

St Gregory's Homecare Limited

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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

This announced inspection took place on 08 and 10 November 2016.

St. Gregory's Homecare Ltd is a domiciliary care agency based in Carnforth offering a range of services in people's homes, including people living with dementia, learning and physical disabilities and people with palliative care needs. Services provided includes, domestic support, waking and sleep in night services, 24 hour care and respite care. The service covers an extensive area of the South Lakes with a large rural area and parts of North Lancashire. At the time of inspection the registered provider was supporting 150 people and employed approximately 100 staff.

The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be in at the office.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A comprehensive inspection of St Gregory's Homecare Ltd took place between the period of May and June 2015. At the inspection breaches of Regulations were identified in relation to health and safety of people, management of medicines, and delivery of person centred care. Following the inspection visit, the registered manager submitted an action plan to show what improvements they were going to make to ensure they met the fundamental standards.

A focussed inspection was carried out in February 2016 to check that improvements had been made. At this inspection visit it was noted improvements had been made to ensure medicines were suitably managed and person centred care was delivered, however there was a continuing breach of Regulation 12 of the Health and Social Care Act (2008) Regulated Activities 2014 as risk was not sufficiently managed to ensure people were kept safe. We took enforcement action against the provider following this visit.

We used this inspection carried out in November 2016 to ensure action had been taken to ensure all fundamental standards were now being met. We also carried out a comprehensive inspection to review the rating of the service.

At this inspection visit, carried out in November 2016, we found the required improvements had been made. Following the previous inspection visit a working group had been developed to look at care planning systems and ways to improve the quality of the care plans and risk assessments. During the inspection visit it was noted the service was in the process of changing the care planning documentation to make them easier to follow. Systems had been implemented to manage and monitor risk to promote safety.

We noted care plans and risk assessments were reviewed and updated when people's health care needs changed or when new risks were identified. People who used the service told us their nutritional and health needs were met.

People told us when they required assistance with their medicines, staff were reliable and knowledgeable. Although we received positive comments about the management of medicines we found arrangements for managing and administering medicines were not consistently applied. We have made a recommendation about this.

People spoke positively about the quality of service provided. People consistently told us improvements had been made within the service in the past year. They said staff were reliable and turned up when expected. At the time of the inspection visit the service was in the process of implementing a call monitoring system to track and record staff attendance at visits. The registered manager had introduced the system following concerns being raised about missed visits.

People spoke highly about the staff. They told us staff retention was good and said they had formed positive relationships with staff.

People were protected from the risk of abuse. They told us they felt safe and secure. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns.

People's healthcare needs were monitored. Care plans were developed and maintained for people who used the service. Care plans covered support needs and personal wishes. Plans were reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the relevance to their work. Capacity was routinely assessed and good practice guidelines were referred to when a person lacked capacity.

Training was provided for staff to enable them to carry out their tasks proficiently. The service was currently working proactively to identify staff training needs. Staff praised the training on offer.

Suitable recruitment procedures meant staff were correctly checked before starting employment.

The registered manager had implemented a range of assurance systems to monitor quality and effectiveness of the service provided. We saw evidence of audits being carried out on a monthly basis by the senior management team, and noted action had been taken when concerns were identified.

Systems were in place to seek feedback from all people who used the service as a means to develop and improve service delivery. Feedback received from the last survey carried out in July 2016 showed 90% of the respondents were happy with the service they were receiving.

People who used the service praised the registered manager and their transparent way of working. People said the registered manager was approachable and they were confident if they had any concerns the registered manager would listen and take action.

People who used the service told us they were aware of the complaints procedure and their rights to complain. People and relatives who had experiences of making complaints told us they were happy in the way in which their complaints were managed and the outcome of the complaint.

Staff were positive about ways in which the service was managed and the support received from the management team. They described a positive working environment.

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 safe.

People who used the service and relatives told us people were safe.

Arrangements were in place for management of all medicines; however they were not consistently applied.

Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse.

The service had suitable recruitment procedures to assess the suitability of staff.

The registered manager ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

People's health needs were monitored and advice was sought from other health professionals, where appropriate. People who used the service told us their nutritional and health needs were met.

Staff had access to ongoing training to meet the individual needs of people they supported.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Is the service caring?

Good ●

The service was caring.

People who used the service were positive about the staff who worked for St Gregory's Homecare Ltd.

Staff had a good understanding of each person in order to deliver person centred care. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

People told us staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good ●

The service was responsive.

Records showed people were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The service had a complaints system to ensure all complaints were addressed and investigated in a timely manner.

Is the service well-led?

Good ●

The service was well led.

The management team had good working relationships with the staff.

Regular communication took place between management and staff as a means to promote continuity of care.

The management team sought continuous feedback from relevant parties to improve service delivery.

The registered manager fostered an open and transparent way of working.

St Gregory's Homecare Ltd

Detailed findings

Background to this inspection

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

This inspection took place on 08 and 10 November 2016 and was announced.

On the first day, the inspection was carried out by two adult social care inspectors. One adult social care inspector visited alone on the second day to complete the inspection visit.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. We spoke with the Local Authorities and Clinical Commissioning Groups responsible for commissioning care to check if they had any concerns. We were made aware the service was currently working with one local authority to ensure improvements to the service delivery were being carried out. We received no other information of concern.

We reviewed information held upon our database in regards to the service. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

Information was gathered from a variety of sources throughout the inspection process. We spoke with nine members of staff. This included the registered manager, the care coordinator, the safeguarding officer, the assessment officer, the training officer and four members of staff who provided direct care.

We visited three people at their home (with their consent) to seek their opinion of the service and spoke by telephone to six additional people who used the service. We also spoke with three relatives to obtain their views about service provision.

To gather information, we looked at a variety of records. This included care plan files relating to seven people who used the service and medication administration records relating to seven people who received

support from staff to administer their medicines.

We reviewed past and present staff rotas, focussing on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We looked at the continuity of support people received.

We viewed recruitment files belonging to three staff members. And other documentation which was relevant to the management of the service including health and safety certification, training records, team meeting minutes and findings from monthly audits.

Is the service safe?

Our findings

People and relatives said they felt safe when being supported by staff at St Gregory's Homecare Ltd. Feedback included, "They make sure I am safe." And, "Staff always write things down. If they have any concerns they pass them on." One relative said, "They keep [my relative] safe. They are losing their upper body strength but staff keep them safe."

At the inspection visit carried out in February 2016, we identified a continuing breach to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014, (Safe care and treatment). The registered provider had failed to take appropriate action to ensure risks to the health and safety of people who used the service were consistently addressed and managed. Inadequate systems were in place to monitor and minimise the risk of harm to people who used the service.

At this inspection visit carried out in November 2016, we found improvements had been made and the registered provider was meeting the required fundamental standard.

At this inspection visit we found the service had implemented a new process for assessing and managing risk. Following the inspection in February 2016, the registered manager said they had set up a working task group to explore ways in which they could make improvements. The task group had met monthly and had reviewed their care planning and risk assessment documentation to make it clearer for staff to understand and for risks to be consistently monitored.

A new care plan and risk assessment template had been designed and was in the process of being implemented. At the time of the inspection visit approximately half of the people who used the service had a new care plan and risk assessment. The registered manager said it was their intention to have all care plans and risk assessments in the new format by the end of December 2016. The registered manager had developed a risk rating system for all care plans to be reviewed under. People and health conditions deemed as high risk were dealt with as priority.

The working task group had developed a system whereby all care plans and risk assessments were checked for accuracy by a second person before being signed off as accurate and fit for purpose. This minimised any mistakes or errors in recording needs from occurring.

We looked at risk assessments relating to seven people who used the service. We found risks within the documentation were consistently addressed and managed. When risks were identified the registered manager had consulted with health professionals or referred to good practice guidelines. For example, one person was at risk of choking. The person's care plan and risk assessment highlighted the risk and signposted staff to further information downloaded from a NHS website. Another person required bedrails to keep them safe. The service referred to good practice guidelines within the risk assessment for using bedrails.

We noted risks were assessed by the assessment officer before care and support commenced. People who

used the service and relatives were consulted to discuss potential risks, prior to a service being offered. People and relatives were shown the care plan and risk assessment to verify they were happy with the information collated to ensure information obtained was correct.

Risk assessments were reviewed and amended when people's needs changed. We spoke with two people who used the service. They told us they had received new care plans and risk assessments the week previous as their care needs had changed. We noted one relative had contacted the registered manager to raise concerns their relatives needs may have changed. The registered manager acted in a timely manner and carried out a reassessment to ensure all risks were identified and documentation was reviewed and amended.

As part of the inspection visit we looked at processes for managing the administration of medicines. The registered manager said they encouraged people to have their medicines blister packed by the pharmacy. They said they had recently identified some problems with the ways in which medicines were administered and recorded so they had started using their own medicines administration record (MAR) for staff to document when they had supported people with medicines. MAR sheets were delivered bi-monthly to each person. Completed MAR sheets were collected on a bi-monthly basis and were audited and archived at the office location.

We looked at seven MAR records that had been completed by staff responsible for providing care. These had not yet been audited by the management team. We noted there was a lack of consistency in staff signing the records. We noted three of the seven people had MAR sheets with unsigned entries when medicines and creams should have been given. This indicated either medicines had not been given or staff had not signed for them after they had given them. We spoke with one of the people who received support with their medicines but had gaps on their MAR sheet. They said staff were always reliable and never missed administering their medicines. We spoke a relative, they said staff were knowledgeable and always administered medicines as required.

We looked at the medicines errors and noted several staff had consistently failed to sign for medicines. We looked at their staff records and noted they had all received medicines awareness training within the past two years.

On the first day of the inspection visit, we spoke to the registered manager about our concerns and findings. They said they were confident this was just a recording error and people had received their medicines as these people would say if their medicines had been missed. The registered manager said the system was relatively new and staff were not fully used to the new recording system.

On the second day of the inspection the registered manager said they had fully investigated our concerns and said they had taken action to improve recording systems for medicines. Staff had been spoken with and had been requested to attend additional medicines awareness training. A memo was sent out to staff reminding them of the importance of signing for medicines and a system had been introduced where staff coming on shift had a duty to report any missed signatures to the manager on call. This allowed MAR documenting errors to be identified in a timely manner, rather than waiting for the bi-monthly audit. Checks on MAR sheets were added to the senior management team's spot check checklist. This meant that when a senior manager was carrying out a spot check on staff at a person's home they would check the MAR sheet was up to date.

We recommend the registered manager consults with good practice guidelines and reviews processes for the administration and recording of medicines to ensure good practice guidelines are consistently applied.

We looked at staffing arrangements to ensure people received the support they required in a timely manner. People who used the service told us staff were reliable. Feedback included "The staff are very good. If they are going to be late they will ring me." And, "They always come, they never let us down. 99% of the time they are on time." And, "They are fairly reliable. They usually are here within ten minutes of their expected time. If they are going to be late they will ring me."

Prior to this inspection visit, we were made aware a number of people had experienced missed visits from staff in the past twelve months. The registered manager said they had acted upon these concerns and had invested in an electronic call monitoring system. The electronic call monitoring system alerted the management team if staff failed to attend a person's home as specified on the rota. It allowed staff to see live up to date rota's and directed them to their next visit.

The registered manager said the system was not yet fully operational but hoped all staff would be using the monitoring system by the end of Christmas. At the inspection visit staff showed us the mobile phones they had been supplied with which they used to log in and out of people's homes. One member of staff said, "I love the new reporting system. It's brilliant."

We looked at the live call monitoring system and noted people were not consistently logging in and out of people's homes. We noted some call visits were shorter than the scheduled times. The registered manager said staff were just getting used to the system and sometimes forgot to log in.

We asked people who used the service if staff stayed the allocated time. They confirmed they did. One person said, "If they do all their jobs and have time, they sit with me and we talk." One relative said there had been concerns in the past about staff leaving early but this had now been actioned and remedied.

Following the inspection visit we received information from the registered manager to show they were moving forward with the call monitoring to ensure all staff received their mobile phone and all staff were informed of the importance of logging in at each visit.

People who used the service and relatives told us they were supported by a consistent staff team. One relative said, "We used to complain about lack of continuity of carers but now we get the same regular carers."

We looked at how safeguarding procedures were managed by the service. We did this to ensure people were protected from any harm. The registered manager said they had recently invited a local authority safeguarding practitioner into the service to provide training to the senior management team. They had done this to increase staff awareness about safeguarding policy.

Staff told us they received regular safeguarding training to keep abreast of safeguarding matters. Staff were able to describe different forms of abuse and were confident if they reported any concerns to management it would be dealt with immediately. One staff member said, "I would report any concerns. I couldn't let it go on."

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed three staff files. Full employment checks were carried out prior to staff starting work. The service kept records of the interview process for each person employed. Two references were sought and stored on file prior to an individual commencing work. One of which was the last employer. When gaps in employment history were present on application forms, these had been discussed and been explored with each applicant.

The service requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for people providing a personal care service supporting vulnerable people. The service checked this documentation prior to confirming a person's employment.

The service had a system for reporting accidents and incidents. Records were detailed, concise and up to date. The registered manager said they reviewed incidents to check for themes and trends so improvements could be made to service delivery.

Is the service effective?

Our findings

People who used the service and relatives praised the knowledge and competence of the staff team. Feedback included, "The staff are very good. They were well prepared for working with me before they started." And, "The staff are very knowledgeable. They know all about my [relatives'] condition and how to hoist them safely."

We looked at staff training to check staff were given the opportunity to develop skills to enable them to give effective care. For staff new to the profession, staff were expected to complete their Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. All new members of staff were expected to complete an induction at the start of their employment regardless of their experience.

The registered manager told us new staff were supported by a senior member of staff before working unsupervised. The period of shadowing was dependant on the skills of the member of staff and their confidence. The registered manager said they would never send a staff member out to work alone if they did not feel prepared for the role.

We spoke with a member of staff who had been recently employed to work within the service. They told us they undertook an induction period at the commencement of their employment. This involved time in the office, completing training which the service classed as mandatory for staff and learning about the organisation. They were supported on visits and shadowed experienced members of staff. The staff member said they were provided with a staff induction booklet which provided them with relevant information to assist them in their role. They said they had been provided with regular supervision sessions since they started work. The staff member said, "Even though I hadn't any recent experience in care I was made to be very prepared for the role. The induction was well done and thought out."

There was a focus on providing on-going training for staff. Staff told us they were required to undertake some necessary training courses on a frequent basis as a means to keep their knowledge updated. Staff praised the training on offer. One staff member said, "If I have any concerns I can ring up and say I need extra training and they will put it on for me."

The registered manager showed us a training and development plan which highlighted what they had deemed as compulsory training for all staff and additional training. The registered manager regularly reviewed the training needs of staff and ensured on-going support was provided. The service had an electronic training system which flagged up when people's training was out of date. Training courses were planned for the next twelve months so training could be pre-booked in advance.

Training was provided by both internal trainers and external trainers. The registered manager said members of the senior management team all had specialist interests and delivered training around these areas. For example, the registered manager delivered safeguarding training as they had received training to be a

trainer in this area.

We spoke with the staff member responsible for providing training for staff. They told us they had recently started working alongside staff and offered hands on training to staff whilst on duty. They said this was sometimes more practical than sitting in a classroom just listening to a trainer. The training manager said they were spending time working alongside staff to both offer training and to see where training deficit themes were within the organisation. They said they were going to review their findings at the end of the year and produce training sessions according to what common themes are identified during this period. This showed us the service was proactive at ensuring staff were fully trained within their role.

We asked the registered manager how they supported workers. They told us staff received supervision both formally and through competency checks. Staff were observed in practice by a senior manager to ensure their competency. Following observations taking place the senior manager and staff member held a discussion about their practice. This conversation was recorded. We noted when improvements were required they were openly discussed and recorded. Supervisions also took place by phone or by face to face meetings at the office. Supervision audits were carried out by the senior manager to ensure they were taking place.

We spoke with staff about supervision. They confirmed they received regular supervision. Staff said managers were approachable and they were not afraid to discuss any concerns they may have in between supervisions.

People who used the service and relatives were happy with the way in which people's health needs were addressed and monitored. One person who received a service from St Gregory's Homecare Ltd said staff were supporting them to rebuild their skills following a serious accident. They said, "I am getting better each day. Staff are helping me build up."

One relative told us there had been improvements in their relative's health since the service provider started working with the family. They said the district nursing team were reducing their input now that care was being provided from St Gregory's Homecare Ltd.

Individual care records showed health care needs were monitored and action taken to ensure health was maintained. A variety of assessments were used to assess people's safety, mental and physical health. Assessments were reviewed regularly. Changes in assessed needs were recorded within a person's care plan. There was evidence of partnership working with other health professionals when people had additional health needs. For example, we were shown evidence of multi-disciplinary working with a district nursing team for one person.

We asked staff how they supported people to maintain good health. Staff said they monitored health of people and would seek advice and guidance from other professionals if they were concerned. Staff said because they were not rushed on their visits and knew the people they were visiting. This allowed them to assess each person and identify any concerns in a timely manner. One staff member said they had noted one person acting out of character, so they reported the concerns to the senior management team. The senior management team sought advice from the person's doctor and it was found the person had an infection which was affecting their behaviours. We visited this person at home. They confirmed the doctor had recently visited and had prescribed them some medicines.

People who required special diets had this detailed within the care plan. Records clearly documented people's likes and dislikes and preferred foods. We noted one person had a health condition which required

them to have a restricted fluid intake. This information was clearly detailed within the care plan and staff monitored the person's fluid intake at each visit. Another person had a health condition which required them to have a sugar controlled diet. This was noted in their care plan and staff recorded in the daily notes what the person had eaten.

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

We looked at care records and found the service routinely assessed people's capacity. This meant staff acted lawfully when supporting people to make decisions. When people had capacity this was documented in care records so people could make their own decisions. One person we spoke with said, "They assessed my capability to make decisions for myself."

We spoke with staff to assess their working knowledge of the MCA. Staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity.

The registered manager said they were aware of advocacy groups and would support people to access advocacy groups if they had to make specific decisions and had no informal support. Advocacy groups defend and safeguard people's rights. They act in ways to ensure people have their views and wishes genuinely considered when decisions are being made about their lives.

Is the service caring?

Our findings

People were complimentary about staff providing care. Feedback included, "The carers are very good. If they can do anything for you they will. They do all sorts for me." And, "They are better than I ever expected them to be. They always consider my privacy and respect." And, "St Gregory's Home Care are great. I get on well with all of the staff." And, "The staff are brilliant." And, "The girls are jolly characters. I look forward to them coming." And, "[Carer] is outstanding. The other girls are good but they are outstanding."

Relatives praised the caring attitude of staff and the relationships formed between staff and people using the service. Three relatives all commented their family member's looked forward to staff visiting. Feedback included, "The girls are great. They have a sense of demeanour and a great sense of character. My [relative] enjoys them coming." And, "Staff have become friends with my [relative.] Because my [relative] is housebound they bring the outside world in to my [relative.] They look forward to their visits." Another relative said, "You need to take your hat off to them. They do a great job and we fully appreciate what they do for us."

Staff said they had a regular caseload of people they visited so relationships could be built and maintained. This promoted continuity of care and created satisfaction. One staff member said, "I am so proud of everything. I like my bunch of clients. I have a lot of regular people."

People who used the service repeatedly confirmed consistency of staffing occurred. Feedback included, "I have a regular lot of carers. We have become friends." And, "I always have the same girls. They are very good and know what they are doing."

People who used the service told us staff sometimes went above and beyond what was expected of them. One person had recently celebrated a milestone birthday. They told us staff had visited out of working hours to congratulate the person and brought them gifts. They showed us the flowers and gifts staff had given them. They said one member of staff was on annual leave but took time out to go and see them with a gift. Another person told us staff would often call into their home if they were in between visits and passing, just to ensure they were okay.

People and relatives described most staff as conscientious and hard working. One person told us they had repeatedly told their carer to finish early as it was their last visit and they didn't require any particular support. The carer politely declined and said they would just stay and chat to the person to keep them company. One relative said they had previously had some concerns with staff not completing all tasks required but this was addressed by management and the problem had now been resolved.

Staff were aware of people's likes, dislikes and routines. We visited one person at their home whilst a member of staff was working. At the end of the shift the member of staff took a small torch light and gave it to the person. The person smiled and looked comforted by the gesture. The staff member explained the person liked the torch close to them when they left at night as it helped them feel safe. This process occurred naturally and the person did not have to request this support. Another person told us they enjoyed

walking their pet dog. They said they could not do this alone but one member of staff always made time to ensure they could participate in this activity on a regular basis.

People who used the service told us they were treated with dignity and respect. One person said, "They always treat me with dignity and respect." We asked staff how they promoted dignity and respect within their work. Staff were able to give practical examples of how dignity was maintained and recognised the importance of doing so. One staff member said, "I treat people as I would expect to be treated. It is difficult for some people when they have been used to do it for themselves. No-one wants to be stripped off in public. I just treat people with dignity and maintain privacy."

The registered manager told us they were committed to ensuring people's voice was heard. We noted posters were on display within the office area which set out what standards people could expect from a care service. This document also advised people how to complain. We noted advocacy groups were detailed within the organisations statement of purpose for reference. This provided people with options as to how to seek advice and guidance and how to complain. This was given to people when they started receiving a service from St Gregory's Homecare Ltd. This showed us the service was transparent and encouraged feedback.

Is the service responsive?

Our findings

People who used the service told us care was person centred and according to their need. Feedback included, "They know what I want and help me with it." And, "They remember everything about me."

We looked at care records belonging to seven people who used the service. We saw evidence pre-assessment checks took place prior to a service being provided.

Care records were personalised and contained detailed information surrounding people's likes, preferences and daily routines. Care plans highlighted key points of their likes, dislikes and important factors to consider when supporting them. Peoples consent was sought throughout the care planning process.

Care plans were detailed, up to date and addressed a number of topics including managing health conditions, medicines administration, personal care, diet and nutrition needs and personal safety. Care plans detailed people's own abilities as a means to promote independence, wherever possible. There was evidence of relevant professional's and relatives involved wherever appropriate, within the care plan.

The registered manager told us staff had been provided with additional training since the last inspection to empower them to take some ownership for care plans. They said staff now were more aware of the need to communicate any changes in care needs with the office so responsive care could be provided in a timely manner. We saw evidence of this occurring; one staff member had noted a change in a person's health need and reported this to the office. A doctor's home visit was then requested for the person. We saw evidence records were updated when people's needs changed.

Staff had received communication training and report writing training so that care plan documentation was accurate and meaningful. Care plans were reviewed and updated at least annually.

Staff said if they had any queries about people's care needs they could phone up the management team and request further guidance. The registered manager had an out of hours on call system. Staff said they were happy with the on call system.

We visited one person at their home who was receiving support at the time of the inspection visit. We noted the staff was following the person's care plan whilst delivering care. For instance, the care plan highlighted that staff must prepare a meal for the person during the visit. When we visited the person was eating a meal prepared by staff. This showed us person centred care was being delivered.

St Gregory's Homecare Ltd developed a care booklet for staff to record all areas of care and support on a bi monthly basis. Care booklets were individualised to each person, so if a person required support with diet and nutrition, the booklet would include recording sheets specifically for food and nutrition. If people had medicines administered there was a MAR sheet within the booklet. Booklets were collected from people's homes on a bi-monthly basis when new booklets were delivered.

We saw evidence care booklets were audited by management and concerns identified within care records were discussed with staff. The registered manager said they monitored each audit that took place. They said at the last care record audit they had noted some concerns within one person's care records. As a result of this, they requested a review of the person's care and support plan to ensure it met need. We visited the person at their home, although a new care plan was not yet in place staff had recorded on the old care plan there had been a change in the person's needs and as a result care to be given was differing from that previously provided. When asked staff were aware of the changes in place. This showed us staff responded to need in an appropriate manner in order to provide person centred care.

People we spoke with said they had no complaints about current service provision. One person said, "I have never had to complain. They listen to me. If there is anything wrong I know I can speak to [registered manager.] I get on very well with them." And, "I have never had to make a complaint."

Two relatives told us they had raised complaints in the past and they were very happy with the way in which complaints had been addressed and resolved. One relative said, "I had a problem and I raised a complaint last week. I was very happy with the response."

We noted when formal complaints were raised they were dealt with in a timely manner, in line with the organisations complaints procedure. Letters of explanation were sent to people following investigation.

Staff told us they were aware of the complaints procedure and would inform the registered manager if people complained.

Is the service well-led?

Our findings

People and relatives spoke highly of the registered manager and their approachability. Feedback included, "[Registered Manager] is brilliant." And, "[Registered Manager] is very good. I trust them." And, "[Registered Manager] is super, marvellous." And, "I love [registered manager.] I get on very well with them."

People told us they had seen a notable improvement in the way in which the service was managed. One person who used the service and two relative's we spoke with praised the ways in which improvements had been made within the management infrastructure in the last year. They praised the open and transparent nature of the registered manager and their eagerness to instil improvements within the service. Feedback included, "There has been an obvious change in the management structure and attitude." And, "The service never used to be very good, but they have sorted this." And, "Things have changed. They have restructured the whole thing, (service.) There is a much more positive atmosphere. They have worked hard. I just hope they (the managers) stay as they are."

Although we received positive comments about improvements made, two people expressed concerns about the way in which information was relayed between managers. One person who used the service said there had been times when they had informed the office they did not require support but staff were still allocated and visited. The person said when this happened however they were reimbursed for the visit and were offered an apology. One relative said they had made a request to a member of the management team but there request was not met in a timely manner as they were awaiting information from another manager. They said they felt this could have been dealt with more effectively. We spoke with the registered manager about this. They said action was being taken to increase communications within the office team as improvements were being implemented to their electronic care management system.

Staff were provided with an employee handbook at the outset of their employment which set out key policies and procedures and principle rules within the organisation. This gave them direction as to what was expected from them and procedures to follow. In addition they told us if ever they required assistance they were assured there was always a manager to speak with. Staff praised the way in which the service was managed and the skills of the registered manager. Feedback included, "[Registered Manager] is great. If I need to talk to them about anything they are always there. We don't ever feel we are on our own. There is always someone to talk to." And, "[Registered Manager] is easy to talk to. They always listen."

Communication with staff occurred through a variety of channels. Staff told us they had regular communication through text messages and emails. They had the opportunity to talk with other staff and the management team at regular team meetings. Staff described communication as good and said they were able to contribute ideas to improve service delivery.

The registered manager said they sought views from people who used the service on a six monthly basis. We looked at results from the last survey. Feedback was consistently positive and included, "I am very happy with my care programme and my carers." And, "Continuity has become much better." And, "The emailing of staff schedules is very helpful." 90% of respondents consistently rated timekeeping, staff knowledge and

staff attitude as good or excellent.

We looked at recorded compliments the service had recently received. Feedback included, "We would like to thank you most sincerely for the care and attention St Gregory's has provided." And, "Thank you for all your support over the past months. You have some wonderful carers on your team," And, "I know that all the excellent care they received really made such a difference to their quality of life. Thank you for their kindness, dedication, understanding and love they gave."

The registered manager said they were committed to continuous improvement and were working proactively to improve the quality of care provided. They told us they were currently in the process of completing a nationally recognised award in leadership and management. Once achieved the award will demonstrate the registered manager is competent at managing care services for vulnerable people.

The registered manager said they were proud of their achievements from the team and said they all staff had 'worked hard' to overhaul every system and process within the service. They were working proactively to recruit new staff members by offering incentives such as company cars and attractive rates of pay.

The registered manager praised the relationship and support they received from the director and general manager of the service and said this had enabled them to move forward and progress. The registered manager described their support as 'fabulous.'

The registered manager said they had developed systems to improve communication with other members of the management team. We viewed minutes of managers meetings and noted the management team had regular management meetings to discuss concerns and monitor the progress of the service.

The service had a range of quality assurance systems. These included health and safety audits, medication and documentation audits. Findings from audits fed back to the registered manager through operational meetings and to staff through supervisions. Actions were set when there was a need for improvement.

We saw evidence of partnership working. The registered manager attended provider forums to keep themselves up to date. They said they had signed up to other networks who offered advice and guidance over the internet.