood what was important to them.

Staff adapted their communication style to meet the needs of the people they supported and encouraged people to be as independent as they could be.

Peoples' dignity, diversity and privacy was promoted and

respected.

Is the service responsive?

Good

The service was responsive

Care plans and risk assessments provided guidance on how people needs were to be met

People and their families were encouraged and supported to raise and issues or concerns they had with the service.

Staff were knowledgeable and responsive to people's emotional and health needs and promoted their independence.

Is the service well-led?

Good

The service was well led.

Quality assurance systems ensured the overall quality of the service and informed improvement.

The service had effective communication with people, relatives and health care practitioners.

The service had a clear value base that promoted people's independence and there were clear lines of responsibility and accountability.

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.

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered provider; who often provides direct care, staff and people we needed to speak to were available.

The inspection took place on the 21 June 2018. It included visiting the site office, and speaking to people and relatives by telephone prior to and after the site visit so that we could further understand their experiences. The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection was an expert in care for older people with dementia.

Prior to the inspection, we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the commissioning local authority and health professionals. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the site visit we spoke with two staff and the registered provider. We looked at four people's care plans, two staff files, staff training records, policies and procedures, quality assurance documentation and information and policies in relation to people's medicines. We spoke with four people using the service, two relatives, two health professionals, during the inspection process. We have included their feedback in the main body of the report.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us they felt the service was safe and that they had a good rapport with staff. One person told us, "I feel very safe, the carers have never missed a visit in all the years I have had them." A relative told us, "I don't have to worry. I know I can rely on them. If I were worried about my relative I could call the registered provider at any time and talk to them. The registered provider is very careful about who they take on." Despite this positive feedback we found some areas of medicines and recruitment practice that needed to improve.

People told us they were happy with the support they received with their medicines. However, one person's care plan and the records lacked guidance for staff on a medicine that was 'as required' and not for daily use. The care plan, detailed that the person was responsible for their own medicines unless a deterioration in their health condition led to periods of 'confusion' or a 'flare occurs'. The registered provider told us that when a 'flare' occurred the person could not always administer an 'as required' medicine. At these times the medicine that was also a medicine that required specific storage and control measures, was to be administered by staff or the person's friend. They described a 'flare' as the person being more confused, fatigued and less able to mobilise. A staff member we spoke with told us the medicine was for pain relief and that they would not administer the medicine without the registered provider's advice. There were mixed opinions and no consistent guidance available to staff in the care plan. Good practice guidance for supporting people in the community produced by the National Institute for Clinical Excellence (NICE) states that PRN medicines, that may include variable doses, should have clear guidance for staff regarding when and how to use such medicine, what the expected effect will be and the maximum dose and duration of use. This is an area that needs to improve.

We recommend that the provider obtains further reputable information and guidance on developing their practice in relation to 'as required' medicines guidance.

The provider demonstrated some good areas of practice in managing medicines. Policies and procedures had been drawn up by the registered provider to help ensure medicines were managed and administered safely and they also referred to the local authority's medicines policy. Staff received medicines training and competency checks and regular audits of MARs sheets were completed by the registered provider. Staff were able to describe how they completed safe medicines practice including the use of the Medication Administration Records (MAR) and the process they would undertake. There was guidance in the majority of people's care plans as to the level of support they required. A relative told us their relative always received their medicines correctly and on time, and that the staff had taken on ordering the repeat prescriptions for their relative and that the medicines always arrived on time and had never run out. A number of people were responsible for managing their medicines and the provider's policy recognised people's right to do so and that consent should always be obtained when medicines were being administered. Staff were able to describe the importance of gaining consent and the importance of people being supported to self-administer medicines even if they could only manage some of their medicines.

In the main staff recruitment processes were followed to ensure that staff were safe to work with people.

Staff files included application forms and written references from previous employers to ensure staff were suitable to employ. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff. The DBS is a national agency that keeps records of criminal convictions. However, the provider was not able to provide copies of the evidence they had seen on recruitment of one staff member to ensure their identity, and that they were eligible to work in this country. They confirmed this would be put in place. This is an area that needs improvement.

People were protected from the potential risk of abuse because staff understood and had good access to current policies, safeguarding training and understood how to identify and report safeguarding concerns. People and their relatives told us they felt safe with staff. One relative told us, "They are absolutely excellent. They never let me down. I can go out knowing that my relative will be OK." Staff were confident that any concerns they had about people's safety would be taken seriously by the provider and had a good understanding of the needs of people living in the community with dementia and they're those of their carers. Although the service had not identified any safeguarding incidents at the time of the inspection, the registered provider and staff described the steps of how they would be reported to the local authority and the Care Quality Commission when required.

Risks to people including; community and home-based risk were assessed and there were control measures in place to reduce the risk to people and staff. The registered provider carried out assessments of risk when the service began, covering areas such as, environment, security, fire, nutrition, behaviours, infection control, mobility, communication and their health and wellbeing including what to do it they were unexpectedly not present for a visit. For example, lone working guidance included on call details. Staff were provided with guidance on potential hazards such as pets, what to do if they were unable to attend a call or were delayed and how to promote people's wellbeing through infection control. Staff received infection control and food hygiene training. Staff were aware of the importance of using personal protective equipment (PPE) to avoid cross contamination when supporting people, and the provider provided staff with gloves and aprons to be used when needed. People were encouraged to take part in regular meetings with the registered provider who provided direct care to people or carried out regular spots checks. Records demonstrated that care plans were reviewed regularly and that assessments were reviewed annually or when there were any changes. This meant that risks to individuals were identified and well managed so staff could provide care in a safe environment.

Where accident and incidents had happened, records demonstrated that staff and the registered provider took appropriate action. The registered provider had systems in place to spot patterns when accidents occurred and worked proactively to keep people safe. This was done by looking at what happened prior to the incident, during and after, so that risk assessments could be developed, lessons could be learned and care plans adjusted to reduce the likelihood of reoccurrence. For example, one person had a number of falls while transferring independently. Because of an occupational therapist being contacted and reviewing their needs it was assessed that the person's ability to grip was lessening and that they would need a standing aid in future. People told us, they were supported to safely take risks that promoted their independence. One person who liked to cook told us, the carers will stand by and watch "But they will jump in if I am going to do something dangerous." This meant the registered provider and staff were proactive in identifying risks to people and in addressing concerns.

There were a sufficient number of staff on duty to meet the needs of the people. Staffing levels were planned around the needs of people and rotas showed these were consistent. People their relatives and staff confirmed this. One person told us, "The carers are always on time. They come three times a day. They never miss a visit unless I say to them it's not necessary." The rotas showed there was travel time between the care calls to allow staff to get to people at the right time. The registered provider told us that they covered a

relatively small parish area and that this meant they could be flexible and timely. Staff absence, such as annual leave or sickness, was covered by regular staff or the registered provider. Staff told us, they were able to visit people in a timely way and that they were given plenty of travel time, where they were held up they would always let people know.

Good

Is the service effective?

Our findings

At the last inspection in March 2017, the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated activities) 2014. This was because the provider had not ensured suitable training arrangements were in place or provided a planned approach to supervision and appraisal arrangements. A lack of regular training for staff might have put people at risk as staff skills could become dated and best practice reduced. The provider sent us an action plan on 19 April 2017 explaining what they would do to ensure that they were meeting the regulations by 31 May 2017. At this inspection we found the provider had made improvements to comply with the legal requirement and the breach of regulation had been met.

Staff told us that they had the skills and knowledge to provide safe effective care and felt well supported through supervisions, spot checks and annual appraisals. The service had a policy that detailed the frequency of supervision and appraisal arrangements. There was also guidance in relation to training courses staff should complete and the frequency of training required to ensure staff skills remained current. For example, medicines and moving and handling training was to be refreshed on an annual basis. Staff feedback and the records showed that training and support arrangements were being delivered in line with the policy. For example, staff undertook on an annual basis a variety of training and competency assessments including medicines, moving and handling, infection control, first aid awareness and mental capacity act. Supervisions took place at least monthly and there were written spot check assessments completed when the registered manager attended a visit with staff.

Training was specific to the needs of the people and included dementia awareness training. One staff member told us, "The dementia care training was really helpful. It helped me understand how lonely and scary it can be for a person and their loved ones." They told us they were always mindful of the relatives and carers experiences and ensured with the person they gave them lots of reassurance. Staff told us they received thorough inductions which included shadowing experienced staff that were able to demonstrate how to work with the complexity of need. Staff worked closely with local rehabilitation services and knew how to support people to develop skills to live in the community. The provider recognised the importance staff accessing qualifications as part of continual professional development. They confirmed that if new staff did not have a relevant qualification when they started that they would have access to the Skills for Care certificate. The Skills for Care certificate is a set of standards for health and social care professionals that ensures that workers have the safe introductory skills, knowledge and behaviours to provide safe care.

The Mental Capacity Act 2005 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 capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005.

People's rights in relation to the Mental Capacity Act had been protected because staff were knowledgeable and understood the Mental Capacity Act 2005. There were policies in place and staff told us they had

completed training, and had access to guidance within people's care plans and their relatives feedback about people's capacity. The provider ensured they worked in line with MCA guidance by working closely with people and their relatives when their needs changed. For example, one person's care plan was updated detailing that a stair gate had been fitted to ensure their safety in relation to using stairs. The decision to introduce the stairgate had been taken when the person's mobility had deteriorated, by relatives who had the legal authority to make decisions in relation to the person's health and wellbeing. The person's care plan noted the restriction was in place and the reasoning for it.

People and their relatives told us their preferences, choices and care needs were met and they were confident in the skills and competence of the staff. One person told us, "I know them all quite well as they have been coming for some time." Another person who's care plan detailed wanted to lose weight to improve their underlying health condition told us, "The staff help me to stay healthy. They helped me develop a weight loss programme. They remind me what is good to eat, I've given up energy drinks and sugar in tea." Relatives told us that the care given was good. One relative told us, "I don't have to worry. I know I can rely on them. The registered provider is very careful about who they take on." A health care professional told us in relation to supporting older people living with dementia the service worked well. They told us, "The staff are mature and calm, when someone knows a little about life this can mean so much for the people they support."

Staff encouraged choices and recognised that the needs and capacity of people with dementia or other conditions may change. To ensure people could be offered choice in an accessible and meaningful way staff used a range of communication methods. Staff listened, observed gestures and acknowledged what the person said by repeating their words and checking they had understood them. One relative told us, "They always ask my relatives consent. They don't make them do anything, they don't want to. With a bit of persuasion, they give consent, it takes a while chatting with them."

Some people were supported to prepare meals and drinks. Staff were able to describe how they monitored and recorded people's nutritional intake and signs they looked for to ensure people were well hydrated and nourished. One staff member told us, "The people we support are happy, they look well, their skin is clear and healthy." People and their relatives told us that staff supported them in making menu choices for the week and cooked their food according to their instructions and preferences. One person told us they arranged their shopping on line.

Staff told us that the team worked well together and had good communication systems in place to ensure information about the person's care needs and wellbeing was current and shared between the registered provider and staff working in the community. The registered provider provided direct care and completed many visits so was always ensuring that communication was complete and current. Staff encouraged people living in the community to use a portable telecare alarms and one person used 'global positioning system' (GPS) technology so they had someone to contact or be contacted by, if they became disorientated or had an emergency in the community, which further ensured independence.

Records demonstrated that people were supported to promote their health and wellbeing. People were regularly offered and supported to appointments with health professionals. A health care professional told us the registered provider and their staff were responsive to people's health needs and were aware of when hospital and GP appointments were due and seek advice when needed. They told us the registered provider would always contact appropriate community health professionals including; physiotherapists and occupational therapists when needed. They told us, "The registered provider is not backwards at coming forwards" in these circumstances and would seek to contact the right person and would be mindful of making the calls with the person so they are included and their consent given.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were caring, compassionate and kind. One person told us, "I'm very happy with the care I receive. I've got no complaints." Another person fedback in the services most recent survey, "My carers provider excellent care, and I have full confidence in them. I can have a good chat with them. I look forward to their visits." One relative told us, "I find the care is excellent. Because it's a small firm my relative knows all the carers and they know my relative." A health care professional told us, "I have always known when the provider is involved that people are safe. They always give appropriate care and take time when they support people."

People received care from staff that knew them well and that they were compatible with. Schedules of visits were organised so that the support was provided by a small but flexible number of staff. Staff were able to describe people's, likes, dislikes, background and routines. One staff member told us, "People can be very particular in the way they want their care delivered. For example, for one person it's important that they have a particular flannel used." Another staff member told us, that one person had a relative who lived a distance away who wrote to them recently and that their family was one of the most important things to them.

People told us their care and support was provided in the way they wanted it to be, and that ensured their choices, preferences and dignity were met. One person told us, "I like to be as independent as I can be. For example, I will try and do my buttons first. Some days I can't do it and they will help. Small bits of independence make a big difference to my dignity." People told us they felt the carers treated them with dignity and respect and that they always asked permission before they gave support, and always promoted their independence. Staff demonstrated a good understanding of the need to preserve people's dignity when providing care to them in their own home. Records demonstrated that care was provided in line with the care planning. For example, one relative whose loved one required support with mealtimes, told us the staff kept very comprehensive records in the log book of what they had done including; 'put slippers on' and noting what the person had to eat and drink. People's right to confidentiality and privacy was respected. People's right to privacy was ensured as personal information was stored in people's own homes or securely by the provider.

Staff were aware of the importance of respecting the privacy and dignity of people living with dementia, and were able to give us examples of how they supported people who were not able to communicate. One staff member told us, "It's important to build a rapport and gain the trust of the person. I speak calmly and clearly and explain exactly what I am going to help them with." They told us they adapted their tone of voice and always gave people time to respond, "It's important to remind people, what is happening next, for example with one person they can be anxious about washing. I offer them the towel or the flannel so they can choose what we use, so they can relax."

People and relatives told us they had been involved in designing their care plan and any ongoing changes or reviews that had taken place. One person told us, "Planning is an ongoing this with the registered provider. We text each other and send emails or they talk with my relative. They are very flexible and I have no worries

if there is anything extra to be fitted in." Another person told us, "If I want to try something new I will talk to them. If they think it's safe they will watch me and I try it, and if I need help they are there." A relative told us, the registered provider, had a conversation with them in relation to the frequency of visit as there was less to do on some days, this gave the relative and the person an opportunity to discuss the visits, and they decided to continue with their schedule. This demonstrated the staff supported people to express their views and be actively involved in making decisions about their care and treatment.

People were supported to have contact with those who were important to them, and the staff respected the friendships and life choices that people made. Staff spoke respectfully of people's significant relationships, chosen living arrangements and supported them to write, email and make phone calls to loved one's who lived further away. With people's consent relatives were regularly informed and updated about changes in activities, health appointments or any incidents involving their wellbeing. One relative was complimentary about the ongoing care and support of their relative and told us, "They always consult me about the big decisions, calling the paramedics, or the doctor. If I was on holiday they would contact my brother. They would do what was necessary and update me."

People's independence was encouraged and promoted. One person told us, "I'm more independent now than I was three years ago." The staff give me the confidence to do things." A relative told us, "When my relative uses the toilet, if the carer thinks they seem weak that day they will use a commode in their room, but if it's a good day the carer will encourage them to walk to the toilet on their own." People and health care professionals told us that people were supported to be as independent as possible, with their daily routines. For example, one person told us that they made all their daily decisions themselves, including; the time they got up, had a shower, ate and went to bed. A health professional told us the provider was always keen to work with people, physiotherapists and use equipment to support people's independence, when returning home from hospital.

People's diversity was respected and promoted within their day to day experiences and care planning. Staff spoke respectfully and without judgement about the people they supported in relation to their age, gender, ethnicity, sexuality, presenting needs and abilities, gender identity and religious expression. Religious, cultural beliefs and disability rights activities were promoted where this was an important part of a person's life. Where staff were aware of important life events happening for individuals, they would when requested provide emotional support. For example, the registered provider spoke with genuine compassion when discussing a recent benefits tribunal that they had supported a person to attend where the person had successfully challenged a previous decision which had reduced their income.

Where people did not have relatives involved. The registered provider told us that people had the right to have an advocate involved and knew of local advocacy providers. An advocate is a person who is able to speak on a person's behalf, when they may not be able to do so for themselves.

Good

Is the service responsive?

Our findings

People, their relative's and health care professionals told us that their needs and concerns were responded to. People and relatives told us, staff were knowledgeable about their life history and personal goals. One person told us, "They fix anything that needs fixing." People, their relatives and a health care professional told us they were listened to and involved in making decisions about their care and support needs. One health care professional told us, "The thing that myself and other colleagues like about the service is that they always listen to people and give them the time they need. The registered provider does this, as do the staff they employ." Staff told us that they understood people's needs and had positive relationships with them and their relatives. One staff told us, "I do get attached to people, I wouldn't be doing this job if I didn't."

Care plans and risk assessments provided guidance on how people's needs were to be met and risks mitigated; including physical, emotional and communication needs. Staff we spoke with found the care plans to be detailed and informative. Staff were knowledgeable about the emotional and health care needs of the people they supported in some instances their carers. For example, one person had just had a recent bereavement and this was recognised in the care planning. Staff were able to describe how they supported the person to maintain their mental health wellbeing and build rapport with new people. One relative told us, "They look after my relative so well that it gives me a break. They look after me as much as my relative. They support me emotionally. If my relative has a bad eye or a little sore and I'm worried they reassure me." The registered provider told us and staff demonstrated in their conversations with us, they were conscious of the stigma people living with mental health needs experienced. They would refer to a person's low mood rather than refer to a clinical condition for example, depression.

People's needs were assessed before their service commenced, so that the registered provider could ensure they were able to meet the person's needs. The registered provider and a health professional told us, that people often referred themselves to the provider having been recommended through 'word of mouth' by friends who knew the service or had used it before. Care planning considered people's expectations for their life and future goals. For example, one person had a personal goal that they wanted to return to their university course, having achieved better health. Their care plan focussed on their health and wellbeing and how this could be maintained to support this achievement. The person told us that the service they received was very flexible and personalised as they could adapt to their life, including late changes in plans and fluctuating health needs, that required visits to be changed in under 24-hour notice. They told us, "They have adapted very well to how young I am. They keep my life ticking over because I can't do it on my own. They enable me to lead an independent life and go to university.

Care plans were personalised and detailed people's life experiences, interests, activities, preferences and who or what was important to them. For example, one person really enjoyed reading and this was recognised by within their care planning, by staff and their relative as a real strength. Their relative told us that they worked with staff to promote this, "We leave books by my relative's side. We know what they like and we always got them to hand."

Records and staff demonstrated that staff were confident on how to respond to a medical emergency. For example, staff told us one person was prone to urinary infections, and they would monitor their wellbeing by carrying out a urine test, noting changes in their mood and contacting the GP if the person had an infection. Staff were also confident in the event of a serious health emergency, and knew how to obtain support and advice from the ambulance service and the provider through an on-call system. As needs changed the care plans were reviewed and updated. For example, initially the person required support with their medicines and had access to regular food deliveries. As their mobility and skills improved they were able to access their food choices through shopping with minimal support and began to self-administer their medicines.

People's communication needs were anticipated and met as staff were given guidance and had a good understanding of people's methods of communication, their sensory, psychological and cultural interests. For example, one person living with dementia found it difficult to remember time and places, so staff were guided to ensure they regularly reminded them of the time and explained what they were doing. People and their relatives told us they were able to communicate with the service, and receive information in a way that met their needs. This included the use of emails so that they received their visit schedules in a timely. People and relatives who were potentially seeking information about the service prior to choosing a provider had full access to information made available through their website.

People and relatives were confident that complaints would be taken seriously and were happy to raise anything they were unhappy with the registered provider. One person told us, "I'm very satisfied with everything. I would have a word with the registered provider if I wasn't." Another person told us, "I would tell the carer if I had a complaint, but I've never had one." We looked at the complaints policy and complaints records and saw that complaints had been taken seriously, investigated and actions taken to resolve concerns in a timely way.

When needed the provider provided end of life care for people. Staff worked closely with relatives and the relevant health professionals so that people could experience a comfortable pain free end of life. The registered provider acknowledged the service had a focus on rehabilitation based support. However, they were confident they could deliver end of life care. They gave an example of support provided to a person to remain at home with their young family during their end of life care. They told us, they had worked with the family and health professionals to ensure the person's last wishes were respected and their dignity to make choices about their pain management respected.

Good

Is the service well-led?

Our findings

At the last inspection in March 2017, the provider had not ensured that they had clear policies setting out how they would run and monitor the quality of the service in relation to training, supervision and appraisal arrangements. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) 2014. The provider sent us an action plan on 19 April 2017 explaining what they would do to ensure that they were meeting the regulations by 31 May 2017. They also shared with us their new policies and procedures relating to staff training, supervisions and appraisals and provided a copy of their 'statement of responsibilities' document that set out for staff what they needed to do to carry out their roles.

At this inspection on 22 June 2018 we found the provider had made improvements in relation to the legal requirements including; training, supervision and appraisal arrangements. They demonstrated this by providing clear policies and processes that set out how staff would be supported through training, supervision and appraisal and by carrying out the actions detailed in these policies and procedures. For example, staff had received annual updates in relation to their moving and handling and medicines training. This demonstrated that the provider had made improvements since the previous inspection.

Quality assurance systems were in place to manage the overall quality of the service, and identify areas for improvement. We observed weekly, monthly and yearly quality assurance schedules including; service user surveys, accidents, care plans, complaints and medicines audits. Further to these approaches to ensure quality the provider encouraged an open and transparent culture. They told us they were aware of how isolated lone workers could be and ensured the quality and culture of the service were maintained remained through jointly visiting people, carrying out spot checks of staff performance and looking at daily notes and procedures. They also visited and called people to provide more feedback opportunities.

People, relatives and staff told us the service was well managed. People and their relatives had established positive relationships with the registered provider. One person told us they go on well with the registered provider, "We talk regularly, and I can feedback any issues I have." We asked relative's what the service could improve on. One relative told us, "When I fill in the customer service audit questionnaires I always struggle with that question. There is nothing I can think of. They are all so good you just want to clone them all." Satisfaction surveys were completed in November 2017, which provided people and their relatives with an opportunity to feedback about the quality of the service provided. The survey outcomes were consistently positive and people fedback that issues were resolved when raised. One relative wrote in their feedback, if an issue or problem arises it is dealt with quickly and effectively."

Throughout the day of the site visit the atmosphere was friendly and professional. The registered provider was as equally involved in the delivery of care as managing the service and had a genuine interest in and very good knowledge of the people supported by the service. The registered provider was supported by a team of three carers. Staff told us there were clear lines of accountability and responsibility through their roles. Daily records, emails and care plan underpinned the day to day service delivery tasks ensuring that staff were supported and individual one to one support needs were met. The registered provider

demonstrated a great commitment to providing a range of services for people of different ages, backgrounds and support needs.

The service value base and culture was known and demonstrated by staff. One staff member told us, "I care for people the way I would care for my own parent." Another told us, "We provide a good standard of care and each person is an individual." Staff spoke positively about the management of the service and how they were supported within their roles. One staff member told us, "The service is well managed and the registered provider is very supportive and approachable. I only need to pick up the phone, and they are always there." The registered provider and staff demonstrated that the service engaged positively with people who may have experienced discrimination in their lives and gave examples of how the promoted equalities, diversity and human rights within their service and when people were making care and support decisions. For example, one person who had self-harmed many years before requested at their initial assessment, that staff not refer to the visible signs of this when providing support, and this was agreed and promoted unless there were risks of the self-injurious behaviours returning.

The registered provider understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). The registered provider understood that they were required to submit notifications to us, in a timely way. So that we could confirm that appropriate action had been taken. The registered provider was aware of their responsibilities under the Duty of Candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment of people.

People and relatives were confident they could discuss any concerns they had with the registered provider and were confident they would be heard. A relative told us, they knew how to make a formal complaint, but that any small concerns they had for example, clothes going in the wrong drawer, were dealt with by talking to the registered provider or a member of the team.

The registered provider and staff communicated well and in a timely manner with people, their relatives and local health care professionals. For example, sharing ideas, and updating health professionals including; physiotherapists and GPs of changes and raising any concerns about risks to people. The registered provider had completed a chair based mobility course and had developed relationships with the local rehabilitation service while providing training there. A health care professional told us, "The registered provider always communicates well with health professionals, is prompt in their actions and will always meet with multidisciplinary teams to discuss how they can best manage the person's needs." One person who had experienced a service from a larger service that they described as 'impersonal' told us, "It is such a small service, everything is very personal."