

Care Line Homecare Limited

Careline Homecare (Middlesbrough)

Inspection report

120 Crescent Road
Middlesbrough
Cleveland
TS1 4QS
Tel: 01642253345

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected Careline Homecare (Middlesbrough) on 26 November and 10 December 2015. This was an announced inspection. We informed the registered provider at short notice (48 hours before) that we would be visiting to inspect. We did this because we wanted the registered manager to be present at the service on the day of the inspection to provide us with the information that we needed.

The service is registered to provide personal care to people living in their own homes. The service can provide care and support to older people, people with mental health conditions, people with a learning disability, physical disability or those people who are at end of life. Careline Homecare (Middlesbrough) also provide a rapid response service. The aim of the rapid response is to provide care and support to those people in their own homes whose informal care and support package has broken down unexpectedly and who may have had to go

Summary of findings

into a hospital or care home because they were unable to manage at home. This service is also provided to people who are discharged from hospital. Healthcare professionals contact the service when a person is identified as needing rapid response. Staff at the service respond by visiting the person at home within two hours of the initial call. This service is provided to people for up to 10 days and then the person is reassessed and their ongoing needs determined.

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

Systems were in place for the management of medicines so that people received their medicines safely. Care Records we reviewed contained lists of people's medicines, how they should be administered and what time they should be taken. However we did see some gaps on medicine administration records. Some improvement was also needed for the record keeping of those people prescribed anticoagulants and a second staff member needed to check and countersign medicine records to confirm they were correct.

Assessments were undertaken to identify people's care and support needs. Care records reviewed contained information about the person's likes, dislikes and personal choices. However some records needed further detail to ensure care and support was delivered in a way that they wanted it to be.

There were enough staff employed to provide support and ensure that people's needs were met. However people did tell us they would like to receive a rota in advance informing them the name of care staff who would be visiting.

There were systems and processes in place to protect people from the risk of harm. Staff were aware of the different types of abuse and what would constitute poor practice.

Prior to the commencement of the service staff from Careline completed environmental risk assessments of the person's home. Safety checks looked at the gas and

electricity points, equipment to be used and general environment checking for clutter and falls risks. This meant that the registered provider took steps to ensure the safety of people and staff.

There were risk assessments in place for people who used the service. The risk assessments and care plans had been reviewed and updated on a regular basis. Risk assessments covered areas such as mobility, medicines and falls. This meant that staff had the written guidance they needed to help people to remain safe.

Staff told us that the registered manager was supportive. Most staff had received regular and recent supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Records indicated 86% of staff had received an annual appraisal within the last 12 months. The registered manager told us the remaining appraisals would be completed over the next few weeks.

The majority of staff were up to date with training Staff told us they had received training which had provided them with the knowledge and skills to provide care and support. Any outstanding training had been arranged for early January 2016 to ensure that all staff were up to date with all training. Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

The registered manager and staff we spoke with had an understanding of the principles and responsibilities in accordance with the Mental Capacity Act (MCA) 2005. The registered manager told us that staff had been trained in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances.

People and relatives told us that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and gave encouragement to people.

People were provided with their choice of food and drinks which helped to ensure that their nutritional needs were met.

Summary of findings

Staff at the service worked with other healthcare professionals to support the people. Staff worked and communicated with social workers, occupational therapists, hospital staff as part of the assessment and ongoing reviews.

The registered provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them.

There were systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Systems were in place for the management and administration of medicines. However some improvement was needed in respect of the recording of medicines.

Staff were knowledgeable in recognising signs of potential abuse and said that they would report any concerns regarding the safety of people to the registered manager.

There were sufficient staff employed to meet people's needs. However some people did not receive a rota telling them the names of staff who would be visiting them. Safe recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Requires improvement



Is the service effective?

The service was effective

Staff had a programme of training and were trained to care and support people who used the service both safely and to a good standard. Most staff had received supervision and an annual appraisal.

The registered manager and most staff had an understanding of the Mental Capacity Act 2005 and had received training.

People were supported to maintain good health and had access to healthcare professionals and services. Staff encouraged and supported people to have meals of their choice.

Good



Is the service caring?

This service was caring.

People told us that they were well cared for. People were treated in a kind and compassionate way.

People were treated with respect and their independence, privacy and dignity were promoted. People were included in making decisions about their care. The staff were knowledgeable about the support people required and about how they wanted their care to be provided.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care plans were in place. Some plans needed more information to ensure that care and support was provided in a way which was acceptable to the person.

Good



Summary of findings

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

The service was well led.

Staff were supported by their registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were systems in place to monitor and improve the quality of the service provided. The service had an open, inclusive and positive culture.

Good



Careline Homecare (Middlesbrough)

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected Careline Homecare (Middlesbrough) on 26 November and 10 December 2015. This was an announced inspection. We gave the provider short notice (48 hours) that we would be visiting.

The inspection team consisted of one adult social care inspector and two experts by experience who had experience of domiciliary care. 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 experts by experience made telephone call to people who used the service and relatives to find out their views on the care and service they received.

Before the inspection we reviewed all the information we held about the service. The registered provider was not asked to complete 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.

At the time of our inspection visit there were 240 people who used the service.

During the inspection we spoke with 36 people who used the service or their relatives / representatives. We also visited an additional three people in their home. We also spoke with the registered manager, regional manager, the administrator and six care staff. We contacted the local authority to find out their views of the service. They did not report any concerns. We looked at ten people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

Medicines had been supplied by the pharmacy in blister packs, packets or bottles. Medicines had a pharmacy label which detailed the instructions to ensure staff administered the medicines to people appropriately.

At the beginning of each monthly cycle of medicines senior staff wrote up the person's repeat prescription for the month ahead. We noted that this had not been checked and signed by a second staff member for accuracy when they next visited. This was pointed out to the registered manager who said that they would take action to address this for all people they supported with their medicines.

The registered manager told us how they helped to ensure safe practice for people who were supported with their medicines. Some people needed to have medicines given before food and when this was the case they had a fifteen minute appointment just for medicine administration and then a further visit (usually an hour after) for the person to have their breakfast and have any further medicines that were prescribed. Other visits needed to be planned with a minimum of four hour gaps so that people had safe intervals from one medication administration and another. However we did notice some gaps on medicine records. Staff did not always sign to confirm medicines had been given.

We also noted the record keeping for one person prescribed anticoagulant therapy was confusing. Records of blood results and changes to the dose of medicines was not recorded consistently on the Anticoagulant alert Card. Anticoagulants are used to treat and prevent blood clots and because it can reduce the ability of the blood to clot. The Anticoagulant Alert Card is important in an emergency and is used to inform professionals before other treatment is received. We noted that changes in the dosage of anticoagulants were not confirmed in writing by the prescriber. Verbal message changes to the dosage should only be accepted in an emergency and written confirmation should be obtained as soon as possible. This was pointed out to the registered manager who said that they would take action to address this.

The registered manager completed an audit of the records made on the MAR when they were returned to the office to

ensure that MARs were completed each time medicines were administered. Audits looked at picked up on any gaps in recording and then this was addressed with the staff member responsible.

As part of the inspection process we spoke with people who used the service who needed help from staff to administer their medicines. People did not report any problems and advised that care staff were reliable.

We asked people who used the service if they felt safe. People told us:

"I feel very safe with them, they are very kind, they are friendly and talkative."

"They always arrive on time, they make me feel safe."

"Very good, I feel safe. I have a key safe and they look after that no problems."

"I feel very safe when I am showering knowing they are there."

"I feel very safe with them. The two girls who come regular I've known for years they're grand lasses. One is off this week so I've got a lot of youngsters coming."

We asked staff about their understanding of protecting people who used the service. Staff were aware of the different types of abuse and what to do if they witnessed any poor practice. The registered manager was aware of local safeguarding protocols. Staff told us they had received training in respect of abuse and safeguarding of vulnerable adults. They told us that the training had provided them with the information they needed to understand the safeguarding processes that were relevant to them.

Records looked at confirmed that the home's management team had worked with other individuals and agencies to safeguard and protect the welfare of people who used the service. People who used the service and the relatives we spoke with during the inspection were aware of who to speak with should they need to raise a concern. They told us that they felt safe and trusted the staff who helped to provide them with the care and support that they needed. We found the service had safeguarding and whistle blowing policies and procedures in place. These outlined to staff what action they needed to take if they suspected a person was at risk of abuse from anyone.

Is the service safe?

We saw written evidence that the registered manager had notified the local authority and CQC of safeguarding incidents. The registered manager had taken immediate action when incidents occurred in order to protect people and minimise the risk of further incidents.

The registered manager told us the service was generally provided from 6:15am until 10:15pm. However overnight care was also available to support people. The registered manager told us that overnight care had been provided previously when people needed end of life care. This meant that some staff visited people at their home when the office had closed. The registered manager told us how senior staff were on call to provide support to staff. This showed that the registered provider took steps to ensure the safety of people who used the service and staff.

We were shown records which informed that prior to the commencement of the service environmental risk assessments were undertaken of the person's home. We saw information to show individual safety checks had been carried out in each home setting for staff to be able to work safely. Visual checks were carried out on gas and electrical appliances to make sure they were safe for use. Other checks included checking the lighting and finding out if the person smoked and checking for clutter which could pose to be a fire or falls risk. The registered manager told us that equipment such as hoists would be checked to ensure that they had been serviced and were fit for use. This meant that the registered provider took steps to ensure the safety of people and staff.

There were risk assessments in place for people who used the service. Risk assessments covered areas such as falls, medicines and mobility. Care records also described how to keep people safe for example one person liked staff to press the intercom on arrival and tell them their name before they let the staff member into their home. Other records detailed how to help ensure the safety of a person when staff left them for example making sure they were wearing a pendant so they could call for help and ensuring the door was locked. This meant staff were provided with the information needed to keep people safe.

During the inspection we looked at the records of four newly recruited staff to check that the agency recruitment procedure was effective and safe. Evidence was available to confirm that appropriate Disclosure and Barring Service checks (DBS) had been carried out to confirm the staff member's suitability to work with vulnerable adults before

they started work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

The registered manager told us that DBS checks on all staff were renewed every three years. This meant that the registered person continued to make checks on staff to make sure they were safe to work with vulnerable adults throughout their employment.

References had been obtained and where possible one of these was from the last employer. The registered manager told us any gaps in potential staff's employment history were discussed at interview to determine their suitability to work in the service. This meant that the registered provider followed safe recruitment procedures.

Staff we spoke with during the inspection confirmed that safe recruitment practices were followed before they started work. One person said, "My DBS and references were back before I could start. It's compulsory you can't start until you get them back."

The registered manager told us that the service employed 115 staff. This included the registered manager, care staff, co-ordinators, supervisors, and office staff. The registered manager told us that at the time of the inspection there were 240 people who used the service. The registered manager told us that there were enough staff employed to meet the needs of current people and if there was to be an increase in demand.

The registered manager told us the agency provided a flexible service in which to ensure that they met the needs of people. We were told and saw records which confirmed that people's needs were assessed on an individual basis. The registered manager told us that some people who used the service were provided with a weekly rota, which informed what time staff would be providing support and the names of staff. This meant that people would be aware of the times and staff who would be supporting them for the week ahead. One person said, "I get a rota so I know exactly who's coming and at about what time. This helps me to feel safe."

Some people who used the service did not receive a weekly rota and although staff were generally reliable they did not know who would be visiting on a day to day basis. One

Is the service safe?

person said, “I don’t know who is coming until I hear their voice.” Another person said, “I have regular girls unless there is an upset, weekends are a bit different, but they are all nice.” Another person said, “I know who is coming sometimes but they can muck you about and send all sorts.” The registered manager told us that they were looking to provide a weekly rota to all people who used the service.

People we spoke with during the inspection said that the staff turned up on time and stayed for as long as they were expecting them to.

Some people who used the service relied on staff to support them with their shopping. People we spoke with

confirmed that staff always provided them with receipts for their shopping and counted out their change. When we visited one person at home they told us, “They are very good and will often get me little bits of shopping.”

We asked the registered manager what staff would do in the event of a medical emergency when providing care and support for people who used the service. We found that most staff were up to date with their first aid training and other training was to be booked for early January 2016. The registered manager told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. A staff member we spoke with said, “The first aid training was really good they go into detail about what you need to do.” This meant that staff had the knowledge and skills to deal with emergencies.

Is the service effective?

Our findings

People told us they were confident staff had the skills and knowledge to support people with their specific needs. One person told us, “The girls I have know me well.” Another person said, “They are well trained, well they have been coming for years. They know what I want.” Another person said, “They seem well trained they would do whatever I asked them to do whilst they are here.”

The registered manager showed us staff training information which detailed training that staff had undertaken during the last two years. The registered manager told us training in food hygiene, health and safety (which includes fire safety), infection control and safeguarding (which includes Mental Capacity Act 2005) were undertaken by staff every two years. We saw that 80% of staff had undertaken training in food hygiene, 81% had undertaken training in infection control, 82 % of staff had undertaken training in safeguarding and that 90% of staff have completed training in health and safety. Medication training was provided on induction and yearly thereafter we saw that 82% of staff had received medicine training in the last year. Moving and handling training was also annually and records viewed indicated that 83% of staff had completed this training. First aid training was also annually and 81% of staff had completed this training.

The registered manager told us that further training dates had been booked for the beginning of 2016 so that all staff can be brought up to date with their training. We were also told that all training was now to take place on an annual basis as requested by the local authority.

On the day of the inspection we spoke with staff about training they had undertaken. Staff we spoke with during the inspection told us on the commencement of their employment they undertook a full induction. This included reading policies and procedures and shadowing other experienced staff whilst they provided care and support to people. This helped to ensure that people were supported by skilled and experienced staff.

Staff confirmed the quality of the training was good and provided them with the skills and knowledge to do their job. One staff member told us about their induction. They said, “The induction was really good. There is a training room and I did a lot of practical work with the hoist and

bed.” They also said, “What you learn in here is what you put into practice in the home.” Another staff member said, “I’ve just done loads of training last week, this was health and safety, first aid, medicines and first aid.”

Staff we spoke with during the inspection told us that they felt well supported and that they had received regular supervision. We looked at the records which showed that 23% of staff had not received supervision since June 2015 (and some before that date) This was pointed out to the registered manager who said that all supervision would be brought up to date by the end of January 2016. Staff told us that supervision was valuable. They said, “Supervision is excellent. They listen there is communication. They are your boss but they are also your friend but there is respect either way.” Records indicated 86% of staff had received an annual appraisal within the last 12 months. The registered manager told us the remaining appraisals would be completed over the next few weeks.

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

The registered manager told us that they assume people who used the service have capacity unless they are told otherwise. The registered manager told us that they had any concerns in relation to a person they would inform the person’s social worker or health care professional. We were told that where necessary other professionals involved in their care would undertake assessments in relation to mental capacity. Staff we spoke with understood their obligations with respect to people’s choices. Staff told us that people and their families were involved in discussions about their care. The training chart informed that 82 % of staff were currently trained in the Mental Capacity Act (MCA) 2005.

The service provided support to people at meal times. Those people who were able were encouraged to be independent in meal preparation. Staff encouraged and supported people to have meals of their choice. One person said, “They do my meals. I have frozen ones or sometimes fish. They help me to do my fish meals; they are well trained and very nice.” Another person said, “They

Is the service effective?

make my meals. They just make me what I ask for and leave us a cup of tea.” Another person told us how care staff help them to maintain a special diet which is very specific. They said, “With their help I am back to my normal weight and my weight is now managed.”

The registered manager and staff we spoke with during the inspection told us they worked with other healthcare

professionals to support the people. The registered manager told us how they communicated with social workers, occupational therapists and hospital staff as part of the assessment process and ongoing care. This meant that people were supported to maintain good health and had access to healthcare services.

Is the service caring?

Our findings

Most people we spoke with as part of the inspection process were complimentary about the care and service received. One person said, "I look forward to the visits from the carers, they are all good and do whatever I ask of them." Another person said, "They are very polite and respectful." Another person said, "We have a giggle every morning." A relative we spoke with said, "The girls are quite kind and polite and such. One or two have turned up thinking it's in and out and don't do much but most are good."

The registered manager told us there was a person centred approach to the support and care that people received and this was evident in the way the staff spoke about people who used the service. Staff spoke with kindness and compassion and were highly committed and positive about the people they supported. Staff knew and understood the individual needs of each person, what their likes and dislikes were and how best to communicate with them so they could be empowered to make choices and decisions. One staff member told us how when they visited a person at meal time they always opened the kitchen cupboards so they could see and make a choice about what they would like to eat. The care plan of another person informed how they liked to be actually shown different clothes so they could choose what they would like to wear. This meant that people were supported to make the own choices and decisions.

The registered manager told us staff induction and training, along with policies and procedures supported values and beliefs in the dignity and welfare of people. We saw that the key policies and procedures contained information on the service's values and beliefs such as; privacy; dignity and respect; equality; independence; rights; and confidentiality. It was clear from our discussions with staff that these values underpinned the work they carried out with people.

One person who used the service told us how staff maintained their dignity and privacy, they said, "I have them well trained and so has the cat. When they come in they know I don't like them to see me on the toilet so the cat demands his breakfast so they feed him and let him out by the time I'm ready for them in the bathroom and we get on with it."

People we spoke with during the inspection process told us how staff were supportive. One person said, "They help me do lots for myself." Another person said, "They are friendly and talkative. They notice any changes to my health and take the necessary steps to help me." Another person said, "They always chat to me. I felt very detached from the world before they started coming."

During one of our visits to the home of a person who used the service we saw how the staff member and person who used the service engaged in friendly banter which the person clearly enjoyed and which made them laugh.

People's diversity, values and human rights were respected. Staff demonstrated to us that they knew how to protect people's privacy and dignity whilst assisting with personal care but how they also ensured that people were safe. One staff member said, "You must knock before you walk in. Their home is your work place and we must respect that. Manners are really important and giving people choices rather than telling them what to do." Another staff member said, "I listen to what people want. You have to talk to people differently. Everyone doesn't want the same." Staff told us of the importance of encouraging independence. They told us how they encouraged those people who were able to help to prepare their own food.

Care files contained information about people's life history. This gave important information about people's background and their likes and dislikes. This information helped staff to provide more personalised care.

Is the service responsive?

Our findings

People and relatives we spoke with during the inspection told us that staff knew them well and were responsive to their needs. One person said, “They are very happy to change or cancel my visits if I need to. They are very good.” Another person said, “They go beyond their duty and I wouldn’t want it any other way.” A relative we spoke with told us the service was flexible and that on occasions they spoke to office staff to request extra visits and the majority of times these were accommodated. The relative said, “We have had two other care providers and Careline beat the rest by a mile.”

Most people were referred to the service after they had been assessed by a social worker, however some people did pay privately for their own care.

Careline provided personal care and support to people to enable them to continue to live in their own home. The service provided flexible care and support to people between the hours of 6:15am and 10:15pm. They were also available to support people during the night. Careline also provided a rapid response service and was on call during the day. The aim of the rapid response is to provide care and support to those people in their own homes whose informal care and support package has broken down unexpectedly and who may have had to go into a hospital or care home because they were unable to manage at home. This service is also provided to people who are discharged from hospital. This service is provided to people for up to 10 days and then the person is reassessed and their ongoing needs determined. The registered manager told us that for the rapid response referrals were acknowledged and responded to within two hours. Senior staff visited the person at home to undertake an assessment of the person’s needs and on some occasions would provide immediate care and support to the person if this was needed.

During our visit we reviewed the care records of ten people who used the service. Each person had an assessment, which highlighted their needs. Following assessment, care plans had been developed. Care records also described the support needed at each of the visits. Of the care records we

looked at during the inspection some detailed person centred care and support that the person needed. They clearly stated step by step instructions for staff to follow. For example when staff helped them to brush their teeth it was important that a towel was placed under their chin. It was also recorded that this person liked to wear perfume. However some plans of care were more task related, particularly for those people who had received the rapid response service. For example the care plan of one person for a morning call stated to assist with personal care and prepare meals and a drink. It did not detail what the person could do for themselves or the help needed from staff. We spoke to the registered manager about this who acknowledged that some plans were brief. Care plans for the rapid response service needed to be set up fairly quickly which meant that the finer details were left out. The registered manager said that they would ensure that in future all care plans were revisited and added to during the time care and support was provided.

The registered manager told us the service had received one complaint in the last 12 months. We saw that this complaint had been fully investigated. We were told that senior staff maintained regular contact with people and relatives to make sure that they were happy with their care and support. If any concerns were identified then these were acted upon quickly to avoid any unnecessary upset. We looked at the complaints procedure, which informed people how and whom to make a complaint to. The procedure gave people timescales for action. Of all the people we spoke with during the inspection only one person expressed dissatisfaction. They said, “I raised our issues at review, all of them but nothing gets done.” Other people said, “The office is pretty good. You’ve only got to ring them. We have never had to complain but I would know how.” Another person said, “I only ever had to complain once and it was dealt with straight away.” A relative we spoke with said, “We had a few problems at first but they got sorted out and it has been fine since.” People told us that they felt listened to and that they felt confident in approaching staff or the registered manager.

We saw that people had been asked to provide feedback on the service they had received. We found that the service had received many compliments.

Is the service well-led?

Our findings

People who used the service, relatives and staff that we spoke with during the inspection spoke highly of the registered manager and registered provider. They told us that they thought the service was well led. One person said, “She [the registered manager] is lovely, she cares and she understands what your needs are.” This person also said, “She [registered manager] listens to you when you don’t feel good about yourself. She is very professional.”

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Checks were carried out on all aspects of the service. This included the checking of care plans, other care records and medicine charts. It was noted however that the care plan audit / check was very brief as it only asked if care records were up to date, complete, accurate and appropriate.

Senior staff and office staff entered information onto a computer system when staff last had supervision, appraisal, training and recruitment checks amongst other areas. The registered manager and regional manager were then able to retrieve this information so that it could be analysed. The registered manager told us that this information was monitored randomly and that there wasn’t a monthly formal auditing system. Had a timescale for formal auditing been agreed the registered manager may have picked up on some of the minor concerns we found during the inspection such as some staff not having supervision for some months. The registered manager told us they would address this. The registered manager told us that they monitored and investigated any missed calls. They told us from August 2014 until 10 December 2015 there had been 42 occasions when staff had missed calls for people who used the service. When calls were missed investigations had taken place as to why calls have been missed to ensure lessons were learnt and to prevent recurrence.

We spoke with the registered manager and regional manager who told us there were clear lines of management and accountability and all staff who worked for the service were very clear on their role and responsibilities. Staff told us that the registered manager and other senior staff had

an open door policy so that staff have access to support at all times. From discussion with staff we found that the registered manager was an effective role model for staff and this resulted in strong teamwork, with a clear focus on working together. One staff member we spoke with said, “I think this place is well led. There is always someone there for you to talk to and you can always come in.” Another staff member said, “There is always someone around if you need help. The managers and office staff are very easy to talk to. I always work on my own but I don’t feel on my own.”

We found there was a culture of openness and support for all individuals involved throughout the service. Staff told us they were confident of the whistleblowing procedures and would have no hesitation in following these should they have any concerns about the quality of the provision. A staff member we spoke with said, “We are told if something is wrong then tell them.” They also said, “I know what is right and wrong and would definitely tell managers if I was worried.”

We asked the registered manager about the arrangements for obtaining feedback from people who used the service. They told us that surveys were sent out to people on an annual basis to seek their views on the care and service provided. We saw records to confirm that in May 2015 questionnaires were sent out to 222 people and that 57 were returned. The survey results were positive. People thought that staff were punctual, reliable and competent. For those areas requiring improvement an action plan had been developed detailing how and when the improvements would be made.

The registered manager told us that senior staff also visited people who used the service in their own home to make sure that they were happy with the care and service they received. These visits would sometimes be at the same time a care worker was supposed to arrive at the person’s home. We were told that checks were made to ensure that staff arrived at the person’s home at the time they were supposed to. Telephone calls were also made to people who used the service to monitor the quality of the care and service received. One person said, “They have come out from the office and asked us stuff and checked.” Another person said, “There was someone out from the office last week to check on stuff and ask me questions.”

Staff told us they were kept up to date with matters that affected them. We saw records to confirm that staff

Is the service well-led?

meetings took place regularly. The registered manager also shared key points from these meetings (particularly for those staff who had been unable to attend the meeting) via

a memo that went out to staff with their weekly rota. We also saw that the registered manager would give regular praise and thanks on these memos to show how much she valued the staff who worked at the service.