

Basing Care Limited

# Basing Care Limited

## 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 ●

# Summary of findings

## Overall summary

This announced inspection took place on 12, 13 and 14 April 2016. Basing Care Limited provides a domiciliary care service to enable people living in Basingstoke and the surrounding areas to maintain their independence at home. At the time of our inspection there were 120 people using the service, who had a range of health and social care needs. Some people were being supported to live with dementia, whilst others were supported with specific health conditions including epilepsy, diabetes, sensory impairments, multiple sclerosis, motor neurones disease, Parkinson's disease and mental health diagnoses. At the time of the inspection the provider deployed 47 staff to care for people and meet their individual needs.

The service had a registered manager who was appointed in March 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

In May 2015 the service experienced a phase of transition due to being taken over by a new provider and new commissioning arrangements with the local authority.

People were supported by staff who made them feel safe. People and relatives told us the continuity and consistency of staff had improved since the new provider had taken over and the registered manager had been appointed. People told us they liked to know who was coming to support them in their homes, which reassured them and lessened their anxiety.

People were kept safe and protected from abuse because staff understood their role and responsibility in relation to safeguarding procedures. There had been three incidents since May 2015, which had been referred to the local safeguarding authority. These incidents had been reported, recorded and investigated in accordance with the provider's safeguarding policies and local authority guidance.

Designated staff completed needs and risk assessments, which promoted people's independence, while keeping them safe. Risks associated with people's care and support needs were identified and managed safely to protect them from harm. Risks to people in relation to the provision of their personal care and environmental risks had been assessed and control measures put in place to minimise their occurrence. Staff provided people's care safely in accordance with the guidance contained within their care plans.

People received a high degree of continuity in the staff providing their care. If people needed two staff to provide their care safely this was rostered and provided. The registered manager ensured they did not overcommit the service and did not accept requests for care which they could not meet safely. People and their relatives had no concerns regarding staffing levels. Staff told us there were always enough staff to provide the required support, which we observed in practice.

Staff had undergone relevant pre-employment checks as part of their recruitment, which had been verified by the provider. People were safe as they were cared for by staff whose suitability for their role had been assessed by the provider.

Staff were able to explain the purpose of medicines prescribed for individual's health and wellbeing and supported people to understand what their medicines were for, so that people understood the importance of taking their medicines to maintain their health. People received their medicines safely, administered by staff who had completed medicines management training and had their competency assessed by the registered manager.

The provider supported staff to meet people's needs with an effective programme of induction, supervision and appraisal. The provider's required staff training was up to date and refreshed regularly to ensure staff had retained and updated the skills and knowledge required to support people effectively. The provider's allocation system prevented staff being allotted to cover visits if their training had not been completed or needed to be refreshed.

People's human rights were protected by staff who demonstrated clear understanding of guidance and legislation relating to consent and mental capacity. The registered manager and staff had initiated best interest processes where required to ensure people's human rights were protected.

People were supported to maintain a healthy balanced diet by staff who understood their dietary preferences. We observed people supported appropriately to ensure they received sufficient to eat and drink.

Staff were alert to people's changing needs and took prompt action to promote their health and wellbeing by ensuring they were referred to relevant health professionals where required.

Staff had developed caring relationships with people and knew about people's needs and the challenges they faced. Staff understood people's care plans and the events that had informed them.

People and staff had meaningful conversations which did not just focus on the person's support needs. Staff spent time to sit and chat with people and always spoke with them in an inclusive manner, enquiring about their welfare and feelings. People were supported by thoughtful staff who treated them with dignity and respect.

People were involved in developing their personalised care plans which detailed their daily routines. People told us the registered manager committed to ensuring people were involved as much as they were able to be in the planning of their own care. There was guidance for staff about how to support people to promote their independence and maximise the opportunity to do things of their choice.

People their relatives and professionals told us the way care was provided reflected people's preferences. Staff understood the need to enable people to make choices in their daily lives as far as they were able and were active in enabling people to make choices. Staff understood people's different communication needs and ensured they followed the guidance provided in people's care plans to enable them to communicate their views.

People's needs were assessed and regularly reviewed to ensure their care and support was responsive to changes identified. Care plans and regular reviews documented the support and care people required, and how this should be provided in accordance with their wishes. Records accurately reflected people's needs

and were up to date. Staff were provided with necessary information and guidance to meet people's needs. People's and staff records were stored securely, protecting their confidential information from unauthorised persons.

People told us they felt able to raise any issues or complaints with staff and that they would be listened to and appropriate action taken in response. Records demonstrated that when any complaints had been received, the manager had investigated them, in accordance with the provider's policy and responded to the complainant with the actions taken. The service was responsive to people's feedback.

Staff told us the registered manager was highly visible and regularly went out to provide care, which made them feel part of a team. People and relatives praised the registered manager saying they were very approachable and always willing to listen.

The provider's values were based upon caring passionately about people, supporting and enabling them to live life to the full, promoting their independence and to deliver personalised services which met their needs. Staff knew these values which we observed them demonstrate while delivering people's day to day care.

People we spoke to were complimentary about the management of the service. There was a clearly defined management structure in place and the provider had good oversight of the service.

The registered manager effectively operated systems to assure the quality of the service and drive improvements. Feedback from people, their relatives, and staff was sought to identify changes required to improve the quality of care people experienced. The provider's audits were used to review changes implemented, and ensure all required actions had been taken.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People had been safeguarded from the risk of abuse. Staff understood how to keep people safe and how to raise concerns if they had them.

Risks to people had been identified. Measures were in place to manage risks whilst still supporting people to remain as independent as possible.

Staffing levels were sufficient to meet people's needs safely. People were cared for by staff who had undergone thorough and relevant pre-employment checks to ensure their suitability.

People's prescribed medicines were managed safely for them by trained and competent staff.

### Is the service effective?

Good 

The service was effective.

Staff were supported, trained and skilled to effectively meet people's health and care needs.

Staff had received training on the Mental Capacity Act 2005. When people lacked the capacity to make specific decisions legal requirements were met to ensure their human rights were protected.

People were encouraged to maintain a nutritious and healthy diet, and identified dietary needs were managed effectively.

Staff were aware and responsive to changes in people's needs. People's health needs were effectively managed in accordance with health professionals' advice.

### Is the service caring?

Good 

The service was caring.

People were supported by staff who demonstrated kindness,

thoughtfulness and compassion during their day to day care.

Staff understood people's wishes and interests, and respected their differences. People were encouraged and supported to develop their independence.

People were actively involved in making decisions about their care. Staff had supported people to make advanced decisions and ensured the necessary information was effectively recorded and readily available to health professionals if required.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care from staff who understood their care needs. The service was responsive to changes in people's changing needs and wishes.

Staff delivered everyday care in a manner which prevented people feeling socially isolated.

Feedback from people and their families was welcomed by the registered manager who implemented action to address any issues raised.

Complaints were resolved appropriately in accordance with the provider's policy.

### Is the service well-led?

Good ●

The service was well led

People experienced care that reflected the provider's values, and were included in the running of the service.

The registered manager and senior staff provided clear and direct leadership to staff, who understood their roles and responsibilities.

The support provided by the registered manager and senior staff was valued by both people and staff.

Audits, reviews and meetings identified areas of improvement required. Reports demonstrated these were regularly reviewed and addressed to ensure people experienced high quality care.

# Basing Care Limited

## **Detailed findings**

### Background to this inspection

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

The inspection took place on 12, 13, and 14 April 2016 and was announced. The provider was given 48 hours' notice of the inspection to ensure that the people we needed to speak with were available. The inspection team consisted of one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). 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. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed the provider's website.

During the inspection we spoke with the registered manager and the provider's area manager who has overall responsibility for supervising the management of the service. We also spoke with the care coordinator, a team leader, a senior care worker and 14 staff.

We visited eight people in their homes and also spoke with seven staff in attendance. We spoke with people and their relatives about their care and looked at their care records. We observed some aspects of care, such as staff preparing people's meals and supporting them to move. Following the home visits we spoke with three health and social care professionals. We spoke with a further 10 people on the telephone to find out about their experience of the quality of care provided by the service.

We reviewed 19 people's support plans, including daily records and medicines administration records (MARs). We looked at ten staff recruitment files, and reviewed the provider's computer training records. We reviewed the provider's policies, procedures and records relating to the management of the service. We considered how comments from people, staff and others, as well as quality assurance audits, were used to drive improvements in the service.

This was the first inspection of the service since it was taken over by the new provider in May 2015.



# Is the service safe?

## Our findings

People received good continuity of care from regular staff that inspired trust. People consistently told us staff knew them well, which made them feel safe and secure. One person told us "I don't know what I'd do without them. They make sure I am safe and well every day." Another person said, "It takes time to get to know carers (staff) and for them to get to know you. I wouldn't swap mine for anything."

People told us that since May 2015, when the new provider took over their care and support, the consistency of staff attending had improved. This meant people did not worry about who was coming to support them. One person told us, "If you know who's coming you can relax because they (staff) know you and know what to do. I don't like it when carers (staff) I don't know turn up but that doesn't happen now the way it used to."

Staff told us they had undergone safeguarding training, and this was confirmed by records. Staff were able to describe the purpose of safeguarding and the signs which might indicate a person had been abused. Staff had access to the provider's safeguarding policy and local authority guidance about the actions they should take to keep people safe if they were at risk of harm or abuse. Staff were clear about their responsibility to report any concerns they might have about people's safety. During the previous year three safeguarding incidents had been reported and appropriately investigated by the registered manager. Staff told us the registered manager and office staff had been prompt to respond to their concerns, for example; when a person was subject to physical abuse and another subject to financial abuse by family members. People were kept safe as staff understood their role and responsibility in relation to safeguarding procedures. The registered manager ensured staff safety at work by effectively implementing the provider's lone worker policy.

Risks to people in relation to the provision of their personal care and environmental risks had been assessed and control measures put in place to minimise their occurrence. Designated staff completed needs and risk assessments, which promoted people's independence, while keeping them safe. People's risk assessments reflected the person's abilities and how staff should support the person's independence, for example; one person had a detailed risk assessment about how staff should support them to have a daily shower. Risk assessments gave staff clear guidance to follow in order to provide the required support to keep people safe.

A commissioner of people's care told us that the service did not agree to provide a person's care if they could not safely manage all of the identified risks to the person, which documents confirmed. The provider protected people from harm by identifying risks associated with their care and managing these effectively.

Staff knew and understood people's needs and risk assessments. We observed staff demonstrate their knowledge of people's specific health needs, their medicines management, skin care and mobility support plans in practice. Staff provided care and support to people in accordance with the guidance contained within their care plans.

People were supported to move safely by staff who had received appropriate training and had their competency assessed by the provider's training coordinator. The registered manager told us where people were supported with moving equipment a risk assessment identified their needs and how they should be met. The provider had ensured they had enabled staff to support people to move safely by providing the necessary information to do so. Staff had been trained in the use of people's individual support equipment before they were allowed to provide care for them. We observed staff using people's personalised support equipment safely and in accordance with the guidance within their support plans.

Staff understood the risks to people and followed guidance to protect them. Where skin assessments identified people to be at risk of experiencing pressure sores staff had received guidance about how to reduce these risks to prevent their development. We observed that pressure relieving equipment was being used in accordance with people's pressure area management plans, for example; air mattresses. The risks to people from pressure sores were managed safely.

People told us there was a 24 hour on-call system to ensure they could speak with the management team at any time and knew this number was clearly displayed in their support plans. People's care records documented where people used an emergency lifeline to ensure their safety at home. People told us that staff made sure their lifeline was readily accessible in accordance with their support plans, which we observed in practice. Our home visits and people's daily notes confirmed this. The provider had procedures in place for dealing with emergencies which could reasonably be expected to arise from time to time. Where people experienced health conditions which may require support in an emergency this was clearly detailed within the support plans. There were arrangements in place to keep people safe in an emergency.

The service had a contingency plan in place to manage any emergencies which could affect the delivery of the service. Documents demonstrated these plans had been implemented effectively in practice during a recent incident where the service had to evacuate the office premises due to a gas leak. Risks to people in the event there was an interruption to their service delivery due to an emergency had been assessed and rated, in order to identify who would be at the highest risk. This ensured the provider had prioritised people's care provision during such an event. People were protected as robust processes were in place to manage emergencies.

Team leaders and senior carers completed spot checks to ensure staff they were wearing their uniform and identification cards so people could readily identify the staff who attended. This allowed people to check their rotas to confirm the expected allocated staff had attended. People's home security was maintained because staff adopted the guidance provided in relation to entering and leaving people's homes.

The registered manager told us they completed a weekly staffing analysis to ensure there were sufficient staff available to meet people's needs. People and their relatives had no concerns regarding staffing levels. Relatives told us a core group of long term staff known to people provided them with consistent and safe care and support. They believed people's care needs and wishes were met promptly, and there were sufficient staff to support planned activities. Rosters demonstrated that the required number of staff to meet people's needs was provided. The management team made sure there were sufficient numbers of suitable staff to keep people safe and meet their needs.

The office administrator demonstrated the service electronic monitoring system which identified when staff had arrived at a person's home and when they left. This enabled the management team to ensure people received their care and support at the time to meet people's needs safely. This meant that the office staff could then check to ensure people and staff were safe.

The registered manager demonstrated how their training system was linked to the visit allocation system. This ensured that staff could not be deployed if required training had not been completed or needed to be refreshed. This ensured that people only received safe care and support from suitably qualified and competent staff.

New staff told us they worked alongside more experienced staff before being allowed to provide support unsupervised, which records confirmed. This enabled new staff to learn about their role and meet the specific needs of the people they were supporting safely.

Records demonstrated the service had a robust recruitment process that met legal requirements. Recruitment files confirmed that all required pre-employment checks had been completed. These included the production of identity documents, references of good conduct in previous employment and full employment histories. Disclosure and Barring Service (DBS) checks were completed and refreshed every three years to assure the provider that staff remained suitable for their appointed role. The DBS supports employers make safer recruitment decisions and prevent unsuitable staff from working with people who use care and support services. The provider had taken appropriate action to assure themselves that staff employed were of suitable character to support people safely.

Suitable references confirmed the details staff had provided and proof of their satisfactory conduct in previous health and social care employment. Recruitment files showed that a thorough system was in place to verify pre-employment checks such as references and the required records were available to confirm these had taken place.

People told us that staff supported them where necessary with their medicine, in accordance with their care plan, which we observed in practice. One person told us, "The girls (staff) are very good. They always remind me to take my medicine otherwise I would forget."

Staff told us they had completed medicines training and records confirmed this. Staff told us they felt confident managing medicines and that their training had prepared them to do this. People told us the management team completed spot checks on staff to check their competence to administer people's medicines, which records confirmed. People's medicines were administered by suitably trained staff.

Staff were able to explain the purpose of medicines prescribed for individual's health and wellbeing and supported people to understand what their medicines were for, so that people understood the importance of taking their medicines to maintain their health. Staff were observed to adopt safe hygiene practice and appropriate use of personal protective equipment such as gloves before administering people's prescribed medicines. People received their medicines safely from competent staff.

In the previous year there had been one medicine error. This error had been identified and reported by staff. The registered manager had taken prompt action to make sure the person was safe and protected from the risks associated with the administration of medicines, such as ensuring staff had their competencies reassessed where required. We noted identified errors had not been repeated, which demonstrated the service had implemented necessary learning to keep people safe.

# Is the service effective?

## Our findings

People praised their regular staff and told us they provided their care and support effectively in the way they wanted. People and relatives consistently told us that staff were well trained which was demonstrated in the delivery of their care. People and relatives said staff had the necessary skills and knowledge to provide the support required and delivered care in accordance with people's support plans, which we observed in practice.

Staff completed an induction course and spent time working with experienced staff before they were allowed to support people unsupervised, which was confirmed by training records, the provider, registered manager and staff. New staff completed a five day classroom based induction, delivered by the provider's designated trainer. This was followed by a period of 20 hours shadowing a more experienced member of staff. During this period of shadowing their competency to deliver care and support was assessed by senior staff before they undertook a 12 week probationary period. New staff told us, which records confirmed, that they could request further periods of shadowing if they were unsure about certain aspects of their training. The probationary period included fortnightly supervisions, spot checks on their practice and an induction appraisal. Staff underwent an induction programme before providing people's care, which ensured they had the appropriate knowledge and skills to support people effectively.

The provider's dedicated trainer had introduced the new Care Certificate into the provider's training schedule, which we saw within staff training files. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. Staff had also registered to become 'Dementia Friends'. A 'Dementia Friend' learns about what it is like to live with dementia and then turns that understanding into action when supporting people with their care.

Staff had undertaken the provider's required training for their role, which included moving and positioning, food safety, safeguarding, cleanliness and infection control, person centred care, dementia awareness, communication, medicines management and first aid. Where staff were required to deliver more complex care to meet people's specific needs, such as tissue viability, catheter and continence management, they had completed individualised training to meet that particular need. Their competency to deliver such support was assessed by relevant healthcare professionals.

The provider's training schedule and staff training files demonstrated that required training was up to date and future training had been scheduled. The registered manager and area manager completed a weekly auditing process which assured the provider that staff training requirements were met. This ensured that staff were supported to acquire the necessary skills to meet people's assessed needs effectively and also to maintain them at the required standard.

Staff were impressed with the quality of the provider's training, particularly those with experience working with alternative providers. One such staff member told us, "This is the best training I've ever had." Another experienced member of staff said, "I know care agencies say they support staff with training but it's never happened to me before. I'm really pleased they're supporting me to get my QCF." The Qualification and

Credit Framework (QCF's) are work based qualifications that demonstrate occupational competence, knowledge and values expected of social care workers to fulfil their specific roles competently. A senior member of staff told us that the provider had actively encouraged them to complete a higher level QCF. Other staff said they were proactively supported by the management team to complete their QCF qualifications. One staff member with a particular interest in mental health had completed a training course in relation to supporting people with mental health needs. They told us that they had initially arranged this of their own volition but had been supported by the provider when the registered manager became aware of their work related interest.

The provider had a thorough system of supervision, which the registered manager and senior staff operated effectively to ensure staff were supported to deliver care based on best practice principles. The team leader told us they completed regular unannounced spot checks where they completed practical observations and assessments on staff during care delivery. This was to ensure staff provided care and support in accordance with people's care plans and recognised best practice. Spot checks, any relevant guidance and advice provided had been recorded in staff files. Staff told us they had received quarterly supervisions and annual appraisals, which had been recorded. Staff told us that the registered manager encouraged staff to speak with them and they were willing to listen to their views. Staff received effective supervision, appraisal, training and support to carry out their roles and responsibilities.

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

The registered manager and staff had completed training in the Mental Capacity Act (MCA) 2005, which the provider's training records confirmed. People had a communication support plan, which recorded how information should be communicated to them and how to involve them in decisions. Where people required support this identified people to consult about decisions made in their best interests. Where required, best interest decisions had been made in accordance with current legislation and guidance. For example, staff identified one person who was becoming more worried and confused while making everyday decisions. The registered manager and staff proactively engaged with the persons' care manager, advocate and relevant health professionals to ensure best interest meetings and processes were followed to protect the person's human rights. Staff were able to explain to us the principles of the MCA and their role in supporting people to make decisions.

People told us staff always sought their consent before providing their care and gave continuous explanations about what they were doing. We observed this in practice and recorded within people's daily notes. People and relatives told us the registered manager and senior staff had completed care plans and reviews with them and had ensured they consented to the care and support being provided. One person told us, "My carer (staff) is lovely. She always comes and says hello before doing anything and asks if there is anything I want before starting to do anything." Another said, "I like the way she (staff) is always talking to me to make sure I'm happy and know what's happening"

People's care and support was always provided with their consent, although records did not always clearly reflect this. The registered manager was in the process of ensuring this was clarified where needed and the area manager had reformatted records to ensure clarity in the future. People were supported by staff who understood the need to seek people's consent and applied the guidance and legislation of the MCA 2005 in relation to people's daily care.

Some people had a lasting power of attorney (LPA). This is when a person has appointed another to make decisions on their behalf at a time when they lack the mental capacity to make them. Some people had made advanced decisions about future events in their life. People's care plans had fully recorded the details about who staff were legally obliged to consult about individuals advanced decisions. Relatives involved in making decisions on behalf of family members had been legally authorised to do so. The registered manager was in the process of obtaining copies of all LPAs where required, to ensure this evidence was available in people's records.

Relatives told us staff encouraged people to eat and drink sufficiently to maintain their health. One relative told us, "They always let me know if she (family member) isn't eating well so we can all make sure she isn't malnourished." People's specific dietary requirements, preferences and any food allergies were detailed within their support plans. Staff had completed training in relation to food hygiene and safety and knew people's food and drink preferences. Where people had specific dietary requirements staff were able to describe the care they provided, for example; how they supported people to safely manage their diabetes. Staff were able to explain how they supported the people with their meal preparation and blood glucose monitoring, in accordance with their support plans. People were supported to have sufficient to eat and drink to maintain a healthy balanced diet.

Staff recognised changes in people's needs in a timely way and promptly sought advice from health professionals. One person told us, "The staff are very good and always make sure the doctor comes even if I don't think it's necessary. The last time they found I had an infection and I didn't realise."

Another person told us, "I have to be careful with my skin and sometimes get pressure sores. The carers are brilliant at helping me too prevent them but immediately contact the district nurses if something is developing. People were referred appropriately to relevant health specialists if staff had concerns about their wellbeing.

Records demonstrated the service had worked with a range of healthcare professionals in the provision of people's care including GP's, nurses, physiotherapists and occupational therapists. People were effectively supported by staff to ensure their health care needs were met.

## Is the service caring?

### Our findings

People and their relatives praised staff for their caring attitudes, saying they were kind and compassionate. One person told us, "My carers (staff) do whatever I ask and I know nothing is ever too much trouble." Another person said, "I like the way they talk to me when they are helping me to do things as it shows they are interested in me and not just getting a job done." A person's relative told us, "My carers (staff) are wonderful. They are in the right job because they are just very caring in nature. I have had carers before who don't care which makes you feel unwanted." One person said, "The manager is very caring. She used to be a carer and always wants to know if I'm alright." Staff treated people were with kindness while delivering their day to day care which made them feel valued.

Staff had developed trusting relationships with people and were able to tell us about people's personal histories. Staff understood people's care plans and the events that had informed them. People's preferences about terms of address, bathing arrangements, times they liked to get up and go to bed were noted and followed. Staff gave us examples about how they sought people's views in relation to their personal care and grooming. They also told us how people were encouraged to maintain their independence, for example; how they supported a person with mobility issues to have a daily shower. Another person who wished to remain as independent as possible praised staff for promoting their wishes but recognised they were always ready to provide support when required. They told us, "They know what I can do and encourage me to do it. The way they support me helps me to remain independent while respecting my dignity."

People told us staff were caring and compassionate and treated them with respect. Staff had invested time and patience to build positive relationships with people, who enjoyed their company. We observed relationships between people and care staff, which were warm and caring. Staff knew people well and took a keen interest in their lives and wellbeing. This was demonstrated during meaningful conversations between people and staff about topics of general interest including the weather and more personal subjects.

Staff were informed about people's communication needs and used a variety of approaches to ensure these were met so that people's care could be provided in a sensitive and reassuring manner. Where people experienced either a hearing or visual impairment we observed staff patiently support people in accordance with their support plans. If staff had to leave people temporarily to complete another task they told them where they were going and what they were doing. Where people did not hear well staff repeated what they were saying where required to ensure the person understood what was happening. Staff took time to listen to people and make sure they understood their wishes.

Staff had time to spend with people and always spoke with them in an inclusive manner, enquiring about their welfare and feelings. One person told living with multiple sclerosis told us, "My carers (staff) understand how my condition affects me emotionally as well as physically, they are gentle and never rush me." They also told us, "If I'm not well I can be hard work but they are very patient and tolerant and know how to treat me." People were cared for by staff who were sensitive to people's presentation and mood and interacted with them accordingly.



People were involved in making their decisions and planning their own care and support. If they were unable to do this, their care needs were discussed with their relatives or representatives. People told us they were able to make choices about their day to day lives and care staff respected those choices. People's care plans noted their preferred method of communication and detailed what information they should give the person to support them. People's care plans reflected how they wanted their care provided.

Staff had completed equality and diversity training which promoted the provider's values in relation to treating people with respect. We observed this had been embedded in staff practice and reflected in how people's care was delivered. People told us staff promoted their dignity by treating them as individuals. One person told us, "Because my carers (staff) are so kind and gentle and treat me with such respect I often forget what they are doing for me." People were treated with dignity and respect.

People's diverse needs in relation to their age, gender, and disability were understood and met by staff in a caring way. People's support plans identified people's religious and cultural needs and wishes. We spoke with one person who had requested staff of a specific gender, which had been arranged by the team manager. The provider had ensured that where people had specific preferences in relation to the age or gender of staff sent to support them, these were accommodated.

People were supported to make advanced decisions and were involved in planning about their end of life care. A relative praised the registered manager for their compassionate support to make sure appropriate information was readily available and highly visible to ensure their loved one's wishes regarding resuscitation were respected by health professionals.

Staff had easy access to the service policies and procedures which provided guidance to ensure people's information was protected and treated confidentially. Staff were aware of the importance of maintaining confidentiality and gave examples of how they did this. The team manager reinforced this during staff meetings and supervisions, which staff records and meeting minutes confirmed.



## Is the service responsive?

### Our findings

People benefited from care which was delivered to meet their needs rather than the requirements of the service. One person told us, "I am very happy with my carers, particularly my regulars who know when I'm unwell even if I don't"

People and their relatives told us their needs had been assessed prior to them receiving a service and then regularly reviewed, records confirmed this. People told us the team leader who completed their needs and risk assessments were very friendly and took their time to find out as much as they could about them. People and relatives told us they had been totally involved decisions about their care. One person told us, "It was good that the manager didn't rush me. It felt like they really wanted to know what I wanted and weren't just filling a form in."

If the person had more complex needs the registered manager was also involved in their assessments so support could be tailored to meet their individual needs. The team leader told us they would either visit or contact people on the telephone during the first two weeks of their care commencing to make sure they were happy. People received a quarterly quality assurance visit from senior staff to ensure the support being delivered met their needs. Records showed people's needs and risk assessments had been reviewed quarterly, and more frequently whenever their needs changed.

Where people wanted support with important decisions records confirmed the people they wished to be involved had been consulted. We noted one person, who had no immediate family, requested a close friend to be involved in their care planning, which the registered manager had arranged. This friend had also been involved in subsequent reviews and best interest processes. One person told us, "I just like them (family member) to be involved as I'm getting a bit forgetful nowadays." People contributed to the assessment and planning of their care as much as they were able to.

Relatives told us they were pleased with the way their family were involved in care planning and kept informed of any changes by the service. Relatives of people who were living with dementia told us they were reassured that the service had involved them in the assessment and care planning process. People and their relatives, when appropriate, had been involved in planning and reviewing their care on a regular basis.

People experienced care and support that reflected their wishes from staff who treated them as an individual. Staff got to know the person and the support they then provided was developed around their needs. The team leader told us people's needs assessments were live documents which were amended and updated when people's needs changed. Staff told us they were encouraged to take an active part in updating people's care plans to ensure they contained the most current information about people's needs, which was reflected in people's care records.

Care plans were detailed and personalised to support the person's care and treatment. We observed one person supported in their own home who was living with multiple sclerosis and lupus. They praised the senior staff and their regular staff for listening and developing their support plan with them. They told us, "I

always prefer to (named regular staff) but I'm pleased with the way my care plan has developed based on my thoughts and what I want." Other people supported by the service had been diagnosed with diabetes. The provider's needs assessor had completed detailed plans to support the people to manage their diabetes through the use of insulin and to effectively monitor and record their blood glucose levels.

Staff responded to people's needs and wishes in a prompt manner. During a home visit we observed staff responded immediately to a person who was experiencing arthritic pain, in accordance with their support plan. This person told us they wished to remain independent but sometimes, "Need the help of carers (staff) when I have a spasm." They told us staff always responded when they were needed but also respected their wishes to support them to do what they could. People gave their views about their level of independence and the provider had taken these into account in their care plans.

Staff promptly identified people's changing needs and where required arranged urgent referrals to relevant health professionals when, for example; when people had developed an infection, required support in managing pressure areas or required with continence care. Staff provided care that was consistent but flexible to meet people's changing needs.

The social worker of a person who experienced osteoporosis told us the registered manager and staff had made a prompt referral to the occupational therapist when concerns over their core strength were identified. This was confirmed by the attending occupational therapist.

People's records showed they had been supported to engage with their local community. A person told us they had been enabled to participate in activities they enjoyed, for example; visiting social clubs and going on shopping trips. There was guidance for staff about where the people preferred to be taken to pursue their interests.

There was guidance for staff about how to support people to promote their independence and maximise the opportunity to do things of their choice. One member of staff told us they were proud of their work supporting a person with mobility issues to access the community to take part in activities and meet friends. People were supported to follow their interests and take part in social activities of their choice, which enriched their lives and prevented them from becoming socially isolated.

The registered manager sought feedback in various ways such as quality assurance visits, telephone calls and questionnaires. The registered manager ensured this feedback was acted upon. Staff told us about progress they had made to support a person who occasionally displayed behaviours which may challenge others. Records demonstrated there had been a significant reduction in incidents of behaviours which may challenge. Staff told us this was due to listening to the person and ensuring they received continuity of care from staff they knew and trusted.

People had a copy of the provider's complaints procedure in a format which met their needs. People we visited told us they had no reason to complain but would know how to if necessary. They said they were confident any complaint would be dealt with appropriately by the registered manager. People and relatives knew how to make a complaint and raise any concerns about the service. They told us that staff responded well to any concerns or complaints raised.

Records showed that since May 2015 ten complaints had been recorded, investigated and where required action had been taken, in accordance with the provider's complaints policy. The registered manager had analysed the learning from incidents and where appropriate had addressed issues with relevant staff in supervisions, for example; staff supervisions in relation to a medicines error and changing staff rosters to

ensure people received good continuity of staff. People had benefited as learning and improvements were made as a result of complaints received.

The relatives of two people who had made a complaint told us they were impressed and reassured by the registered manager's open and receptive attitude to their concerns and the action they took to improve the quality of the service. The registered manager told us if something wasn't right they wanted to know so they could put it right. People and staff confirmed the registered manager had encouraged them to communicate any problems so they could be addressed quickly. The registered manager used complaints and concerns as an opportunity to learn and drive improvement.

## Is the service well-led?

### Our findings

The provider's aim was 'To provide the highest achievable quality of care to people in order to maintain their independence and improve their quality of life.' The provider sought to achieve this aim by adopting a clear set of values. These values were based upon caring passionately about people, supporting and enabling them to live life to the full, promoting their independence and to deliver personalised services which met their needs.

Staff spoke with fondness and passion about people they supported. One staff member told us, "I love it. I love helping the people I care for. There's not one day when I don't look forward to doing it." Another member of staff said, "The people I support mean the world to me. That's why I always do my best for them. If I can do something no matter how small to improve the quality of their life everyday then I am happy."

We observed staff demonstrating the values of the provider while supporting people in their homes. Staff were able to explain the provider's aims and values. People were cared for by staff who understood and practised the values of the service in the provision of their day to day care.

The provider had a set of values in relation to 'Caring for each', which detailed their expectations about how staff should be supported. Two members of staff told us how they had been sensitively supported by the registered manager during a time of personal distress. Two other staff members spoke positively about how they had been encouraged and supported by the management while rehabilitating back to work after illness. The registered manager and senior staff demonstrated good management. Staff told us, "The manager works very hard and is easy to talk to." One member of staff said, "The manager is always there for you and will talk to you about any problem no matter how big or small."

Staff told us the registered manager and management team was highly visible and regularly went out to see people, which made them feel part of a team. People and relatives praised the registered manager saying they were very approachable and always willing to listen. One person told us, "If I have a problem they will talk to me and sort it out." People and staff thought it was a positive idea that the management team actually went out sometimes to deliver care. One staff member said, "We like the fact that the manager has been there and done it because they appreciate our views if things aren't quite right." A relative told us, "The manager is very capable and willing to come out and see you. It is reassuring that they know what to do and have a lot of personal hands on experience."

A recurring theme while speaking with people was the marked improvement in the office staff communication with them. People told us that they appreciated there would be occasions due to emergencies and sickness when staff were late but before the new provider had been in place they had not been informed and were just left waiting and worrying. People said they were now called by the care coordinator or office staff to let them know what was happening.

Staff told us the registered manager and senior staff provided clear and direct leadership. There was a clearly defined structure and staff had a good understanding of their roles and responsibilities and those of

colleagues. One staff member said, "Since the new company took over it is much better organised; before you didn't know who to go to for what." Staff knew and understood what was expected of them.

Staff told us there was an open culture within the service. The registered manager encouraged learning from mistakes by discussing any concerns or ideas they had about the service or their own development. Staff told us that when they had received feedback to improve their performance this was always provided in a constructive way, which motivated them to implement the guidance provided. One staff member told us, "The manager is always there if you need a hand and will always come out if needed." This staff member told us how they had sought advice in relation to the management of a person's pressure area. They told us how the registered manager praised them for raising the concern and asking for information and support. Staff received feedback from the registered manager in a constructive motivating manner, which informed them clearly of action they needed to take.

Staff were happy to visit the office and we observed a good rapport with the office staff. Staff visiting the office told us the managers were "helpful and supportive". One visiting staff member told us, "The atmosphere in the office is much better and brighter now and you feel like you want to go in as opposed to avoiding it." We heard telephone interactions with people and staff, which were conducted in a friendly and professional manner.

One of the provider's 'Caring for each other' values encouraged staff to 'Enjoy what we do and celebrate our successes.' Staff told us registered manager recognised and readily praised staff when positive comments were received about their good work. One staff member told us, "It always makes a difference and puts a smile on your face when you actually hear you are doing a good job." Staff told us the registered manager had created a supportive working environment where "Everyone's contribution was valued."

We reviewed 43 compliments from people who use the service which had been received since May 2015. We noted good work recognised in these compliments had been shared with staff during quarterly meetings and in monthly newsletters to identify good practice. Where the management had received praise this was addressed with staff in person by the registered manager and recorded within staff supervisions. The registered manager used information from investigations and compliments to drive quality across the service.

People, their relatives where appropriate and staff were asked for their views about the delivery of care and treatment and they were acted on. We found that the provider conducted quarterly satisfaction surveys to find out how the quality of service and care could be improved. All of the care records we reviewed contained positive comments about the quality of care provided. One relative told us they had raised an issue in their satisfaction survey with regard to one particular member of staff. The registered manager investigated the concerns and arranged for other preferred staff to visit this person. The registered manager told us they were committed to driving improvements within the service to ensure people received high quality care.

The provider had completed a quality assurance survey of all the people who used the service which was in the process of being analysed. People confirmed they had completed the survey and had made positive comments. Some people told us they had identified a lack of continuity and consistency in week end staffing, compared to that during the week, as an area for improvement. People told us the registered manager had confirmed they were looking at this situation to identify how improvements could be made. Most people told us there had already been an improvement and were happy with their week end staff. The provider completed a monthly analysis of how many of the care calls were scheduled in advance on a templating system to ensure continuity. This demonstrated the service had improved gradually on a

monthly basis, with an improvement of 11% in the month preceding our inspection. This meant that the provider had gathered information about the safety and quality of their service and had taken action when appropriate to make improvements.

The registered manager carried out a programme of regular audits to monitor the quality of the service and plan improvements. The registered manager monitored people's support and took action to ensure they were safe and well. People's welfare, safety and quality of life were looked at through regular checks of how people's support was provided, recorded and updated. Checks were undertaken, for example on medicines and people's home environment risks, so that the provider had a clear overview of activity in people's homes. Planned visit times were checked against an electronic monitoring system and daily records which care staff signed to confirm the times and day they supported people in their homes and community. This enabled the provider and people to be assured they received consistent care in accordance with their care plans.

The registered manager demonstrated how they had carried out monthly audits since May 2015 to ensure all care reviews, risk assessments, supervisions and appraisals were completed. We reviewed the provider's computer records to confirm these were all up to date.

The management team also ensured that staff received unannounced spot checks, where staff were observed delivering care. The provider visited the service quarterly and monitored daily and weekly reports provided by the registered manager in relation to significant events. The service also received quality assurance visits from other managers within the providers care group. We noted the comments from the last manager who had never visited the branch before included, "A great branch with a real family feel. The staff were so friendly." This meant that the provider operated systems which ensured they could effectively identify, assess and monitor risks relating to people's health and welfare.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Detailed health and safety risk assessments had identified potential hazards to the safety of people and those supporting them. The registered manager and senior staff had implemented measures to protect people and ensure their welfare.

Since May 2015 seven notifications had been received from the service in relation to events which required the registered manager to inform the CQC, to ensure they had been recorded and investigated effectively. These notifications had been completed and submitted expeditiously detailing the incidents and appropriate action taken, for example; action taken in relation to a medicines error. The registered manager understood under what circumstances they were required to submit notifications for people.

Records were well organised, readily available and accessible to appropriate staff. People's records were stored safely and securely in accordance with legislation, protecting their confidential information from unauthorised persons. Processes were in place to protect staff and people's confidential information.