

Haslemere Homecare Limited

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Inspection report

Unit 3
Haslemere House, Lower Street
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Website: www.haslemerehomecare.co.uk

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

The service was last inspected on the 14 January 2016 where we identified concerns with how information was shared with staff about people's needs and how the service monitored the visits that staff made to people's homes. Soon after the inspection the provider confirmed that they had introduced a digital care management tool that staff would log into to state that they had arrived, logged that they had provided all of the care and then log back out when they had finished all of the care. Confidential information about people's needs was able to be shared using this system.

This inspection was carried out on the 12 May 2017. Haslemere Homecare provides personal care and support for people in their own homes. This includes people that are old and frail, some of whom have disabilities. At the time of our inspection the service provided personal care to approximately 120 people. Other people who used the service were not receiving personal care.

There was a registered manager in post at the time of the inspection. 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. We were supported on the inspection by the registered manager and the deputy manager.

People were able to build caring and friendly relationships with the management team and the staff who supported them. People and relatives felt that staff and management went above and beyond their duties to care for people and their families in a compassionate way. One relative said "It's a lifeline to me. My rapport with (the member of staff) is fantastic. I would be lost without (the carer). They go above and beyond. She (the carer) is very caring, competent and motivated. Do anything for anybody"

The manager and staff went out of their way to ensure that people and their relatives were comforted and looked after in a kind and compassionate manner and treated with dignity and respect. It was clear that staff understood people's needs and how to communicate with people. People and relatives were involved in the decisions about their care.

People told us they felt safe with staff. Relatives felt that their family members were safe with staff. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected. There were sufficient staff at the service to provide care and support to people. Appropriate recruitment checks were undertaken before staff started work.

Staff understood the risks to people and ensured that people were kept safe. Staff encouraged and supported people to lead their lives as independently as possible whilst ensuring they were kept safe. People's medicines were managed in a safe way. People were supported to manage their own medicines.

People received support from staff that knew them well, and who had the knowledge and skills to meet their needs. Training was provided to staff that was specific to the needs of people. People and their relatives spoke highly of the staff and the support provided. Staff received supervision to provide effective care to people.

People had detailed care plans in place which provided guidance for staff about how people liked their care provided. People told us staff always respected the way they liked things done and respected their home.

Staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. No-one receiving support was assessed as lacking capacity to make day to day decisions. Staff knew what to do however if this situation arose.

Staff supported people with their nutritional and hydration needs. Health care professionals were involved in people's care and staff ensured that they followed guidance provided by them.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People and relatives said they knew how to make a complaint if they needed to.

People, their relatives and staff told us the registered manager and all of the senior staff were attentive, friendly and approachable. The registered manager had systems in place which monitored health and safety and the quality of people's support. The systems were responsive and had led to changes being made.

The registered manager had informed the CQC of significant events. Records were accurate, well maintained and kept securely.

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 that they felt safe in their own homes and relatives were confident that people were safe with staff.

Staff received training and were knowledgeable about safeguarding people.

Robust recruitment practices took place before new staff started work.

People were supported with their medicines where appropriate.

Accidents and incidents were recorded and actions taken to reduce the risks.

Risk assessments had been completed that were clear and provided staff with the necessary information to help people remain safe.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to do their job well.

Staff received appropriate training specific to the needs of people. Staff had appropriate supervisions to support them in their role.

Staff had a clear understanding of the Mental Capacity Act and its principles. This was demonstrated in how people were supported.

People were supported with their healthcare needs, in interacting with medical professionals and in managing appointments. People were supported to eat and drink healthily. Where people were at risk of malnutrition or dehydration this was monitored by staff.

Is the service caring?

Good ●

The service was exceptionally caring.

Staff went the extra mile to ensure that people and their families were treated with kindness and compassion.

People felt that staff always treated them with dignity and respect and we saw that this was the case.

People were able to express their opinions about the service and were involved in the decisions about their care.

Care was centred on people's individual needs. Staff maintained kind and caring relationships with people and their families.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed when they entered the service and regularly thereafter. Information regarding people's care and support was reviewed regularly and staff were kept up to date of any changes.

People knew how to make a complaint and who to complain to. We saw that complaints were responded to in an appropriate way.

Is the service well-led?

Good ●

The service was well- led.

People and families were helped and supported to raise funds for charities that were important to them.

There were appropriate systems in place that monitored the safety and quality of the service.

Where people's views were gained these were used to improve the quality of the service.

People and staff thought the manager was supportive and they could go to them with any concerns.

The culture of the service was supportive and staff felt valued and included.□

Haslemere Homecare Ltd

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 May 2017 and was announced. We gave the service 48 hours' notice of the inspection because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. This inspection was carried out by two inspectors with experience in regulating services for people receiving care in their own homes.

Prior to the inspection we reviewed the information we had about the service. We reviewed the information supplied by the registered manager and we checked information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

On the day of the inspection, with their permission, we visited six people in their home to observe care being provided by staff. We also spoke with these people and where appropriate, their relative about their experiences of the care being provided. During the inspection we spoke with the registered manager, and seven members of staff. We looked at a sample of nine care plans of people who used the service, medicine administration records, three recruitment files for staff, and supervision records for staff. We looked at records that related to the management of the service. These included minutes of staff meetings and audits of the service.

After the inspection visit we also conducted telephone calls with five people who used the service and received written feedback from five people and relatives.

Is the service safe?

Our findings

At the previous inspection in January 2016 we raised concerns that there was no effective systems in place to ensure that the provider knew when staff had arrived at a service and that they had stayed for the duration of the call. At this inspection we found that this had improved.

In order to ensure that staff were attending calls and staying for the duration of the call the provider had introduced a digital care management tool that provided a single view of care records from enquiry, medication and care changes. This system was downloaded onto phones and staff were able to access this whenever they went into people's homes. They would log into the system to state that they had arrived, log that they had provided all of the care and then log back out when they had finished all of the care. If a member of staff had not arrived at a call at the given time the office would be notified straight away. This ensured that there were no missed calls. Staff told us that this was a useful tool to use when they needed to review the most up to date care for people.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Comments from people in relation to the staffing levels included, "A carer has never not turned up. If they are going to be late I will get a call to say so", "They (staff) are always on time. If they have been delayed I will get a phone call to tell me." All of the people said that if staff were going to be late then they will always get a call which gave them reassurance. The registered manager told us that staffing levels were always met and if a member of staff called in sick or was on leave they would be able to cover the care for people. One member of staff said, "There are enough staff. I only occasionally have to cover for other staff. The rotas are planned in advance and you can plan your day."

People said that they felt safe in their homes with the staff from the service. Comments from people, "I've felt safe from the beginning. It's never been an issue. I trust them all implicitly", "One hundred percent safe. I have never had any worries about the staff", "There's not one of them I mistrust. They're gentle, kind, caring and understanding." Relatives told us that it was important for them to know their family member was safe. The relatives we spoke with had no concerns about the safety of their family members with staff. One relative said, "They do keep him safe. They are always very professional, they are very good."

Staff understood safeguarding adults procedures and what to do if they suspected any type of abuse. One member of staff said, "If I had any concerns I would contact the manager. I would record any concerns and come into the office and complete an incident form." Another member of staff said, "I would report my concerns to the office confidentially and contact the Police if needed." All staff had received training in safeguarding and there was a policy for staff to refer to. Where there had been any safeguarding concerns these had been addressed appropriately by staff. The registered manager ensured that appropriate steps were taken to address any safeguarding concerns.

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out checks with the Disclosure and Barring Service (DBS.) The DBS

checks people's criminal history and their suitability to work with vulnerable people. Staff told us, and records confirmed, they had not been able to begin work at the agency until all checks had been carried out. One member of staff said, "I wasn't allowed to start work until all my checks had come through."

Risks to people were assessed and measures to enable people to live safely in their homes were recorded. Risk assessments included the risks associated with people's homes and risks to the person using the service. One person told us, "They always make sure the doors are closed so I don't bang into them." Another person was at risk of falls. Information in the risk assessment required staff to ensure that the floors were clear of obstacles and that they supported the person to mobilise. A plan to manage the risk was in place and was understood by staff. Where necessary referrals were made to Surrey Fire and Rescue to ask them to review the person's smoke alarms to ensure that they were safe.

All staff had received training in moving and handling. One person said, "I feel safe with the carer here. Knowing I can have a shower with them here. That's the main reason I have them." Another person told us that there had been a power cut the previous night, which meant the person's pressure relieving mattress would have deflated, putting them at risk of developing pressure ulcers. The member of staff had phoned the relative of the person during the evening when they were off duty to tell the relative what to do with the mattress to prevent this from happening.

The registered manager told us the people who used the service required minimal support with their medicines. One person told us, "My husband does my tablets but they always ask me if I've had them to make sure." We observed staff asking people whether they had taken their medicines before they recorded as such on their care notes. Staff maintained a record of people's medicines which included the amount received and when medicines should be taken. All staff had received training in the safe management and administration of medicines. One member of staff said, "I just prompt people with their medicines. I would record if people chose not to take them and report this to the office."

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very positive about the staff who supported them. One told us, "You can tell that staff are very well trained." Whilst another said, "She (the carer) is very good at everything she does. She's first class."

People were supported by staff that had undergone a thorough induction programme and were required to undertake the Care Certificate which gave them the skills to care for people effectively. Staff told us they were not asked to work alone until they had received all required training and they felt confident in their role. One member of staff told us, "The training is good. All the staff are required to undertake an induction." Another member of staff said, "I did shadowing with another member of staff beforehand. I really enjoyed seeing how staff did different things." Before any staff started work independently they were tested on their competency to undertake their role. This included the manager overseeing the care that they were providing. Where needed additional training and support were required this would be provided. For example one member of staff was only provided with clients that did not require assistance with moving until the member of staff was provided with additional training.

Staff received training appropriate to the needs of the people who used the agency. This included dementia, aging, stroke and anxiety. Some people who used the service were living with Motor Neurone disease and the provider was committed to raising awareness of the condition by keeping up to date with current guidance and by providing training in these areas. Staff were kept up to date with mandatory training which included areas specific to the people who they provided care to. The training included health and safety, infection control, stress management, continence promotion, depression, nutrition and assessment of people's needs. Staff told us that the training provided was effective and helped them in their roles. One member of staff told us, "I like the training and I like learning. I undertook training in challenging behaviour and it helped me think about the different ways of approaching the care, trying different approaches." Staff were encouraged to undertake National Vocational Qualifications and we saw that the majority of staff had or were doing this. One member of staff said, "It's good to know that they (management) believe in me and support me to undertake extra training." Another told us, "They are very hot on training, they keep us up to date."

We saw that staff's competencies were assessed regularly and recorded. Spot checks by the senior staff were undertaken on staff at people's homes. This was to ensure that care was being delivered appropriately. One person said, "Spot checks have been undertaken here. I think it's important that they are done." A relative said that a supervisor visited to do spot checks. "They go in there (family member's bedroom) and watch what the carers are doing and they ask my opinion." One member of staff said, "Spot checks are done by the seniors. They can check that you arrive on time and that you have everything you need. It's a chance for them to all speak to the client." Staff also confirmed that they had one to one meetings with their managers. Things discussed included any additional training needs and feedback on how staff were performing. One member of staff said, "I have supervisions. I think they are important because if you have a problem you can sit and talk about it."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the MCA. We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. Staff had received training and had a good understanding of the principles of MCA. They were clear about respecting people's rights and of the procedures to follow where a person lacked the capacity to make decisions about the care and treatment they received. One member of staff said, "You always assume someone has capacity to make decisions. If you think someone lacks capacity then you would discuss this with the manager." The registered manager told us that no one is currently being supported by the service who lacks the mental capacity to make day-to-day decisions.

Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. Staff recorded clear information about any health issues, action taken and the outcome of people's contact with health care professionals. People told us that staff would support them to make appointments to see their GP and if necessary take them to the appointment. One member of staff told us, "If someone was unwell I would phone the on call (the manager) and phone the doctor." The registered manager told us that community health care professionals would leave guidance for staff to follow for example in relation to occupational therapy and nutrition. We saw that staff were following this guidance. One person said, "Staff bring their experience and knowledge. It was X that suggested that I should go for an x-ray when I was in pain." One social care professional fed back to the manager how positive their input had been. They stated, 'Your team output is always relevant and helpful. They (staff) see a problem and they act on it or make the appropriate suggestions.'

Where needed staff supported people with their food and drink. One person told us, "I get asked what I would like for breakfast and they (staff) always make sure I have a drink with me." Another person said, "If I want breakfast they'll make it. I only have to ask for anything I want." A relative said, "Whenever I come there's a bowl of fruit and plenty of drinks next to him. Today there was a chocolate pot there which they know he likes. They think of everything." People told us that staff always made sure they had food and drink available to them before they left the home. We saw this in practice; one member of staff asked a person what they were having for lunch that day and asked if they needed anything preparing. The staff member brought the person a bowl of porridge and a drink. One member of staff said, "I check in the person's notes to see what was made from the previous call and check that it has been eaten. If people say they are not hungry I still show them options of food. If food has been left I will write it in their care notes and inform the office if I need to." They told us that if the person kept refusing food they would recommend a food diary to monitor this and contact the GP.

Is the service caring?

Our findings

At the previous inspection in January 2016 we made recommendations that staff were given time between calls to ensure that they could stay with people for the full length of the call. Soon after the inspection the provider advised us that they had built in extra time between calls and ensured that staff were given calls that were all local to each of them to reduce travel time.

The registered manager told us that they expected staff to stay with the person for the duration of the call regardless of whether they had completed their tasks. They said that it was important for the person who may not have seen anyone all day for staff to spend some social time with people and that they would try and ensure that they always had the same member of staff where possible. Each person we spoke with confirmed that this was the case. One person said, "They always stay for the full time. They just chat. It's lovely. It breaks the isolation." One relative told us, "He'd like to have the same carer all the time but we realise that isn't always possible. They've made sure that it's the same person most mornings which has made a massive difference. She's very good and will phone me and let me know if he needs anything. I don't live locally so it's really good for me to know." One member of staff said, "I always stay at calls for the full length of time. I sit and have a good chat with people."

People were able to build caring and friendly relationships with the management team and the staff who supported them. People were complimentary about the caring nature of the staff. Comments from people included, "Staff are so lovely. They are all very pleasant. They are all so genuine. I can tell they like me", "I can't praise them enough. I'm very happy"; "I can't fault any of them. I love all my girls. They're sympathetic, lovely, lively and wonderful."

Relatives also shared this view of staff. Comments included, "It's a lifeline to me. My rapport with (the member of staff) is fantastic. I would be lost without (the carer). They go above and beyond. She (the carer) is very caring, competent and motivated. Do anything for anybody", "They get on very well, they have a bit of banter between them", "From my point of view, it's all positive. I haven't got a bad word to say about them. They are brilliant, absolutely brilliant."

The registered manager (who was also the provider) showed compassion for the people (and their families) they provided care for. They employed staff; many of whom had worked for the agency for a number of years that showed kindness and consideration towards the people that they cared for. When asked how they showed people that they cared one member of staff said, "I go in all jolly and put my arm around them. I smile and chat with people." We saw this in practice when we observed care being delivered by one member of staff. All the interaction we observed between staff and people was friendly and caring. We heard one member of staff saying, "You're looking really good today, are you feeling good?" We could hear that when staff provided care, they communicated with people throughout the process to ensure they felt comfortable and knew what staff were doing. It was clear that staff knew people well. People, relatives and staff clearly got on very well and shared laughs and jokes. One relative said, "I enjoy their company too. When (the carer) comes in the evening, she keeps me up to date with what's going on in the world."

People and relatives valued their relationships with the staff team and feel that they often go 'The extra mile' for them, when providing care and support. People gave us examples of how staff did things for them that they felt went beyond what was expected. One relative told us, "I felt very emotional one day. X (The carer) just hugged and cuddled me. She told me just to let it all out and it really helped." One person told us, "She'll do little extras for us, like emptying the dishwasher, and she always asks if we want a cup of tea." It had been the wedding anniversary of one person that used the service. Staff had bought a box of chocolates and a card, which they helped the person write 'hand over hand' (because the person can no longer write). They put the box of chocolates and the card under the relative's pillow. The relative told us that they found the chocolates and card when they went to bed and had been very touched by this gesture. They told us, "It was such a lovely thing to do." Another relative said, "They are very good, they always ask me if there's anything else I want doing. They'll put my bins out if I ask them to or post a letter for me."

The compassion shown towards people and families is an outstanding feature of the service. Examples of the impact for people and their relatives included; one relative wrote to the service thanking a member of staff for supporting and attending a family wedding with their family member. They said, 'She (the carer) gave help to X throughout the day as he needed. This would have been extremely difficult on my own and it would have been frustrating to have missed out on treasured moments with my sister on her special day.' Another relative wrote, 'If (the carer) notices that X's bin is not out and waiting on dustbin day she will come and get his bin and put it out and put it back in the garden, even on her day off. We really appreciate the help that (the carer) gives with these things and don't know what we would do without her.' One person told us, "My main carer is X, she's been my rock. She always has a smile on her face, just wonderful." A relative said, "They're very accommodating. Dad recently needed a new front door fitting and they arranged for someone to be here whilst it was being done." We saw that the provider and staff team took part in charity events with people that used the service to raise funds for organisations that supported the people with particular conditions including Motor Neurone Disease and Cancer research. One member of staff pushed one person in their wheelchair during one part of a charity run.

People said that staff were always respectful and treated them with dignity. Comments from people included, "This morning I didn't want a shower. They gently encouraged me, they do this with dignity and respect. They ask me and it's nice to be asked", "I am asked what I want rather than being told. I am treated with dignity"; "We get on so well, they're very special to me. They listen to you but don't judge. Even the slightest thing they listen to me." One relative said, "Carers know and understand him. They know his quirks. They gently encourage him and they listen to him." Whilst another said, "He (their family member) has Alzheimer's but he's still a very private man. They are very respectful of that. They cover him up with a towel and do their best to maintain his privacy. This comes because they know him so well." Another relative said, "They are very good for me too. When something like this happens, it's very hard to deal with, you lose your privacy, and they have been very respectful of that." We saw that staff spoke with people in a respectful, caring manner. When personal care was being delivered we observed the member of staff take the person into the bedroom and pull the door closed to protect their dignity. One member of staff said, "If people are having a bath I make sure the curtains are closed and cover them up. I respect their wishes. If they don't want a wash I will gently encourage."

People were supported to remain independent in their own homes. One person told us, "They don't take my independence away which is very important to me. They let me do what I can but don't force me to do anything. They encourage me to give things a go and tell me they there are to help if I can't manage. I help them make the bed in the morning now. They fill me with confidence." One relative told us, "They (staff) encourage him to shave and clean his teeth." We observed one member of staff asking the person if they wanted support to get up. The member of staff did not assume the person needed things done but asked the person if they were able to do it. This person told us, "I don't know what I would do without them but

they don't assume I can't do things." Another person said, "I've been independent all my life, I don't want to lose that." They said the member of staff helped them with things they needed help with, such as getting out of bed, showering, shaving and doing his buttons, as they struggled with these things. One member of staff said, "(The person) likes to do things for himself and we encourage him. What he can do varies from day to day. We tailor (the support) depending on how he feels on the day." Another told us, "Allow them to do things for themselves. Encourage them to put the kettle on. We work together."

People and relatives said they felt involved in the planning of their care. Where care plans were reviewed this was done in consultation with the person and the family where appropriate. People said that staff always asked them about how they wanted their care to be provided. One person told us, "I like to get up early and have my shower; it sets me up for the day. I get up and look forward to their calls. They always knock on the door and shout who it is." One relative told us, "(The family member) likes his routine. They asked us when he wanted to the carers to come and how he liked his care." The member of staff told us, "I know X's routine like a member of my own family." We observed care being delivered specific to the person's requirements and what they had asked for.

It was clear from observations and discussions that staff knew people and understood their needs. One person told us, "When I am feeling anxious they (staff) listen and talk me through and within a few minutes I'm calm. They really are amazing." We saw one member of staff engage with a person and it was clear that they knew all about their family and the things that they liked to do. They chatted to the person about the things they knew they liked and always waited for the person to respond before speaking. Some people had difficulties verbally communicating however staff understood from the signs and sounds that people were using what people wanted.

The management and staff team were determined and committed to enabling people and their relatives to live their lives as they wished and looked for ways to overcome obstacles. One relative used the time when care staff were there to take time for themselves. The registered manager ensured that there was a member of staff available to take the person to appointments so that the relative could have this time. The relative told us, "It's a lifeline to me. I know I can get on and do some bits for me."

Is the service responsive?

Our findings

People told us that before they started using the service an assessment of their needs was undertaken. One person said, "I phoned them and they came and assessed the situation. I needed help morning and afternoon." Another person said, "(The senior) came out and we talked about what I wanted and needed." A third told us, "They came out from the office and got to know me. Asked all about what I liked and what I don't, it was all discussed. If there is anything I just have to phone the office but everything is normally wonderful." Whilst a relative said, "(The senior) came and did the care package. He (the family member) chose what he wanted and how he wanted it." A second relative said, "Dad didn't want carers at first but he wouldn't be without them know. He looks forward to them coming. He wouldn't be able to be at home if it wasn't for them."

People felt that their needs were being met. One person said, "They make sure I have everything I need for the day on my table so I'm fine until my husband gets home." The registered manager told us that when they received the initial call about providing care they or the team leader would go and visit the person and invite the relatives if appropriate. They said that they would discuss what they would and would not be able to offer. They said that once the person had agreed to the package of care they would develop the full care plan and would ensure (as much as they could) that the same staff visited the person. They said that this would give continuity of care. This was confirmed with the people that we spoke with. One relative told us, that regular staff attended and they all knew their family member well. "The only time that changes is if (the staff member) is sick or on holiday." A member of staff said that the manager allocated them to provide one person's care as they had got on well from the start. They said the agency always tried to 'match' people and care workers who shared interests and got on well together. We found this to be the case on the day of the inspection.

Care plans were personalised and detailed daily routines specific to each person. Staff were able to explain the support people needed and what was important to the person. There were detailed care records which outlined individual's care and support. For example, personal care, medicine, health, dietary needs, emotional needs and mobility. Any changes to people's care were updated in their care records to ensure that staff had up to date information. One person told us, "X comes from the office to see me and check if there's any problems. I can tell the girls if I want anything to change." On the day of the inspection one person was returning to home from hospital and we heard the registered manager arranging for the person to be visited to assess their changing needs. We heard the office staff contacting the member of staff who supported them to inform them of their return from hospital. Relatives told us that they were updated of any changes to their family member. One told us, ""They always phone straight away if he's had a fall. They know I don't live close by so they always tell me to wait until they know what's happening before I come down. They're very reassuring."

Staff told us that they would ensure that any care provided was written in the person's notes. We confirmed this from the daily notes that we reviewed. Staff said that if there had been a significant change to the person's needs they would call the office. One member of staff said, "Every time I go to the home I read the care plan especially with new clients." Another member of staff said, "If people's needs change I will ring the

office or go into the office to let them know." The registered manager told us that the office staff would then ensure that all staff were contacted and informed of the changes. The registered manager told us that staff were informed of changes either by phone, in person when they came to the office or by care note electronic system that staff could access remotely and securely.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. Each person was provided with an information pack that included the complaints procedure. We saw this in one person's home when we visited them. People and relatives said that they would not hesitate in making a complaint if needed. One person told us, "I would ring and complain but I have never had a need to." A relative told us, "I would approach the manager if I had a complaint but I can't ever recall having a problem." Another relative said that they did have to contact the manager about a concern with one member of staff and this was addressed straight away. A third told us, "I can honestly say I've never been worried of had anything to complain about." A fourth said, "About a year ago some money went missing so I called the office. I couldn't be sure (their family member) hadn't moved it somewhere and couldn't remember. They suggested a locked tin and a receipt book and there haven't been problems since. They sent all staff a text just in case. I think they managed it well, they were very good and gave me advice." There had been one complaint since our last inspection and this had been investigated thoroughly and people and their relatives were satisfied with their response.

Is the service well-led?

Our findings

At the previous inspection in January 2016 we identified a breach because people's confidential information was not being kept securely when staff were being updated of changes via texts on staff mobile phones. The provider had addressed this on this inspection as they had introduced a secure digital care management tool where information could be stored and only staff could access this information which was password protected.

People were at the heart of the visions and values of the service. It was clear throughout the inspection that the registered manager and all senior staff that worked at the service were passionate about delivering good, quality care. Staff impressed upon us that each person using the service were treated as if they were family. This was evident to us when we spoke to people and relatives. Comments from people included, "They're a brilliant company. I'm very impressed with them", "What I would have done without them I don't know. They are a real godsend. It's a wonderful company"; "I couldn't manage without them. I'm perfectly satisfied with everything", "You can't fault any of them, they're all lovely girls. I think they are wonderful", "They make a big difference to my life. I know when I get up that I'll be seeing them soon and I'm not alone."

One relative said, "It's a very well-run company. Staff go above and beyond." Another told us, "The office are very good, I don't have any problems with them at all. Whatever I ask of them they do."

People's views about the quality of the service they received were important to the registered manager. The registered manager or other senior staff either met with each person or called them each week to check they were satisfied with the support they received and with the staff who visited them. Additional training had been provided for staff when one person raised some concerns about the support they received where the carer had not stayed at the call for the length of time they needed to. They told us that they reviewed this with the member of staff and made a decision to put another carer in place. People confirmed that they were contacted or visited regularly and asked their views on the care and where needed changes were made. A relative told us, "They put the care in place then met when Dad was home and discussed what I felt he needed. It wasn't quite working at first as Dad wasn't always going to bed so they arranged a night call for him. Things have progressed to four calls a day now. They've always picked up on things and responded." One person told us, "I hear from (the manager) all the time." Whilst another person said, "I get asked if I'm happy with the care. I am happy with the whole arrangement." The registered manager told us that they were on-call 24 hours a day and that if they were needed they would be available for them.

There were systems in place to make sure high standards of care were delivered. All staff received formal supervision and the people who used the service fed back on the performance of the staff on a regular basis. Supervisions were an opportunity for staff to spend time with a member of the management team to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed. The registered manager gave us examples where they had used their disciplinary procedures to address issues where the staff member's standards had fallen below what was expected by the agency. There was a management structure which provided clear lines of responsibility and accountability. The

registered manager, who had overall responsibility for the service, was also the provider as they were the owner of the service. They were supported by a deputy manager and team of care staff.

In addition to calls and visits to people questionnaires were also sent to people and relatives to complete. Without exception all the questionnaires completed had detail of what action had been taken by the registered manager in areas they felt could be improved upon. Questions answered were then displayed in pie chart form to indicate the percentage of responses people gave. All of the questions scored highly for quality of care provided. The responses to these surveys were then placed into the monthly Haslemere Home Newsletter. Where people had raised individual concerns these were addressed directly with them. For example one relative asked that they were notified of any new carers visiting and this was addressed by the registered manager.

In addition to the survey results the newsletter was also used to inform people of local events in the area that they may wish to attend. The registered manager told us that often people would attend these events as a result of the information on the newsletter.

The service had a variety of up to date policies and procedures which ensured all staff were kept informed of the agencies expectations and legal requirements. Policies were well written and informative; where appropriate they gave contact details to enable staff to seek further advice. Staff were able to attend meetings at the service to be updated on policies. One member of staff told us, "At the staff meetings you can air what you feel and we are asked to contribute."

The registered manager had systems in place to ensure that staff were valued and congratulated for their performance. Any thank you cards and letters from people and family members were shared around for staff to see. Comments on the cards included, 'We wanted to thank you for all the care and support you gave to our mum and dad'; 'I would like to thank you all for the care and love you showed to my mum. You all made things a little bit easier for me', 'I would like to say a big thank you to you and your staff for their support.' Each person was asked to nominate a 'carer of the month' and the staff member was rewarded with a bonus. One member of staff said, "Its gives staff an extra incentive. I feel valued. I get thanked for my work." Another member of staff said, "I feel valued. I will always get called to say thank you."

Where staff had been having personal issues the manager supported them in every way they could. Comments from staff included, "The manager is great. Helpful and if I have any personal changes she listens to me and takes action. She allowed me to cut my hours back"; "I can honestly say that I have never worked for a company who looks after its staff well-being so much." The member of staff gave an example of where they had a personal emergency and the registered manager took on the rest of their calls for the week. Another member of staff told us that as a "Boss they went above and beyond" when providing support to them. Another member of staff told us that they had become unwell and the manager ensured that they were paid their holiday money in advance so that they did not have to struggle financially. They said, "The support from (The manager) and the team throughout this time was amazing."

There were a number of comprehensive systems in place to make sure the service assessed and monitored its delivery of care. Various audits were carried out such as care note audits, care plan audits and, medicine audits. In addition to the audits the senior staff would regularly meet to discuss gaps in training, safeguardings incidents, incidents, complaints and supervisions.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events. The records that were kept at the service were comprehensive, kept securely, well ordered

and easy to navigate.