Attentive Care Experts Limited

Attentive Care Experts

Inspection report

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Ratings

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

Overall summary

The inspection of Attentive Care Experts took place on 10 November 2015 and was announced one day before. This was to ensure there would be someone in the office on the day of inspection. The service had previously been inspected in January 2015 and was found to be compliant with the Health and Social Care Act 2008 Regulations at that time.

Attentive Care Experts operate in West Yorkshire providing a personal care service to 47 people living within their own homes. People's needs include physical and mental health support and people receive up to four visits a day.

There was a registered manager in post on the day of inspection although they were on maternity leave. They did visit the office and spent time with us during the day. 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.

People we spoke with told us they felt safe and that the service was reliable as staff were punctual and carried

Summary of findings

out all the support tasks required. Staff demonstrated an in depth understanding of what may constitute signs of abuse and knew how to respond if they had concerns. The culture was open and staff were encouraged to raise any concerns about witnessed poor practice in a supported and protected environment.

We found that risk assessments were personalised and reflected specific needs, promoting independence as much as possible. People were supported by the same group of staff as far as possible ensuring consistency and valuable knowledge about individuals was gained.

Medicines were administered by appropriately trained staff who were aware of associated potential risks.

People and relatives expressed confidence in the staff supporting them saying it was evident they had received all necessary training and support. Staff demonstrated that they understood the Mental Capacity Act requirements through their knowledge of consent and best interest decision making.

Support was offered with nutrition in line with people's specific needs and access to health and social care was arranged as necessary.

We were told by people using the services and their relatives that staff were kind, good and respectful. One relative said 'they were attentive as in the name'.

The service was person-centred, flexible and swift to react to any concerns. This was enabled through real time record keeping on the electronic system, ensuring any missed tasks or late arrivals of care staff were flagged up and an alert raised.

We found the registered manager, even though officially on maternity leave, to be knowledgeable and very focused in driving forward an organisation that sought to provide high quality care with valued and rewarded staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they felt safe and staff demonstrated a detailed understanding of what may constitute a safeguarding concern for people living in the community.

People had personalised risk assessments completed in conjunction with themselves where practicable.

Staffing was appropriate to meet the needs of the service and the service met call times requirements in both punctuality and duration.

Medication was administered by appropriately trained and knowledgeable staff.

Good

Is the service effective?
The service was effective.

People felt supported by confident and knowledgeable staff who had received regular guidance and training.

Decisions were made in line with the Mental Capacity Act 2005 and people were enabled as far as possible to facilitate this.

Nutritional support and access to health care was in accordance with people's requirements.

Good

Is the service caring?
The service was caring.

People were supported by kind and respectful staff who paid attention to their preferences and wishes.

Care was embodied in the principles of asking people's consent before undertaking any support tasks, and being very aware of people's wishes.

Good

Is the service responsive?
The service was responsive.

The service was person-centred in its approach as it demonstrated flexibility and a quick reaction to concerns.

Records were in real time as they were electronic enabling an immediate monitoring of call visits and they provided detailed, person-specific information about people's support needs.

Good

Is the service well-led?
The service was well led.

People using the service and staff spoke highly of the registered manager and registered providers as all people we spoke with felt they were approachable and accessible.

Good

Summary of findings

The service illustrated its vision of high quality care and had robust auditing systems in place to identify any concerns, to which it acted promptly.

Attentive Care Experts

Detailed findings

Background to this inspection

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

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

The inspection team consisted of two adult social care inspectors 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 telephoned people who used the service and their relatives where this was more appropriate.

Before the inspection we reviewed all the information we held about the service including notifications, and we also spoke with the local authority contracting team. At the time of the inspection a Provider Information Return (PIR) was not available for this service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion we had not asked the provider complete this document.

We spoke with seven people using the service and six of their relatives. We also spoke with seven staff including one independent living assistant, three senior independent living assistants, the operations manager, the quality assurance and compliance manager, and the registered manager.

We looked at four care records, six staff personnel records, minutes of staff meetings and audits including accidents, medicines and care plans.

Good

Is the service safe?

Our findings

We asked people using the agency whether they felt safe. One person told us "I feel safe with them. I am in a wheelchair and they do everything at my pace. They don't hurry me." Another said "I've had other companies before but they were awful. This is so much better. They do what they say they are going to do; it's such a change." They went on to say "I feel very safe with them. I am tetraplegic and we have increased the care package to take the strain off my partner so it's really important they turn up on time and they do." A further person said "They are good in the house. I have no worries about them when they're here."

Staff were able to demonstrate how to recognise the signs of abuse and explained different signs. They also knew how to report any concerns appropriately. One staff member said "The person could have lots of bruises which could be caused by being handled wrongly when transferring them or they could have had the wrong medication given to them." They were also aware that someone may be the victim of financial abuse and recognised warning signs such as no heating or not much food in the house.

Some staff discussed with us individually that they had had to raise concerns about a fellow member of staff but felt confident to do so. They told us that there had been an investigation and action taken. This shows the service was keen to ensure they were delivering high quality care and that staff were also able to respond to concerns about poor practice and that systems were in place to ensure such concerns were addressed.

The registered manager spoke with us about two recent serious safeguarding allegations and showed the detailed and independent investigations which had taken place as a result. We were satisfied with the depth these had been explored and that health professionals had been consulted alongside the individuals concerned. The commissioning team at the local authority had also been involved in a further investigation and found no concerns. The registered manager said they had also created a 'let it go' box for staff to raise any issues in confidence. This box was in the office and regularly emptied, so the registered manager could identify if there were any concerns. The registered manager said they felt it was important for all staff to have the opportunity to raise more minor issues without them becoming formal such as those discussed in supervision.

We looked at accident records. Accident records were completed with details of the event which were mostly around minor issues in a person's home, such as issues with electrics due to poor wiring which were dealt with as expected. As the care records were electronic staff had the opportunity to read them on their mobile devices prior to undertaking any visit, especially if this person was new to them. This reduced the chance of mistakes happening as staff were expected to be familiar with the person's needs before visiting. One staff member told us "We have time to read the record so we can get to know the individual." The registered manager advised us that accidents were reviewed monthly including near misses, and that a health and safety meeting was also held with the management team to discuss any particular issues.

We saw in one person's care records a detailed person-centred moving and handling assessment. It was written in a person-centred manner and detailed the specific hoist, and the method of hoisting using that particular equipment. This included reference to "when moving me, do not touch my hips. Hold my arms and thighs to move me. Be extremely careful with my feet." Within this record was the service date for each piece of equipment ensuring the service was only using safe and inspected equipment.

We asked staff how risks were assessed and one told us "there are risk assessments around wet floor shower rooms, rugs, loose wiring, finances and how to support someone in their social time." Another staff member said "risk assessments are completed on an individual basis to reflect a person's specific needs." We were advised these were completed on an initial assessment visit looking at many issues including a person's environment. We were told "one person had their fire exit blocked by furniture but it isn't now as we discussed the risks with the person and they agreed to move the items." In addition to assessing risks for service users, the agency also addressed risks to staff such as lone working. We saw detailed plans in place to reflect this. This showed that the service considered all possible risks while working in the community.

We spoke with people regarding how well they knew the staff visiting and found that most had the same staff. One relative said "We have a rota of three girls so it's really nice for my (relative) to know who's coming." This was endorsed by three more relatives who all referred to being sent a

Good

Is the service safe?

weekly rota so that the person knew who to expect. One of these said "We have a rota. It's more or less the same staff coming. We only get someone else if something goes wrong."

One relative also highlighted "My only concern was about having the same carer, my (relative) and I wanted an older person to come. When I rang up they explained that there had to be at least three people who knew my relative to cover holidays and sickness, but they do their best to keep it the same."

A person using the service told us "I have a rota. It's not always the same staff but usually it's more or less the same six carers." People also told us that carers did stay for the duration of the call time ensuring all tasks were completed. One person said "They stay the full length of time. They listen to me and accommodate what I need if it changes." Punctuality was also mentioned to us. One person said "They are on time and stay for as long as they should." A relative also told us the carers are "on time and stay their time."

We also spoke with staff to gauge their opinion as to the manageability of their rotas in terms of travelling time and time allowed for actual support tasks with the people receiving care. One member of staff said "It can sometimes be a little tight on the rounds but it's usually due to traffic. I will always ring someone if I'm running late and apologise." They also said "We use our phones to scan in our arrival and departure times." We overheard the registered manager at times ring staff to identify their location as the electronic call system had flagged up an alert when someone had not arrived.

One staff member told us "The rotas are usually fine and they accommodate my needs. I am sometimes asked to provide extra cover if someone is ill but I am never pressured into doing this." Staff we spoke with told us there was generally a low level of sickness. Another member of staff said "If a new rota is created and I find it is too tight for travel time, I will let the office know and they will amend it. Sometimes the call time needs to be longer and this would then go back to the social worker for re-assessing."

The registered manager advised us that all of the management team were trained carers and in an emergency would assist to cover shifts. They had already considered back up plans such as in extreme weather where staff were to meet the needs of those nearest to where they lived to minimise travel time.

We looked at staffing records and found that where new staff had been recruited the agency was carrying out appropriate checks. Prior to offering a face to face interview people were screened by telephone interview to ensure they had the correct characteristics for the role. We saw that people's identity had been verified by both written and photographic evidence and that staff were offered conditional employment based on references and three months' probation. We found that references had been taken as required and that Disclosure and Barring Checks (DBS) had been requested and checked. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

On the day of our inspection a new member of staff was shadowing a more senior colleague. However, we pointed out to the registered manager that this staff member should not have gone to people's homes prior to receipt of their DBS check as they had not received the full information about them at this stage. They did reassure us that the staff member was constantly supervised and was not undertaking any care tasks.

We asked people how they were supported with their medicines. One person said "I manage my own medicines but sometimes I need creams from the doctor and they go on the care plan and the girls manage them." Another person said "They do my medicines sometimes. I'm on antibiotics at the moment and they do those for me." One relative told us "They do my relative's medication. It comes in blister packs from the pharmacy and they administer it. I keep an eye on it. I am a nurse and it's fine so far."

We spoke with staff about how they supported people with medicines. One staff member said "if a person refuses we have to say why they refused. This is on the person's care record." We saw this later in the day and that where no reason had been recorded staff were questioned by senior carers as to what the reason had been. It was explained to us that the electronic system had only been in place for

Good

Is the service safe?

approximately two months and staff were still learning about all its aspects. However, most staff were finding it helpful to use as it had many prompts to remind staff of all the tasks that needed to be undertaken.

One senior staff member told us "We always check time gaps between calls to ensure people receive their medicine at the right time. We ask, or where communication is more difficult can tell by sign language, if someone is in pain and then we would administer pain relief. This is recorded on the medicines administration record (MAR) sheet as to what time this is given." They said this was also the case where antibiotics were to be given. The MAR showed all prescribed medicines and the time they were to be taken. Another staff member told us "We do not throw the packaging away but always date it." This is to ensure only current medicines are administered.

Another staff member said "There are different levels of medicine support but I am aware if the medicine is not on the record system or has a prescription with the correct name and date, then I would not assist with this. I would raise it with the office." The same staff member told us about a recent medication error where someone had received one too many antibiotic tablets. They explained what action they had taken including contacting the out of hours medical helpline. We asked how the system error had been looked at and the staff member said it appeared the system had not updated as expected. However, this had been brought to the immediate attention of the software provider who had remedied this. The registered manager also told us about this instance as well, reinforcing the prompt response to the concerns identified.

All staff we spoke with told us they had completed medicines training in the office but none had been observed administering actual medicines in the community. We raised this with the registered manager and they agreed to implement these observations as part of the spot check process already undertaken with staff around other aspects of care intervention.

Good

Is the service effective?

Our findings

We asked people using the agency if they thought staff were competent. One person said "They all seem to know what they are doing." Another person told us "They are well trained. I have no worries at all." A further person was keen to stress "They are very well trained, much better than any I've ever had." Another person told us "They are taking on new carers, some of them I had from my old agency and it's lovely to see them. They are really experienced." Relatives also endorsed this view with one relative who said "they all seem well trained. The new ones shadow the others until they know what to do."

One relative advised us "The staff used to be very experienced, less so lately. I think the agency is trying to expand and when the experienced girls go, they don't seem to get well trained staff back in. All this is fairly recent as we've had them three years with no problems."

We spoke with staff about how they were equipped to fulfil their role. One staff member told us "Training is usually offered during our normal shift so that we don't have to come in on our days off. I did my moving and handling training and got to experience the hoist which I feel is necessary so we can understand how people feel." This staff member told us they had recently completed their renewal training for both moving and handling and safeguarding. Another staff member told us "the induction was all in-house with question booklets to complete and presentations."

One member of staff said they were not allowed to undertake any caring tasks prior to completing this and had to shadow other staff members first. We later saw the induction pack which staff received which included training in the Mental Capacity Act 2005. All carers were encouraged to complete the Care Certificate which provides training on specific subjects in the first six months. This was via completion of e-learning and a folder with workbooks which were assessed by an external assessor.

One of the senior care staff we spoke with told us that seniors had recently been asked to assist in the provision of supervision and care plan reviews. They explained additional time had been allocated to fulfil this role. We looked at supervision records and found they included discussions around how people were feeling in their roles, what training needs they felt they had and evidence of what they had undertaken to develop in their role.

We looked at the supervision matrix and found that all care staff had completed their twelve week probation review and it was highlighted where specific staff were shortly nearing the end of this. It was also evident that all staff had received their annual appraisal this year.

One staff member told us "Supervision is usually three monthly with the registered manager" and they had had an appraisal in April 2015 which gave staff the opportunity to discuss their progression. For one staff member we discussed this with, they said "I love mentoring and we discussed how I can balance this with more management tasks and care delivery. I like to offer support to new staff when they complete their shadowing." A different staff member advised us "supervision is an opportunity to discuss any concerns, issues and ask any questions." They also said "compliments from people using the service are noted and we are told."

Staff also told us about the 'green for growth' folder which was a compilation of evidence towards qualifications such as the National Vocational Qualification (NVQ) level 2 or 3, and enabled staff the opportunity to reflect on their learning. One staff member told us this was assessed by an external assessor and the agency was supportive of staff development in this way.

The registered manager advised us that some training had recently been brought in-house to increase flexibility as to when this was delivered rather than having to wait for external providers. Both the operations manager and one of the company directors had completed their 'Train the trainer' qualifications to facilitate this. The registered manager said this was also helpful if a particular concern was noted regarding a staff member's performance because tailor-made training could be provided to enable staff to reach their potential.

We analysed the training matrix and found that all staff had received training in the core areas such as safeguarding, moving and handling and medicines safe handling. Some were due for a renewal and some new training was being incorporated to include more specific areas of care such as stoma care, end of life care and pressure area care.

Good

Is the service effective?

People using the service were asked whether their views were sought prior to any care being received. One person said "They always ask me what I want even though it is on the care plan." This shows that the agency were ensuring they followed good practice guidelines in obtaining consent and not just assuming people were happy to receive care support. Another person told us "I can say what I want them to do." A further person said "They help me do everything. I have a progressive illness and my needs keep changing. They always ask if everything is alright."

Relatives we spoke with also told us "they always ask my relative what they want." Another confirmed this approach and said "They came out to discuss the care plan including their likes and dislikes. They put it all on a laptop and it's downloaded onto mobile devices that all the carers have, so the carers come with full information with them."

People also told us their preferences were considered where possible. One said, in relation to staff, "I had a choice of gender but it makes no difference to me." Another said "I asked for only female staff when I started and I have only ever had females sent."

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 found that the agency had a detailed policy that adhered to the principles of the Mental Capacity Act 2005 including that staff were to enable people to make as many decisions for themselves as possible. Where people were unable to make their own decisions any made on their behalf were to be taken in the person's best interests. One staff member told us "We have a few people where family have lasting power of attorney for both health and finances. We find that if family are there they tend to support with medicines and we record this on the care record." Another staff member said "I like to give people as much choice as possible. You need to get to know people and you always treat them as if they have capacity." One further staff member was keen to stress "I encourage people to make choices but I don't take over."

One person told us "I have ready-made meals but they get them for me and get me drinks, just as I like." Another person told us "I still like to cook my own meals, I am diabetic and I carb count, so they help me keep track. I want to stay as independent as I can, and they help me to do it." We asked staff how they support people with more complex nutritional needs. One told us "The registered manager has a background in nutrition and provided the training around how to prepare thickened fluids according to the prescription." They also said "We have people on a soft food diet and they have a comprehensive menu plan."

One staff member told us if a person was struggling at home they would ensure this was reported to the office who would seek further input from the relevant professionals such as an occupational therapist or a GP. The same staff member said they had received training for dealing with more complex needs such as PEG feeding but they did not have currently have any one with this need.

Good

Is the service caring?

Our findings

We asked people who used the agency how they found the staff. One person said "The girls are all very kind. They are good to me." Another said "They chat to me. They are very nice." A further person said "They are like good friends."

Relatives endorsed the view that staff were caring. One relative said "The girls are very kind. They help us to do everything." Another relative said "Oh it's very nice, very kind girls. We both get a hug and a kiss. They are very kind to my relative and me."

One family member stressed "I'm not here when they are with my relative but the carers seem happy enough. They seem kind, polite, attentive like the name." A different relative said "My relative is really happy with them and so am I."

Only one relative could remember a negative experience. They told us "They are very kind and nice who come. There was one who needed housetraining but they didn't last long. They do everything they should."

We spoke with people to see if they had been involved in a review of their support needs. One person using the service told us "I've had a review, when they come out and check everything." Another also told us they had regular reviews and a further person said "I remember a review. They asked me about things." One person told us "I have reviews. The director was out last week. He's a nice chap."

One relative was aware of an impending review. A relative said "I can't remember a review. Well, we had two when we started off (a year ago) but the senior carers come and check things." However, not everyone we spoke with could remember having a review.

All staff we spoke with were very knowledgeable about people's needs as we asked them to tell us key information which we then checked with the people and the care records. One staff member said "To do this job you need to be caring. I love my job with a passion. I find it rewarding making someone feel better about themselves, and keeping them independent."

People told us their privacy was respected. One person said "I have a lot of personal care and they maintain my privacy. I feel comfortable with them." They went on to say "I want to do as much for myself as I can and they help me to do that." One relative said the staff respected their relation's wishes for their intimate care to be completed by their partner even though they knew the staff would do it.

We spoke with staff about how they enabled someone to be supported while respecting their privacy. One staff member told us "I supported someone today to have a shower and once they were in their chair we covered them with a towel to keep them covered." They also told us "I am very aware of confidentiality and we do not discuss with different service users who we are visiting."

Another member of staff told us "It is important to respond to each person's needs and this is helped as we always shadow before supporting someone new so we can get to know them." They spoke with us about a particular incident where someone had preferred not to follow the staff's usual privacy guidelines but the member of staff was keen to tell us they had to respect their wishes although they felt uncomfortable at not supporting them in the way they had been advised. This shows the service was keen to be led by the people using the service and not just adhering to guidelines without consideration.

Staff also told us about end of life training which many had received. One staff member said "We have a special bag which contains everything a person may need as they near the end of their life. It includes cartons of juice and sponges to ensure people receive good oral care."

The agency carried out regular spot check visits where staff were observed during their interactions with people using the service. In one record we noted "[Name of staff] always treats [name of service user] with dignity, respect and politeness." In another record it stated "[Staff member] demonstrated a thorough understanding of exactly how to treat a service user properly." In a further record it said "[Staff member] has a unique manner when dealing with clients. Their personality is infectious and the service user laughed their way through the visit." All of these reinforced our impression that the service was person-focused and keen to build positive relationships with people.

We saw copies of signed consent for sharing information in the care file with other relevant professionals which had been scanned on to the care record. This demonstrated that the service was ensuring they adhered to data protection guidelines.

Good

Is the service responsive?

Our findings

One person told us "They chat away to me whilst they are here. They are not just in and out and do the job." They continued "They take me out as well. I go food shopping with them or if I need to do a clothes shop, then they take me." We asked if any one had ever had any concerns. One person said "I've never had to complain. They do what I want." A further person said "It's what I want. If I want any changes, I just ring them and it's no bother."

One person was keen to tell us about a recent event. "One poor girl the other night had a gap in her calls before me and she sat in her car for an hour so that she came on time. You can't ask for more than that." We saw evidence in the care records that people's preferences for a specific gender of carer were met wherever possible. This shows the service was person-centred and focused on delivering support when people had requested it rather than just meeting the preferences of staff.

Relatives were also keen to say that the service met people's needs. One relative said "They do everything they should and stay for the time they should." Another told us "They stay for a chat." A further relative said "My relation goes to a club on a Monday so the carers swapped with the previous person so they could come earlier so that they can go. It's so important for me as well as them." A further relative said "The only issue is we could do with an earlier call in the morning, but it's early days yet. I work so I don't need them all the time. I give them 48 hours' notice when I am at home and they redo the schedule and there's no problem with that. When I go back to work I give them 48 hours' notice and we restart." This demonstrates the service was keen to meet people's needs as they preferred them to be met and were flexible in their approach to doing this.

We overheard a conversation with a staff member who had visited someone that morning and found the boiler to be turned off in that person's home. We heard the office manager call the person's relative to alert them immediately so they could arrange to get it fixed. The staff member had been boiling kettles to ensure the person had been supported with their personal care. This showed that the service was responsive to situations and took seriously their responsibility to ensure people's wellbeing and safety.

We looked at care records which had been electronic since September and staff were beginning to familiarise themselves with the system. This included the logging in and out of each call visit so the office staff could determine at what time staff had attended their visit. If they were late, the system generated an alert and we observed this being pursued in the office. The registered manager responded promptly to an alert which flagged up that a staff member had not arrived at their visit, checking both that they were fine and how near they were to the next call.

Staff told us about the benefits of the new record system. One staff member said "The records give us clear guidance. There are specific details such as how a person likes their tea, for example, milk and no sugar. It helps us to know what we're doing and we always have the chance the night before to read this information so we can go in prepared." The same staff member also told us that they had recently had to offer someone support with a shower which wasn't on their care plan for that day as the person had needed personal care support. This flexible response was mirrored by a different staff member who said "We can alter what support we offer someone if their needs change." This showed the service was flexible and built around the needs of the people it was supporting.

The care records contained an overview summary, outcomes, care visits and care tasks. People's key information was noted such as their GP, next of kin and their medical history and the care assessment was then divided into areas entitled "what you need to know and do to respect my lifestyle choices". These contained pertinent facts about someone's life such as my daily routine, significant places and events and any concerns a person may have. This information is important so staff can get to support someone in a person-centred manner.

The care records were broken into sections detailing the outcomes that a person wanted to achieve such as "strength and independency". Each of these outcomes then had specific, related tasks that were detailed and timed. For example, a morning call task included opening someone's curtains and introducing themselves, ensuring catheter care was carried out including the order of the tasks associated with this, and giving of medicines. The medicines were all listed separately and the staff member had to indicate whether each tablet had been offered and if the person had taken them. The level of detail was pertinent to each person's needs. In one record we saw for

Good

Is the service responsive?

breakfast “ask me what I would like to have but make sure it fits in with my diet needs. Make my breakfast, asking if I would like tea or coffee and serve it to me.” This showed that the service was keen to meet people’s needs as they wished them to be met.

Although the care records were broken into specific tasks there were free text boxes to enable staff to record additional pertinent information about that particular visit. As the carers logged in the time of the call was recorded which provided evidence the staff member had been and the duration of the call. The registered manager also advised us that by analysing the length of call visits, this showed where staff may be struggling to fulfil someone’s needs in a specific time slot and therefore an approach to the local authority may be required for additional funding.

We asked how service users could access their records as they were electronic. The registered manager advised us that some people had agreed that family could access them electronically and the system enabled this. Other people had a paper copy of their specific records. All people were asked when they commenced with the agency which method they would prefer. Rotas were sent out weekly so all people could access them.

We asked people if they had ever had to complain. One person said “I’ve never had to complain with this lot but I know how to from all the others (other agencies).” Another person told us “I’ve never had to complain but I would just ring if I had to”. A further person said “I’ve only had one complaint once when someone didn’t turn up for an afternoon visit, but I rang them and someone came out quickly”. They continued “I’ve never had anything since and I have a complaints procedure”.

The only concern one person told us about was “My only niggle is with the office. They don’t ring you if people are late. They are slow at getting back to you”. We did not observe this in the office on the day we inspected as calls were dealt with promptly and the system alerted the office when carers had not ‘clocked in’ and then they were followed up.

Good

Is the service well-led?

Our findings

We asked people receiving support how they felt about the service. One person told us "They value me and what I want to do. I think this is a very good service and it enables me to be myself." Another person said "The office are really good - they listen to what you say and do what they say they will do. I heard this was a good company from others." They continued "This is a really good service. I would recommend them to anyone." A further person receiving support told us "I am very happy with the service."

Relatives we spoke with also said "The service seems to be very well organised." Another relative told us "The office is very nice when you ring." A relative who had only recently started using the service said "So far I am very pleased with it. I've never had to do anything like this before so it's all new, but so far so good." One further relative advised us "We do get letters and such from them asking what care do you need at Christmas and such, so we get to plan it which is nice. Our only problem is that we would like an earlier call in the morning but they can't fit us in at the moment." We saw evidence from a recent survey sent to people using the service that all people felt able to approach the agency with any concerns and that most people's experiences were positive.

We saw some very positive feedback from families including "Without ACE it wouldn't have been possible to keep my relation at home. You all did a fantastic job caring for them and supporting me. A wonderful care company and wonderful staff." Another person said "Over the years you have helped to look after my relation your support has been amazing. I know my relation loves you too – and the staff who visit them, so please say a very big thank you to them too."

We asked staff how they felt working for the agency. One staff member said "This is one of the better companies. The registered manager and provider are very approachable and always available." This staff member had initially worked for the company and then left to work elsewhere but had since returned as they found it was a better service.

Another staff member who was a senior was keen to tell us "I had support to move to a senior role and we are allowed time to do this properly. I am busy with supervisions and care plan reviews." This same staff member said they helped to support newer members of staff in their role, showing them how they practised. They felt it was important to share knowledge. A further staff member told us "I enjoy working here. It is very person-centred and staff morale is good. I always feel able to raise any concerns."

We saw that staff conduct was dealt with thoroughly with detailed investigations into allegations and appropriate action taken if required through verbal and written warnings. We saw that the registered provider also personally checked staff conduct where there had been issues ensuring that staff were acting in line with the agency's expectations.

One staff member told us "The registered manager has confidence in me and I have confidence in them. I am offered thanks for what I do and in return offer other people thanks. We have considered a reward system for carers and we all feel supported. For example, last Christmas we were all taken out for a meal which was great." Another staff member said "I love working here. I feel very supported. I was upset when a service user died and the managers were so supportive. I've always felt I can come and talk to them and say if something isn't working. They listen to me. We are their eyes and ears and they want to know if people are unhappy. They take it on board."

We spoke with the registered manager and asked if they had conducted a staff survey. They said as they were relatively new they had not done this as yet but through regular contact with the staff felt they could gauge their opinion. However, we saw that regular staff meetings were held several times and on several days to enable as many staff as possible to attend. At the end of the week minutes were compiled from each meeting to ensure all staff had the opportunity to read and see other people's comments and discussions.

The registered manager advised us that they had been involved in a leadership group at Leeds City Council where a number of providers met regularly to share good practice including policies and procedures. They felt this was important as the agency was only three years old and they had a strong belief in ensuring a quality service. This was the driving force in setting up the agency initially, they told us. We saw the agency had a comprehensive list of policies which were detailed and relevant to the care provision they offered showing the service understood their remit and responsibilities well.

Good

Is the service well-led?

The registered manager said that they and the directors knew most of the people using the service personally and they all contributed towards the delivery of care to people when required.

The in-built alert systems on the electronic care record enabled the service to run effectively and provided immediate information in relation to any areas of concern such as a late call visit or if medication had been missed. This enabled the service to respond quickly by chasing staff and ensuring appropriate action was taken. This was monitored throughout the weekend by the registered manager and the registered provider. In addition to responding to the initial concern, this was then addressed by specific investigation relating to the cause of the concern and a staff member may be offered further supervision or training to support them as a result. The registered manager also advised us that if a carer was persistently late this was looked at in terms of call time allowance, effectively providing evidence to argue for more funding for a person to enable their needs to be met appropriately.

We also asked staff how they knew they were delivering a quality service. One told us about the regular spot checks conducted by the registered provider which checked punctuality and presentation, and conduct of care staff with a person using the service. These spot checks included checking whether the staff member followed the care plan, adhered to health and safety guidelines including infection control measures, demonstrated an interest in someone's wellbeing and communicated effectively with the person they were supporting.

The service had recently appointed a quality assurance manager to oversee all these aspects of the service. The registered manager advised us of the current audits in place such as reviewing care plans every three months unless there was a change in need which necessitated an earlier amendment alongside reviews of staff performance including the spot checks, meetings at the end of the probation period and annual appraisals. The service regularly reviewed its performance with regards to time keeping and any concerns, and made maximum use of the real time information from the electronic system. The quality assurance manager had developed a timetable to cover all aspects over a yearly cycle.

We asked the registered manager what they felt the key risks to the service were. They told us they were aware of the high turnover of staff but had tried to address this by offering staff extra support and rewards for good performance which included a 'perks' box offering high street discounts. They said senior carers had highlighted the need for an 'end of life' pack ensuring that people were cared for with dignity and that this was provided in such situations. The registered manager was keen to stress that they knew their key role was to look after the staff and this would then ensure they were best enabled to look after the people they were supporting.