

Independent Homecare Team Limited

Independent Home Care Team

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an announced inspection of Independent Home Care Team on 22 March 2018. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults and older people, people living with dementia, physical disability and or sensory impairment. At time of the inspection, 72 people were using the service.

There was a registered manager in post. 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.

During this inspection, we found one breach of the Health and Social Care Act 2008. Risk assessments did not clearly reflect the potential risks to people which meant risks were not being appropriately identified and managed which could result in people receiving unsafe care. Arrangements in place to manage people's medicines were not sufficient to ensure people received their medicines safely and as prescribed

We also found further improvement was required as people's care plans were not person centred or planned in a way that catered for their individual needs and requirements. The provider's systems for assessing and monitoring the service were not robust and had not identified the issues we found during this inspection.

Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

The service is part of a new pilot hospital discharge scheme run by the local authority to help local hospitals. People and relatives spoke positively about the care and support they received from the service under this scheme.

People and relatives told us that they were confident that staff had the necessary knowledge and skills they needed to carry out their roles and responsibilities. Staff spoke positively about their experiences working for the service.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People gave consent to the care and support they received. Relatives and healthcare professionals were involved in making decisions for people in their best interests where this was appropriate.

Feedback from people and relatives showed positive relationships had developed between people and staff members and people were treated with dignity and respect. Staff were aware of the importance of treating people with respect and dignity.

Staff had been carefully recruited and provided with induction and training to enable them to support people effectively. They had the necessary support, supervision and appraisals from management.

The provider had procedures in place for managing complaints, and people and relatives knew how to raise concerns. Management staff worked in partnership with other organisations to help achieve positive outcomes for people. Staff were very prompt in reporting to the service if there was a change in people's needs which enabled people to receive the appropriate support where needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

There were aspects of the service which were not safe. Risk assessments did not clearly reflect the potential risks to people which could mean risks were not being appropriately managed.

Arrangements for managing people's medicines were not sufficient to ensure people received their medicines as prescribed. The administration and prompting of medicines to show people had received their prescribed medicines had not been recorded accurately

There were effective recruitment and selection procedures in place to ensure people were not at risk of being supported by people who were unsuitable

Requires Improvement ●

Is the service effective?

The service was effective. Care workers told us they felt supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service.

People's needs were assessed and the service worked with healthcare professionals to ensure people received the appropriate support.

Good ●

Is the service caring?

The service was caring. People and relatives told us that they were satisfied with the care and support provided by the service.

People were treated with dignity and respect.

People were provided with information about the service.

Review of care meetings had been conducted with people in which aspects of their care was discussed,

Good ●

Is the service responsive?

Requires Improvement ●

There were aspects of the service which were not responsive. People received care in response to their needs. However people's care plans were not person centred. Information in care plans was more task focused.

People's independence was promoted.

The service had clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

The service was not always well led. There were systems in place to monitor the quality of the service. However we found some deficiencies in the service had not been identified.

People and relatives spoke positively about the management of the service.

Staff were supported by management and told us they were approachable if they had any concerns.

Requires Improvement ●

Independent Home Care Team

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 provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector who was supported by two experts 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 provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service and we wanted to make sure staff would be available for our inspection.

Before we visited the service we checked the information we held about the service and the service provider including notifications of incidents affecting the safety and well-being of people. No concerns had been raised. The provider had not completed a PIR as they advised they had not received a request but would ensure this was completed. The PIR 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 spoke with sixteen people using the service and seventeen relatives. We also spoke with the registered manager, assistant manager and six carers. We reviewed ten people's care plans, ten staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

People and relatives told us they felt safe with staff. One person told us, "Yes, I am safe with all them [staff]". Another person told us "I am safe. They're very good, they do what I ask. I'm very happy with them" and a third person told us "Very safe thank you. No mishaps or accidents over the years." One relative told us, "They seem to respond very quickly if we need them."

Individual risk assessments were completed for each person using the service. Although there were risk assessments in place, we noted the assessments contained limited information and areas of potential risk had not always been identified and included in the assessments.

For example we noted that one person had been assessed as being at medium risk of developing pressure sores due to their limited mobility, but the only information regarding this in the risk assessment stated 'previous pressure sore'. There was no further information on what measures were in place to minimise the risk of pressure ulcers developing for this person. Another person who was assessed as medium to high, only had 'pressure sore care' stated in their risk assessment but no further information or guidance for staff which explained what pressure sore care this would entail.

In another example, we found risk assessments lacked detail regarding the support people needed to mobilise, only highlighting whether they were independent or not, and whether they used mobility aids. There was also a lack of information on whether people had a history of falls. We noted that one person had been assessed as being at high risk in regards to their mobility but there was no falls risk assessment in place or further information about the prevention of falls or any precautions staff should take to ensure the person was safe and protected from falls and sustaining serious injury.

There was limited information about the safe practice and risks associated with using equipment and appropriate moving and handling techniques required by staff. For example, for one person whose care entailed using equipment such as a standing hoist, commode, wheelchair and profiling bed, there was no information as to what the risks were of using such equipment and how staff were to provide support to the person that kept them safe and minimised the risks of sustaining any injury. For example, there was also no guidance in place for staff on the correct moving and handling techniques for transferring the person using the hoist, placing them at risk of unsafe support.

Some people using the service, we noted suffered from complex conditions such as visual impairment, diabetes, paralysis, cerebral palsy, stroke, physical mobility, disorientation and memory loss. Risk assessments made reference for staff to prompt and provide assistance in different areas of their care and support, however there was no further information which showed how staff should provide this according to people's specific needs. For example, one person who had Type 2 diabetes and needed support with their food and drink, there was no information on whether there were any particular food or drink, they should or should not be having in accordance with their blood sugar levels.

The assistant manager told us they were in the process of reviewing people's care records and would ensure

they contained more information to clearly state what the risks were and what measures they had put in place to ensure risks were minimised for people using the service.

Although there was some information about risks to people using the service, the risk assessments did not clearly reflect the potential risks to people which meant risks were not being appropriately identified and managed which could result in people receiving unsafe care.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were some arrangements in place to manage peoples' medicines. However in people's care plans, we found information was limited and unclear as to what support people needed with their medicines and there was confusion between prompting medicines and assisting and administering. For example, in some people's care plans, it would state that people would need promoting but there was no further information as to how this was to be done by staff and no records of whether the medicines had been taken or not..

In another example we noted that care plans and daily notes completed by staff about the care and support provided to people indicated that people were supported to apply creams as part of their personal care. However there was no information which detailed whether they were prescribed topical creams, the area of the body the topical cream should be applied and frequency.

We reviewed the Medicines Administration Records (MAR) sheets for six people and found there were unexplained gaps for each person. We found one MAR sheet for January 2018 which listed the person took five different types of the medication. However the MAR sheet showed staff had signed only once for each day to state medication had been administered but there were no details as to which medication this was in reference to. This meant we could not be assured that people received their medicines as prescribed.

Records showed some checks of MAR sheets were conducted by management staff. We were provided with a copy of an audit dated 9/1/2018 which audited the MAR sheets for November 2017. The audit showed that some gaps had been identified and the relevant staff involved were contacted to explain the gaps. However the audit was ineffective as there was no further information of what further action had been taken after staff had been contacted and the gaps remained unexplained.

Staff had received medicines training and policies and procedures were in place. However medicines competency assessments were not in place to ensure staff were assessed as competent to support people with their medicines.

The registered manager told us they would review their medicines management for the whole service and ensure the support people needed with their medicines was clearly recorded. This would also be communicated to staff so they were clear on their responsibilities with people's medicines.

The above evidence shows the arrangements in place to manage people's medicines was not sufficient to ensure people received their medicines safely and as prescribed. The administration and prompting of medicines to show people had received their prescribed medicines had not been recorded accurately.

This was a further breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received mixed feedback about whether staff turned up on time. Most people and their relatives told us

staff turned up on time and told us, "One of the things we really like about the service, [Person] gets the same carer as much as possible", "The carers that look after me are the same ones. They come the same time. Because it's the same people, I know what to expect and who I'm going to get" and "I have the same carers usually, always someone who is consistent. It's like a well-oiled machine."

However some people and relatives told us, "I have two main carers. I really notice when someone is away on holiday and sickness. The week before last the main carer was away and she (different carer) hadn't been given instructions that [person] has their meal in the evenings. It's just on holiday times it is falling away", "The office ring up and inform us if our regular carer is not available. They are not always able to say who will be coming but I still know them" and "No, its different people. Yesterday morning they emailed me to let me know that somebody else was coming and a change of time. It's the one thing I'm not particularly happy with."

The assistant manager explained that the service monitored staff's timekeeping using an electronic homecare monitoring system. Records showed management staff had reviewed call logs for punctuality and duration of calls completed and identified areas in which they could improve any timekeeping issues. For example, having completed such reviews, records showed management staff identified trends and particular staff that was persistently late and appropriate action was then taken to resolve the issue. This included extra supervisions and disciplinary action against staff where needed.

The service also had an out of hours service in place and management staff could be contacted if needed. Relatives spoke positively about this and told us, "Mostly there is somebody there. I have contacted Out of hours and it's worked"; "Yes they always come back to you. Out of hours is very good as well, you can always get somebody" and; "They are always on hand, they bend over backwards for us."

There were safeguarding and whistleblowing procedures in place. Training records confirmed that staff had received safeguarding training. When speaking with staff they were aware of how they would recognise abuse and what they would do to ensure people who used the service were safe. They told us that they would speak to the registered manager or report abuse to the local authority and Care Quality Commission (CQC). The assistant manager told us there were also anonymous reporting forms which were kept in people's homes. These could be used by anyone, including staff, who wished to raise any concerns and remain anonymous if they wished to do so.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by staff that were unsuitable. We looked at the recruitment records for ten members of staff and found appropriate background checks had completed. These included checking employment histories, proof of identify and right to work in the UK. Two satisfactory references were obtained and enhanced criminal record checks had been undertaken to ensure staff were of good character.

There were appropriate arrangements for managing people's finances if needed and this was done in agreement with people and their relatives where necessary. There were records and receipts of financial transactions signed by staff and family members to ensure accuracy. Relatives told us they received copies of receipts and details of expenditure. A relative told us, "[Staff member] is 100% honest. I couldn't praise her enough. She is excellent."

Accidents and incidents were recorded. Records showed any necessary action and lessons learnt had been taken by management staff and measures put in place to minimise the risk of reoccurrence and ensure people were safe from further incidents.

The service had an infection control policy and records showed staff had received training in infection control. Staff were aware of infection control measures and said they had access to gloves, alcohol hand gel, aprons and other protective clothing. People told us that staff observed hygienic practices when providing care. A health and safety checklist was conducted in people's homes to ensure the environment was safe including ensuring cleaning fluids and other substances were kept in a safe place.

Is the service effective?

Our findings

People and relatives spoke positively about the staff and had confidence that they had the knowledge and skills to support them effectively. People's comments included, "Absolutely, found them to be very helpful. Very well informed and are very well trained. They do a very good job with me", "Yes they're very efficient, very good, I can't complain" and "They're very nice people, they seem to know exactly what to do."

Relatives told us, "What I have seen of the care makes me confident"; "Yes they seem to be. I'm satisfied with what they do" and; "The carer is quite competent and experienced."

Staff told us that they felt supported by their colleagues and management and spoke positively about the service. They told us, "It is the best agency I have worked for. I enjoy my work", "Its fine. I enjoy it", "All of us support each other" and "It's good. They do give you support."

Records showed staff had received an induction. The service had implemented the Care Certificate which staff had achieved. The Care Certificate is the benchmark that has been set for the induction standard for people working in care. One care worker told us about their induction and told us "I have had an induction and things were explained to me clearly" and "I read people's care plans but there has always been someone [staff] there with me to show me what to do. That's always helpful."

Records showed staff received ongoing training that helped them to meet people's needs. Topics included privacy and dignity, health and safety, moving and handling and dementia awareness.

Staff spoke positively about the training they received. They told us "Training is good as things do change and it's a refresher on what we already know. It is good, very good", "Training is useful. We learn about new updates and about new equipment", "Yes we get training. things change all the time and we get the refresher and guidance we need" and "We get regular training, I can just ask them and they get it sorted." Records also showed staff received regular supervision and appraisal to review and monitor their performance.

People's needs were assessed by management staff with their and their relative's participation where appropriate. This helped to ensure the service was able to meet their needs safely and effectively. Ongoing reviews and assessments were undertaken where people's needs had changed to ensure care plans were reflective of people's current needs and that they received appropriate support.

People were supported to maintain good health. People's health and medical needs were detailed in their care plans and records showed that they were supported to access health and medical services when necessary including the GP, social services and referrals to healthcare professionals.

Records showed staff were very prompt in reporting to the service if a person was not well mentally, physically or if there was a change in people's needs and ensured family members were also informed so people received the support they needed swiftly.

Relatives also spoke very positively about this and told us, "Both are superb at letting me know anything. They suggested [person] may need a bath lift, I feel they are on the case", "She [staff] will point things out if she sees something", "Yes they do notice. They will speak to us about it if we haven't noticed," and "Sometimes [staff] says 'you don't look so good today, how do you feel', She does that very well."

One relative told us, "They do keep me informed if there is a problem they will tell me. They (service) suggested a hospital bed and helped me to arrange that. I feel my relative is safer now it is in place."

When speaking with staff, they also demonstrated their attentiveness to recognising and reporting any changes in people. They told us, "If I see any changes I always report them. Or if they are not drinking enough or they are displaying any symptoms, I always contact the office and let the family know as well," and; "They [person] might say the mattress on their hospital bed is lumpy and I will inform the office to enquire if med quip can help with this."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We reviewed whether the service was working within the principles of the MCA. We noted that care plans contained some information about the person's mental state and cognition. Areas in which a person was unable to give verbal consent, records showed the person's next of kin and healthcare professionals were involved to get information about the person's preferences, care and support and decisions were made in the person's best interests.

People and relatives spoke positively about the support they received with their nutritional and hydration needs. One person told us, "They (carers) make me flask and a great big bottle of juice to drink. They make sure I have enough during the night. They do what I want."

Relatives told us, "They do Rye bread and cubed cheese, with strawberries and cream for dessert, they make [person] an attractive plate of food," and; "Yes always ask what [person] wants. In the evening [person] has a ready meal they bring them in and let them choose what [person] wants."

Is the service caring?

Our findings

People and relatives spoke positively about the way they were looked after. People told us, "I've got a terrific person who comes. I've never met a person so kind and so lovely. I can't praise her highly enough," "They are very, very caring. I think everything they do is good for me," "She's absolutely wonderful. I've never met anyone as kind and genuine as her. She's top notch. I'm very lucky at my age to meet such a lovely person," and "They are very respectful and kind and are very willing to whatever [person] asks of them."

One relative told us, "My relative was upset because the small garden was a mess. The carer came in and was prepared to do some gardening. She checks the garden now and then, she goes above beyond."

We received good feedback and examples from people and relatives which indicated there were positive caring relationships between them and staff. People told us, "They are just friendly and they are friends as much as anything. I can have someone to chat to while they are working. I am quite happy with them," "They're just kind. I can talk to her and that," "They're very kind, very helpful. If I want anything extra they will do it. No complaints at all" and "Alright thank you, they're very pleasant, they come and help you."

Relatives also shared the same sentiment and told us, "We've built up a rapport with our current carer. I wouldn't leave [person] with anyone else. [Staff] is fantastic, she's build a rapport with them,"; "[Staff] puts my [person] first. She treats [person] with dignity and respect. They have built up a level of trust. She holds [person's] hand, there is genuine affection and she cares about [person]" and "Yes, they generally come in bright saying 'Hello, how are you', always talking to [person] although they don't respond very well. They try to engage [person] and get responses."

When speaking with staff, they demonstrated a caring attitude towards people. They told us, "It's about what they want. They just want quality of life and that's what we are here for,"; "I always think how I would feel if I needed care and support from someone else. I always treat people how I would like to be treated," and; "It's the way you speak with them and make them comfortable. And you never rush doing the job."

People and relatives told us their privacy and dignity was maintained and respected. They told us "They just seem to do it naturally, they never push and pull me. Generally, they are very caring about how they move me,"; "They always ask before they do something. They let me know what they are doing, like, 'we are going to do your back now'. They use towels to cover me up and keep me warm," and "I don't feel embarrassed when they're around. They dry me properly."

Relatives told us, "Privacy, [staff] does that very well", "They are very respectful" and "Very respectful, very kind."

Records showed staff had received training in privacy and dignity and were able to tell us how they maintained people's privacy and dignity. They told us, "We explain to them what we are doing and reassure them. I really enjoy my work. You meet some really nice people and it's rewarding,"; "[Person] used to feel awkward/embarrassed but I reassured them and said I can cover you with a sheet and [person] is

comfortable now," and; "Even if the person lives on their own, I still close the door."

Staff had received training on equality and diversity and they were aware of the importance of respecting people's culture and religion. They told us, "Everyone is human and you treat them as equal whatever their background or religion."

There were arrangements in place to ensure people were able to express their views and be actively involved in making decisions about their care. Records showed there were reviews with people using the service, staff and their relatives in which people's care was discussed and reviewed to ensure people's needs were being met effectively.

Relatives confirmed this and told us, "They do keep me informed if there is a problem. I am happy with them. Always been very good when changes happen,"; "It seems fine, I've not had any communication issues. A girl came to the house with all the paperwork, its fine," and; "Every now and again someone comes around to assess me. I know I can ring up if I need to change anything or need any extra help. They are very responsive if necessary," and; "I have a care plan, they do ring me and come to the house for a review."

A Service pack was also provided to people and their relatives which explained what support people can expect from the service in relation to their care and support.

Is the service responsive?

Our findings

People and relatives spoke positively about the service they received. They told us, "We actually dictate as to our needs and they fit us in according to our needs. They've been very good these people. [Staff] has got my [person's] best interest at heart,"; "I haven't had to ask for improvement"; "People seem genuine" and "It's working well for me."

Two relatives spoke positively about how responsive the service was after their family members had been discharged from hospital. They told us, "When my relative went into hospital they immediately got the service up and running when she come out of hospital. There were changes in the time of hospital discharge and they (service) were fine with this," and; "They were extremely good when my relative was in hospital. The team at home care were incredibly good as we didn't know when she was going to be discharged. They picked up the care package and provided it over Christmas."

People's independence was supported and encouraged. People told us, "They are always polite, they let me do whatever I want. They don't impose at all,"; "Yes they do encourage independence. I do what I can, if they see me struggling they help me," and; "They let me do what I can." One relative told us, "Yes. [staff] encourages my relative sit at the table."

Records showed a number of compliments received about the service which included, "I wanted to say how impressed I am with [staff]. [Staff] have been amazing. She really picks up my spirits and encourages me to stand up and do things."

Although people received care responsive to their needs and feedback from people and relatives confirmed this, the care plans however were not person centred and were task focused. Care plans contained information about the tasks staff needed to do during each visit and sometimes it was unclear how the task was to be completed in accordance with people's needs. The language used was often a list of instructions. For example 'Assist client onto and off commode', 'full body wash', 'pad change and personal care', 'medication, leave drink for later', 'assist feeding' and 'hoist transfer to chair.' We also noted that in some care plans and risk assessments the term 'Client' was used to refer to people and not their names.

In another person's care plan, it stated the person could understand but cannot speak, however there was no further information which clearly reflected how staff were to communicate with the person when they were unable to speak to ensure the person was supported to express themselves where they could.

There was very limited information about people's nutritional and hydration needs and their preferences in people's care plans and the information was limited to statements such as 'Support with meal prep', 'assist with feeding' and 'give snacks and a cup of tea,' There was no further information about what support this would entail from staff.

Care plans contained very limited information about people's previous life history, previous occupations, people's likes and dislikes and people or occasions that were important to them.

We reminded management staff that people's care plans should be person centred and used to make sure that people receive care that is centred on them as an individual and their specific needs and not just based on what tasks needed to be carried out for them.

The assistant manager told us they had identified that the care plans needed updating and they had started the process of doing so. During the inspection, the assistant manager was able to show us an example of this. She told us they would update all the care plans and ensure they were more person centred.

The service is also part of a new D2A pilot hospital discharge scheme run by the local authority to help local hospitals. During the inspection eleven people were using this service. The assistant manager told us they worked as part of a team within the hospital with a range of healthcare professionals such as social workers, doctors, nurses and physios. The assistant manager also told us they used a team of experienced staff who were able to assess people when they come home from the hospital as they have a 72 hour period to get them any extra help from the hospital team as they were still then under their care.

We spoke to four people and two relatives who were under this scheme and received positive feedback about the support they received and staff members. They told us "The carers are very thorough, they are very good", "Seems to be all okay. I would prefer to continue with Independent Home Care", "Carers have been very chatty, explained what they are doing and have been very informative" and "Having had two providers in a short amount of time. Found Home Care have been far better. I am happy with the service. They have lifted a huge weight of my families shoulder."

One relative also shared with us "They have been getting breakfast, lunch and an evening meal. Prompting and trying their hardest to encourage my relative to eat. My relative has improved considerably because of the visits, carers sitting with them when giving a drink has made a big difference."

However, we received mixed feedback about timekeeping and the lack of consistency with staff who would attend the visits. People and relatives told us "Sometimes they turn up different times, can't be sure when they are coming", "I don't know what time they are coming in, so it can be difficult for them to get in", "Mostly different ones, there are a lot of them" and "I get lots of different ones, I don't know who is coming unless the carer tells me she is coming back."

When speaking with staff, they also told us that the way these visits were planned should be improved and travel time should be taken into consideration as the distance between their regular visits and D2A visits were often an issue. Staff told us "Not planned very well and not enough time given to get to clients" , "Too many clients and not enough carers", "More thought needs to go into how the visits planned as some clients are far out from each other "and "Sometimes calls can run over."

The registered manager told us that as this service was an interim measure for people coming out of hospital, they were provided with a very short notice period about the person and their needs. which required a quick turnover with staff. The registered manager told us they had experienced D2A staff that worked for the scheme. However, if a D2A carer was not available, they would look for any gaps in other senior carer's rotas as staff were aware of how the D2A's work and what the care plans look like. The registered manager also provided us with a copy of the introductory letter which clearly explained this to people that due to the short notice, people's visit times could vary but they would endeavour to leave suitable gaps between all the visits.

A healthcare professional also told us informed us that they had no issues with the service provided by Independent Homecare. They also explained the scheme worked like a rapid response service where the

care provider can put in care to start immediately. However as this was only a short term interim service, no specific time guarantees could be given other than a window of time but did ensure this was communicated to people using the scheme.

There were procedures for receiving, handling and responding to comments and complaints. Documents showed that concerns raised had been investigated and responded to promptly by the registered manager. People we spoke with confirmed this and told they had no concerns or complaints about the service. They told us, "The carers I have are very good. I've never had to phone and complain, I've nothing to complain about,"; "No complaints. Yes, I would know how to make a complaint,"; "If I did have, I'd call the office and complain then put it in writing. I've not got anything to complain about."

Relatives told us, "They would hear from me but I haven't had to complain. They've been really good at understanding,"; "Once they sent a younger carer, my relative didn't feel comfortable with. I rang and they found someone more mature. They are always responsive," and; "One issue we had my relative went through a stage of getting up before the carers arrived I suggested they came earlier. They are very responsive and issues addressed."

Is the service well-led?

Our findings

People spoke positively about the service. They told us, "I think it is the best service in the area,"; "It's one of the better agencies, I have had personally. They do what I ask and are generally on time,"; "No we are perfectly happy. We are very pleased with the service,"; "They are very good," and; "I am very happy with them."

Relatives told us, "We genuinely feel they are a very good service," and; "It gives us peace of mind, we know [person] is well looked after when they come in."

People and relatives told us management staff were approachable and easily contactable. They told us, "They're very good. I always can get through,"; "They are always on hand, they bend over backwards for us,"; "Yes, I have contacted them by phone and by email and they always respond," and; "Yes they always come back to you."

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

The service worked closely with health and social care professionals and other agencies to make sure people received the service they needed so they achieved positive care outcomes.

There were arrangements in place to assess and monitor the quality of care being provided and to seek feedback from people using the service and their relatives. Records showed some audits had been completed to review aspects of the service such as time monitoring, medicines management, staff training and office files. However improvement was required because we noted there was limited evidence to show how this contributed towards lessons learnt and continuous improvement. Some of the issues identified as part of this inspection such as the lack of details in people's risk assessments and care plans and medicines had not been identified.

Management staff told us they would look into adopting a new quality assurance audit tool for the service which would cover all areas of the service to ensure the quality of the service was effectively monitored and evaluated.

Telephone reviews had been conducted and we found positive feedback had been received. One comment included the person as being a 'Happy customer'. Records also showed compliments received about the service included 'As a family we are pleased with the care [person] received', 'Overall very satisfied with the service you provide. [Staff member] is fantastic with [person]. She has sort of become part of the family' and 'I can't recommend the team enough.'

The assistant manager told us that questionnaires has been sent out to people but were still waiting for

some more responses before the information was analysed. People and relatives confirmed this and told us, "Yes I have, I gave the same response that I'm happy with it," and; "Yes we have a questionnaire they send and we fill it in."

The competency of staff was assessed through spot checks and task observations. This involved care workers being observed by a member of staff and assessing how care workers carried out their duties. Records showed that if there were any areas of improvement, this was noted and promptly followed up by the service.

The service also had a Business Contingency Plan in place to ensure there were arrangements in place to ensure people were kept safe in the event of instances such as a power cut and adverse weather.

Records showed there were staff meetings where staff received up to date information and had an opportunity to share good practice and any other concerns. Staff confirmed this and told us there was good communication between staff and management. They told us, "Yes we have team meetings. We give our opinions and we can give our input,"; "We get a newsletter too,"; "We can always phone up and I can approach the office and it gets done,"; "They are always there at the end of the phone and they get back to you straight away," and; "We have a WhatsApp group which we use to talk with each other."

Care workers spoke positively about working for the service and the management. They told us " They are very good. [Registered manager] does listen and is very understanding, "It's good. I like their attitude that they want to care and look after people,"; "I like working for them," and; "Any problems [registered manager] does listen and makes time for you."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The assessment of risks to the health and safety of people using the service was not being carried out appropriately.</p> <p>People were at risk of not receiving their medication safely and the administration and prompting of medicines to show people had received their prescribed medicines had not been recorded accurately.</p> <p>Regulation 12 (1) (2) (a) (g)</p>