

Quality Care (North-West) Limited

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Inspection report

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13 October 2016

17 October 2016

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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

We carried out an unannounced inspection at Quality Care (North West) Limited on the 12, 13 and 17 October 2016. We contacted people using the service on the 13 and 17 October 2016.

Quality Care (North West) is registered with the Commission to provide personal care. This family run agency has been in operation since 1996 providing domiciliary care services within the borough of Pendle. The range of services provided includes personal care, domestic assistance and a sitting service. The agency office is staffed during the hours of 9:00 am to 5:00 pm, with a 24-hour on-call system for emergencies. At the time of our inspection there were 83 people receiving a service

We last visited Quality Care (North West) Limited on the 10 February 2014. The service was fully compliant in all areas assessed.

At the time of this inspection there was a registered manager in post. 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.

During this inspection we found the service was meeting the current regulations.

People using the service received care and support from a team of staff who had been recruited safely and trained to deliver safe and effective care and support. People who completed our survey told us they felt safe from abuse or harm from the staff and they were treated with respect. People we spoke with told us they felt safe in their homes. Staff followed their instructions to gain access to their property and left their homes secure. They told us staff were trustworthy and respected their home.

People using the service and their relatives described the service as very good. They said staff were very respectful, attentive to their needs and treated them with kindness and respect when providing their support. Staff were also described in such terms as being caring and kind, the best, remarkable and lovely people.

Staff had been trained in safeguarding vulnerable people and knew what to do if they suspected any abusive or neglectful practice. Safeguarding procedures were in place to guide and direct staff in reporting any concerns they had. People we spoke with knew what to do if they had any concerns regarding the staff who supported them.

Risks to people's health, welfare and safety were managed very well. Risk assessments were thorough and informed staff of the actions to take to support people safely. People knew they could contact the agency at any time and had emergency contact details for out of office hours. The service responded well to requests

for urgent help.

There were appropriate arrangements in place to support people to take their medicines. People received their medicines as prescribed, by staff that had been trained to do this safely. People we spoke with told us their visits were arranged to ensure they got their medicines at the right time.

Staff knew what to do in emergency situations and had guidance around keeping themselves and people they supported safe. Good arrangements were in place for staff to gain entry into people's homes without placing them at risk. Staff were provided with protective equipment such as disposable gloves and aprons to minimise the risk of cross infection between people they visited.

Staff were trained in the principles of the Mental Capacity Act 2005. Staff understood the principles of best interest decisions' regarding people's care and support and people's diversity was embraced within their care plans. Care plans were well written and person centred and focused on the needs of people using the service. People's right to privacy, dignity, choice and independence was considered and reflected in their care plan.

Staff felt confident in their roles because they were well trained and supported by the registered manager to gain further skills and qualifications relevant to their work. Staff were effectively supervised and were subject to spot checks to make sure high standards were being maintained at all times.

Staff had been trained in Palliative Care / End of Life Care. This meant people receiving this specialist care could be confident staff had the skills and knowledge to ensure they would be treated with respect and compassion and their dignity and comfort always considered. The service worked in partnership with other agencies to ensure people received person centred care.

The service provided was flexible in meeting people's needs. Visit times were scheduled to suit personal requirements and people we spoke with told us they could request a change of visit time and this was arranged. Assessment of people's needs was an on-going process which meant any changes to their care was planned for. Changes to people's needs and requirements were communicated well which meant staff were kept up to date with these changes.

People had opportunities to raise any issue of concern or pass on compliments about the service to the registered manager. People who completed our survey and those we spoke with had confidence in the registered manager to deal professionally with any complaint they raised.

People, their relatives and staff expressed their confidence in the registered manager and felt the agency was very well managed. Staff performance was monitored well and they were accountable for their practice. Tele monitoring was used to make sure staff were meeting their obligation in attending to people as and when required and ensure visits were never missed. Staff expressed a good level of job satisfaction and told us they felt valued.

We found there were good systems in place to assess and monitor the quality of the service, which included feedback from people using the service. Results of surveys completed showed a high satisfaction with the service people received.

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 told us they felt safe with staff that were respectful to them and their property. They were cared for by staff that had been carefully recruited and were considered to be of good character.

Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

Risks to the health, safety and wellbeing of people who used the service were assessed and there was good guidance in place for staff in how to support people in a safe way.

Is the service effective?

Good ●

The service was effective.

People received care and support that was specific to their needs. People were supported by staff that were well trained to meet their needs and were supervised in their work.

Staff and management had an understanding of best interest decisions and the MCA 2005 legislation.

People's health and wellbeing was consistently monitored and staff worked in partnership with health and social care when delivering care and support when necessary.

Visits were arranged to ensure people were supported when required, to eat and drink.

Is the service caring?

Good ●

The service was caring.

People who used the service were treated with kindness and their privacy and dignity was respected by staff they described as "fantastic" "wonderful", "cheerful", "a good friend to me and very kind".

People's care and support was provided according to their expressed wishes and preferences.

Is the service responsive?

The service was responsive.

People's care plans were centred on their wishes and needs and kept under review.

Staff were knowledgeable about people's needs and preferences and the agency offered a flexible service that responded to any changes in people's requirements including emergencies.

People felt able to raise concerns and had confidence in the registered manager to address their concerns appropriately.

Good ●

Is the service well-led?

The service was well led.

There were effective systems in place to regularly assess and monitor the quality of the service that people received.

The registered manager had ensured core values of honesty, involvement, compassion, dignity, independence, respect, equality and safety were central to people's care and support.

There was open and effective communication between the management, staff, other professionals, people and relatives. This ensured everyone was fully involved in developing and improving the service and that staff were valued and managed well.

Good ●

Quality Care (North West) 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.

This inspection took place on 12, 13 and 17 October 2016 and the first day was unannounced.

The inspection was carried out by 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 sent questionnaires to 50 people using the service and 50 relatives asking them to comment on the quality of the service. We also contacted 10 staff and 2 professionals asking them for their views. We received 29 responses from people using the service, 2 from relatives 1 from a staff member and 1 from a community professional.

Prior to the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including complaints, safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

During the inspection we spoke with eight people who used the service or their main carers. We spoke with

three staff members, the registered manager and the managing director. We contacted eight staff members via email and looked at the care records of four people who used the service and other associated documents such as policies and procedures, safety and quality audits and quality assurance surveys. We also looked at three staff personnel and training files, service agreements, staff rotas, staff supervision, complaints records and comments and compliments records.

Is the service safe?

Our findings

People we spoke with told us the service they received from the agency was what they wanted and had requested. They said they felt safe in their home and they considered staff were trustworthy. We discussed what 'being safe' meant for them. One person told us, "I have never had reason to doubt the carers' integrity. All the staff who visit me are lovely and I trust them all. They can let themselves in and they make sure I'm all right before they leave. I look forward to their visits." Another person told us, "They always visit me. I never have to worry about that. I think the girls that come are lovely and treat me very well. I've no reason not to trust them. I can ring the office if I'm worried about anything so that's good." We looked at the outcome of quality monitoring exercise carried out at the service. This showed people surveyed felt safe in their homes and cared for and was satisfied with staff that supported them. Comments included, "Carers are brilliant" and "Absolutely fantastic company. All the girls are very nice to have in your house-on time and prompt."

Every person who completed our survey told us, "I feel safe from abuse and/or harm from my care and support workers." Relatives of people using the service also told us, "I believe that my relative / friend is safe from abuse and or harm from the staff of this service." A relative told us, "My relative is blind. Our experience of Quality Care has always been of the highest standard at all times. We would recommend them happily to anyone." A community professional who completed our survey considered, "People who use this care agency are safe from abuse and or harm from the staff of this service".

The registered manager told us they had enough staff employed at the service to meet people's needs safely. People's care needs and the number of hours of support they required were calculated to determine the necessary staffing levels across the agency. As people's needs changed or as new people started to use the service, the staffing levels were reviewed. This helped to ensure there were enough staff to provide a reliable and consistent service. The registered manager told us recruitment of staff was an on-going process and we noted interviews were taking place during our inspection.

Care staff we spoke with told us they were never expected to slot another visit in that would impinge on other people's allocated time. Additional visits required were managed by the office. Staff also told us when people needed two carers they always worked as 'double ups'. Staff told us they did cover additional visits to cover for annual leave. If a member of staff rang in sick the office arranged cover from existing staff. There was always someone on standby that could help. This did not happen often. Staff spoken with told us rotas were usually managed well and they knew in advance who they would visit. Staff also told us if they were dealing with an emergency during their visit, or were concerned about someone, this was managed well. The management team rallied round and provided support through a crisis. This meant people were not left at risk in emergency situations or of not getting the help when they should at the right time. Staff told us there was always someone on the end of the phone to take advice from. The response from the management team was very good.

We looked at the recruitment records of three members of staff. We found a safe and fair recruitment process had been followed and checks had been completed before staff began working for the service. These included the receipt of a full employment history, an identification check, written references from

previous employers, and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This helped protect the safety and well-being of people who used the service.

We looked at how the service managed people's medicines. Records showed that training in the safe management of medicines was provided to all staff as part of their induction. Newly trained staff were 'competency' checked during their shadowing training and as part of their supervision. Spot checks were also carried out and records returned to the office were audited by the registered manager.

Care records showed people were 'prompted' to take their medicines by staff. Staff recorded medicines had been taken on daily records. We looked at a sample of returned Medication Administration Records (MARs) and found they were completed as required. We noted visits were arranged to enable people to take their medicines when they needed it.

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures are designed to provide staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. We saw this information included clear reporting procedures and information such as how to recognise signs of abuse to help ensure staff were able to identify concerns and take the correct action. All staff had training on this topic.

All the staff we spoke with were fully aware of the service's safeguarding procedures and their responsibility in ensuring any concerns were reported immediately. We were told they were actively encouraged to raise any concerns they had regarding people's health, welfare and safety as part of day to day practice. One staff member commented, "I would definitely report any concerns I had. The manager keeps in contact with people we visit and we have spot checks. They always ask our clients if they have any concerns about us and how we do our job. It's a good thing and it's our duty to report abuse."

Staff who responded to our survey via email told us, "Yes I have received adequate training on safeguarding and I know the correct policies and procedures to report this. I would go straight to the line manager and if not dealt with then then I would go above her. I am fully aware of the whistle blowing procedure and would be confident to use this". And, "I have fully been trained in this area and I know how to report. Quality Care whistleblowing policy complies with the Public Interest Disclosure Act 1998. If you witness any abuse, it should be reported to the manager, the manager should protect the source of information. I would be confident in using this as I think my managers are very confidential."

There was evidence to show the management team worked with relevant stakeholders to ensure people's safety. The management team was clear about their responsibilities for reporting incidents and safeguarding concerns and had experience of working with other agencies. We could see from looking at safeguarding notifications the registered manager had taken swift action by reporting safeguarding issues with relevant authorities when safeguarding matters were brought to their attention.

We looked at other protection measures taken by the agency to ensure people using the service and staff employed were supported to keep safe. There were policies and procedures written to support staff to work safely and were included in the staff handbook. These were comprehensive and a few examples of many included, Health & Safety, key holding, lone working, security and access to people's home, personal safety, rights, risks and restraint, Control of Substances Hazardous to Health (COSHH) , health surveillance, smoking, violence and aggression and infection control. Staff also knew for example what to do if they were

unable to gain access to people's homes or were concerned about people's health and welfare. Staff were provided with equipment for the prevention of infection such as disposable gloves and aprons.

We found the assessment process was designed to consider all aspects of people's needs, individual circumstances and potential risks. These assessments were central to the support people received. The scope of assessment was wide ranging and covered for example mobility, medication, bathing and showering, dressing and more personal needs. In addition to these, assessments were also carried out on the environment and equipment people used to make sure they were safe.

Information we received in the provider information return (PIR), informed us risk assessments were in place to ensure the safety of both staff and people using the service. They said, "Our supervisors carry out risk assessments at initial visits to assess risk around premises, medication, equipment and mobility and these are recorded in individuals support plans for individuals and for staff to observe."

Management of identified risks was well documented and provided staff with detailed guidance on how to keep people safe. Security of people's homes was taken into account. Some people used key safes to allow staff access to their home. Staff were instructed to ensure the property was safe and secure before they left. People we spoke with told us staff were "good" at ensuring their homes were left secure and commented, "Oh they always lock the door when they go out." "I have a key safe they use as I can't get up quickly to answer the door. It's handy having that because if there was an emergency they can get in quickly. I'm happy with the arrangement." We saw documentary evidence to demonstrate all risk assessments specific to people's needs were updated on a regular basis. All staff were provided with an identity card that remained the property of the company.

We noted a Business Continuity Plan had been developed. This set out emergency plans for the continuity of the service in the event of for example fire, flood, heat wave, winter emergencies, infection control, public health emergencies, civil disruption, and loss of staff, transport and security. All the staff had been trained in first aid and emergency aid awareness, health and safety, fire safety and food hygiene/handling.

Is the service effective?

Our findings

All of the people who completed our survey considered the staff were adequately trained. 86% said 'My care and support workers have the skills and knowledge to give me the care and support I need'. 97% of people said 'The support and care I receive helps me to be as independent as I can be'. They also said they received care and support from familiar, consistent care and support workers and they would 100% recommend this service to other people. People spoken with commented, "I've been extremely satisfied with the service from day one. They are wonderful people and I usually get the same carers. They are all really nice and know what they are doing and they do a good job."

We looked at the service quality monitoring survey. This showed people were very satisfied with the agency and the service they provided. One person commented, "Carers are absolutely brilliant, I couldn't do without them." Another person commented, "[Staff member] is an absolute bobby dazzler, always does more than needs to." Relatives commented, "[Relative] is very happy with all her carers. They do everything she asks and more besides." And, "Much better than what he had before. It's faultless, very good carers and very good office staff."

We looked at how the provider trained and supported their staff. We found very good evidence that staff were trained to help them meet people's needs effectively. All staff had completed induction training when they started work with the agency. This included an initial induction on the organisation's policies and procedures followed by the provider's mandatory training and elements of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. We saw evidence new staff also shadowed more experienced staff before they were allowed to work on their own. One staff member we spoke with said, "When new staff shadows the more experienced staff, they are always asked if they felt confident to work on their own. Training is done at their pace."

We could evidence in staff records they had undertaken other essential training and staff were signed up to NCFC (Northern Advisory Council for Further Education) for training in topics such as Alzheimer's and dementia. Records showed that staff were required to demonstrate their competence throughout their induction by being observed carrying out tasks and with regular spot checks. Training was provided both internally and from external accreditors. Most of the staff held a National Vocational Diploma in social care level 2 and above.

Staff we spoke with told us training was given priority. One staff member told us, "We do lots of training and are kept up to date with best practice. It's really good because through this we have the option to progress in our career." Staff members who sent an email response to our survey said "I do have adequate training and it is also on-going. Quality Care seems to keep us up to date with training which I didn't have at my previous employment, so I'm really pleased about that." And, "When I first started with Quality Care in November 2014, I was given a lot of training. I had never worked in the care industry before. I went out with a few different carers to see the ways how they work and what to do in care. I didn't go out on my own until I knew 100% what to do. I have also been kept up to date with training. Training is widely available if there is anything you are not comfortable with they are more than happy to help you and get you the training you

need to build your confidence."

Care staff told us they received regular supervision and appraisal of their work. They said, "We do have supervisions and spot checks are carried out more than once a month. We get feedback from these, what we did well or what could improve, it's really good. There is an open door policy at the office. We can speak to the manager in private anytime. Team leaders are really good too. It's good we can open up and talk about our work." We saw that staff training records were completed and copies of training certificates filed appropriately. One staff member who sent us comments via an email told us, "I have had several spot checks and appraisals and I have found these to be very useful as they identify my strengths and weaknesses. The spot checks and appraisals have been a good way to express my views. Regular meetings and weekly visits to the office have also helped."

Communication was seen to be very good. Staff told us they were kept up to date about people's changing needs and the support they needed. One staff member who emailed us said, "Yes we have sufficient information. If we get any new service users, our managers give us all the information needed about the service user. Also, if a current services user's care plans changes we are made aware straight away. Care plans are very well written and provide all the information needed, what care they [people] need, any medication information, doctors, family's etc." Another staff member who emailed us said, "All risk assessments are completed and these are presented in the service users care plans and available from the office. Sufficient information is supplied and care plans are all up to date and reflect care we need to deliver and the tasks very well."

Any support people required with their nutrition as part of their commissioned care was managed well. Visits were arranged to coincide with their preferred meal times and where relevant, their food preferences and any specialist dietary needs were provided. People using the service we spoke with told us staff prepared and made meals, and as one person told us, "Tidy up and wash up before they go" and "will leave me a drink before they go". Staff shopped for food if people needed this support. 'Food hygiene was part of the service's training programme, which helped to ensure staff had the knowledge and skills to prepare food safely.

Health issues were discussed during the assessment of people's needs. We noted good reference to people's healthcare issues were recorded in their health history and how this impacted on their current wellbeing and daily life. Staff had good guidance on what these health problems meant for people they supported and what they should be mindful of when providing their care. This meant that staff were aware of any risks to people's wellbeing and what action they should take if they identified any concerns. People told us they were happy to discuss their health care needs with their care workers and any concerns they may have about their health. One person who responded to our survey told us, "I had major surgery several years ago and this company looked after me all the way through."

Is the service caring?

Our findings

All the people who completed our survey people using the service and their relatives strongly agreed/agreed "My care and support workers always treat me with respect and dignity" and 97% considered "My care and support workers are caring and kind". During discussions we had with people who used the service we received some excellent comments about the approach of staff. People described staff with words such as 'fantastic "wonderful', 'cheerful', " a good friend to me and very kind", "the best", "very kind", "very caring" and "lovely people, they brighten up my day". We also looked at comments received at the service in a quality monitoring survey. People's comments included, "[staff named] is perfect. I couldn't ask for anyone better as her carer", "Wonderful. So far so good, no qualms at all. The carers are wonderful." We took a moment to read a poem written by a person using the service that read,

"To meet people like you is very rare,
Who are all able to give such care
What an excellent job you do
Hither, thither out in the snow,
rain, wind and ice you go
Brave and reliant for all to see
And such good friends you are to me
So on that note I will just say,
I look forward to see you every day"

A community professional told us in our survey, "People who use this care agency are always treated with respect and dignity by its staff. The staff I meet are kind and caring towards the people who use the care agency."

The agency had a code of conduct and practice that staff were expected to follow. We saw evidence this was being monitored with spot checks being carried out on all staff. Staff we spoke with told us they enjoyed their work. One staff member said, "I get a lot of job satisfaction knowing I am helping people stay in their own homes." Another staff member said, "With this company the clients come first and foremost. I always ask myself, is this how I would like my mother to be cared for? I'd definitely say all the staff who work here have a caring and compassionate nature. The manager won't have anything less from the staff and neither will we." One compliment received at the service stated, "Thank you to all the team who have supported [relative]. They have all been outstanding and compassionate."

According to the PIR the registered manager told us, "We are familiar with and apply the Code of Conduct for Health and Social Care Workers. We ensure that care focuses on the individual and we always take into account their expressed needs and preferences. We ensure that people in need of care and support are given choice and control over their lives. People are treated with dignity and respect at all times.

We were able to confirm this in records we viewed at the agency. Care plans were very well written placing people at the centre of their care. We saw that the views and wishes of the people were recorded and it was

clear people were involved and able to make decisions about their care and support.

We looked at rotas for staff and noted that staff were assigned to regular people providing consistency wherever possible. Most of the people we surveyed considered, "I am always introduced to my care and support workers before they provide care or support." Staff we spoke with told us the managers did their best to keep the same people on their rota. Staff who responded to our survey told us, "I do tend to have the same clients every time I am on shift which I find benefits both me and my clients". And, "I have had regular people, it can change on a day to day basis but you see most people regularly. We do have the ability to build up a caring relationship. It is also amazing and I get great pleasure from caring. For example the other day I went to a new service user who lives with [relative], it gave me great pleasure to hear when I was walking out the door 'what an amazing girl, so nice, I hope she is back next week'. All the girls at Quality Care are amazing and go the extra mile to make sure the service user is more than cared for. It's just the little extras that make a difference."

Care staff we spoke with talked respectfully about the people they supported. They had a good understanding of their role in providing people with person centred care and support. One staff commented in our survey, "People's privacy and dignity is respected and promoted hugely. This is done by information being kept confidential, people shown dignity during personal care and their wishes and choices are respected." The registered manager advised us in the PIR that, "Each individual we support is treated with dignity and respect and we actively promote individuals privacy, autonomy, independence and involvement in the community."

Acknowledgements from people and or their relatives who used this service supported a very caring service and comments included, "To all the staff at Quality Care. It was certainly quality caring at the highest level especially those who went beyond the call of duty." "Thank you for going that extra mile for me when I was in dire distress. You are all winners in my book". "Thank you for all your help with [relative]. We know he wasn't always the easiest of persons to care for but you did an amazing job." "Just to say thank you isn't enough to express the true meaning of what is in the heart, but I can only say thank you with the truest meaning and from the bottom of my heart. May God bless you all and help you in the work you do." And "I would like to say how well looked after she feels. All the carers are like her friends. They all need medals."

Is the service responsive?

Our findings

People who completed our survey told us they were involved in decision-making about their care and support needs. They also told us if they wanted, the care agency would involve the people they chose in important decisions regarding their care. People we spoke with told us they were very happy with the service they were getting. One person told us, "They help me get up, washed and dressed and prepare my breakfast. They are all very nice. If they see anything else they can do to help me, they will do it. They never leave without asking me if I need anything else." Another person told us, "I couldn't cope anymore. Since [names of staff] have visited I've got my life back. They seem to spot what I need before I do. I'm really grateful for their help and all the extras they do for me. I can ring the office anytime if I need help and it's given." Every person we spoke with told us staff never left them without asking if there was anything else they needed.

We noted people could request a service direct from the agency or be referred from social services. The registered manager told us that when they had a referral for the service they visited the person to discuss their requirements with them and carry out an assessment of their needs. The assessments focused on people's individual circumstances and their immediate and longer-term needs. The registered manager also told us they liaised with Occupational Therapists (OT) to help people access aids or environment adaptation to improve their quality of life and help them to maintain their independence.

We looked at three assessment of people's needs and care plans at the office and samples of daily records staff had completed that were returned to the office for confidential storage. The assessments identified the level of support people required and any associated risks to their health or wellbeing. We saw information about the person had been gathered from a variety of sources such as health and social care professionals, relatives and the person themselves.

Care planning was based on activities required at specific times and was risk based. For example support to get up, washing and dressing, bathing, meal preparation, medication support and social care. The plans were very clear about what carers needed to do when supporting people and also what they should be mindful of when providing that support. We found people could change their requirements for a service whenever they chose. People also told us if they wanted a change in time for a visit or extra visits this was arranged. One person who responded to our survey told us, "I am able to cancel a visit at short notice if I wish, as well as arranging an extra visit if need be." There were processes in place to review people's care plans as routine. This was to help ensure the service was continuing to meet the needs and expectations of the individual and discuss if any changes were required. This enabled staff to monitor and respond to any changes in a person's well-being.

A record of the care provided was completed at the end of every visit. We looked at some of these records that had been returned to the office for confidential storage. They were well written and very clear as to the level of support people had received. The reports were written respectfully and with sensitivity to people's circumstances and we noted staff were instructed to 'have a chat' and 'check if anything else needs doing before you leave'. The registered manager told us records were checked during spot checks and those

returned to the office were audited to ensure staff followed their procedures for maintaining records. There were policies and procedures and contractual agreements for staff regarding confidentiality of information.

Staff we spoke with told us they were well trained and were given enough information to know what people required. Care plans were in people's homes and these had good information about people's needs. We were told staff were always given updates on people's needs if they had changed. One staff member who responded to our survey via email told us, "Each and every client that we visit has a risk assessment which a copy is in each individual care plan. We also get the information verbally given to us if a client's needs change." Another staff member told us, "Sufficient information is supplied and care plans are all up to date and reflect the care we need to deliver and the tasks very well. I have enough time to complete the tasks required but if not, I know that I can ask for this to be reviewed and the matter would be sorted."

The registered manager told us, in the event of a medical emergency whilst providing care, staff stayed and supported people until they were confident the person was safe and under the care of relevant professionals such as GP or transferred to hospital. A staff member told us, "If we find someone isn't well we stay with them. Once we let the office know they arrange for cover, we never leave people. It doesn't matter what time it is there is always someone available to ask for advice." During our visit to the agency we were able to witness staff in action to deal with an emergency situation. Within minutes of a telephone call staff were directed to attend to the person." The registered manager told us, "We always have someone available to attend to emergency situations. People will often ring up for different things they need help with. We can give practical support or advice. It's all part of the service we provide."

People confirmed they knew how to make a complaint and were confident this would be dealt with appropriately. People who completed our survey mostly agreed, "My care and support workers respond well to any complaints or concerns I raise" and "The staff at the care agency respond well to any complaints or concerns I raise." The service ensured that all people using the service were provided with details about how to make a complaint along with contact numbers for the management team, local authority and the Care Quality Commission (CQC).

We found the service had systems in place for the recording, investigating and taking action in response to complaints. There had been two complaints in the past 12 months. We noted these complaints had been dealt with appropriately and within the time scales of the policy.

The service held a file for compliments. All the comments we saw were thanking the service for its high standard of care and its kindness of staff. The registered manager told us satisfaction surveys were sent out annually to people and their families where appropriate. The surveys asked for people's experience with areas such as professionalism and approachability of care staff. In addition to this people were regularly asked personally via telephone contact, with regard to their satisfaction of the service.

Is the service well-led?

Our findings

People who completed our survey all agreed 'I know who to contact in the care agency if I need to', and 'The care agency has asked what I think about the service they provide' and 'The information I receive from the service is clear and easy to understand'. People expressed their confidence in how the agency was managed and they felt they were listened to. Their comments included, "Overall, this company is far better than others used in the past and the management are very approachable." "Our experience of Quality Care has always been of the highest standard at all time. We would recommend them happily to anyone." "I have no concerns at all about this agency. It's well managed and I'm very satisfied with the service."

There was a manager in post who had been registered with the commission since 21/01/2011. The registered manager had responsibility for the day to day operation of the agency. She was supported in her role by the managing director, care coordinator, team leader and a lead carer. Throughout all our discussions it was evident the management team had a thorough knowledge of people's current needs and circumstances and was committed to the principles of person centred care.

According to the PIR, there were systems in place to ensure the quality of care practice. We were able to confirm this during our visit. The registered manager told us they received regular legislation updates and attended seminars to keep up to date with best practice in social care. They had signed up to 'The Grey Matter Group' whose mission was to improve lives through learning. All staff had completed the care certificate and received regular supervision. We were informed "Management will continue to attend training events around personalisation and individual support planning as well as providing on going supervisions to ensure staff compliance."

The registered manager told us they had an 'open door' policy encouraging communication, transparency, and a positive working culture between everyone. They had regular discussions with care staff about people they supported and at times covered visits themselves. Feedback about the quality of the service was seen as very important. They also had regular contact with people using the service and or their relatives and all activity and telephone calls were documented to make sure any information received was not overlooked. Information in the PIR explained, "We aim to continue to listen to individuals, their families and staff members on how we can continuously improve our ways of working."

A wide range of policies and procedures were in place at the service, which provided staff with clear information about current legislation and good practice guidelines. We were able to determine that they were regularly reviewed and updated to reflect any necessary changes. Staff had been provided with job descriptions, a staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care. We determined through staff survey and interviews with staff there was a good working relationship between the registered manager and staff. Comments from our staff survey included, "We do have spot checks quite regular and the management are very good at speaking to us about concerns they might have. I find the management very approachable to speak to about anything. I would happily recommend Quality Care to people and have recommended a few of my friends and family members to come and join our team. I literally cannot fault them at all." "The service

delivers high quality care by ensuring all service users' needs are met, care is delivered to a high standard, carers are punctual and looking smart and well presented. They make sure tasks are completed and they put the service users' needs first. I feel very valued member of the team and this is acknowledged at appraisals and when management pass on good feedback they have received.

I would definitely recommend this service." "There are many good points including the outstanding team work , the way the care is delivered , the passion the carers have in making sure they only give their best care, the time keeping is good and the caring sensitive nature of all means that every service user is left happy after receiving the best possible care. The management is absolutely superb. They really do everything they can to make sure that each service user and each employee is looked after and happy. I have no complaints whatsoever about this company and I am extremely grateful to be a part of it."

The company used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback from people and their relatives in quality assurance questionnaires. We looked at the results of the latest survey and noted a high level of satisfaction.

We found staff we spoke with were enthusiastic and positive about their work. They were well informed and had a good working knowledge of their role and responsibilities and duty of care. Staff were very complimentary about the management of the service. They told us they had received the training they needed and were well supported by the management team. The registered manager and senior staff were approachable and they considered the agency was well led. Staff referred to themselves as being 'valued', 'well supported', 'happy' and had 'a lot of job satisfaction'.

Staff we spoke with had a good understanding of the expectations of the registered manager and had clear defined roles and responsibilities to people using the service, themselves and the agency. They were well informed and had a good working knowledge of the people they supported. We saw that the management team constantly monitored care workers reports of visits when these were returned to the office or during a spot check. This helped the registered manager to make sure staff provided the care and support they should. The agency used a tele monitoring system. This meant staff were required to call in to the office when they arrived at people's homes and log out when they left. This information meant the management team were able to monitor more effectively that staff were meeting their obligations in attending to people as and when required.

There was also a process in place to monitor any incidents such as accidents or complaints. This meant there was constant oversight of the service and this provided an opportunity for everyone to reflect and improve the service where needed. Formal audits in areas such as staff records and training, health and safety, care planning, and medication were carried out which meant all aspects of the service would be checked at regular intervals throughout the year.

The registered manager set out detailed planned improvements for the service in the PIR under safe, effective, caring, responsive and well led. This demonstrated the registered manager had a good understanding of the service and was focused on improvements.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team.