

James Sanderson Limited

Caremark (Bromley)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 7 and 8 February 2017 and was announced. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure someone would be in at the office.

Caremark (Bromley) is a domiciliary care agency based in Orpington in the London Borough of Bromley offering a range of services in people's homes, including people living with dementia, learning and physical disabilities and people with palliative care needs. Services provided include, domestic support, waking and sleep in night services, 24 hour care and respite care. At the time of inspection the registered provider was supporting approximately 185 people and employed 97 members of staff.

There was a registered manager in place. 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 a service is run.

A comprehensive inspection of Caremark (Bromley) took place in May 2016. At that inspection breaches of regulations were identified in relation to records relating to the health and safety of people, management of medicines, recruitment of staff, compliance with the Mental Capacity Act, handling of complaints and sending notifications to the Care Quality Commission about events that they were required to by law. Following that inspection visit, the registered manager submitted an action plan to show what improvements they were going to make to ensure they met the fundamental standards.

A focussed inspection was carried out in September 2016 to check that improvements had been made around the management of medicines. At this inspection visit it was noted that improvements had been made to ensure prescribed medicines were suitably managed but other issues were found in relation to the management of medicines that were 'as required' and did not require prescription. The provider did not always record the administration of these medicines in line with their policy. This was a continuing breach of Regulation 12 of the Health and Social Care Act (2008) Regulated Activities 2014. Following that inspection, we wrote to the provider requiring them to confirm the action they had taken to ensure compliance with the regulation.

We used this inspection 7 and 8 February 2017 to ensure action had been taken to ensure all fundamental standards were being met. We also carried out a comprehensive inspection to review the rating of the service.

At this inspection visit we found the required improvements had been made. Following the previous inspection visits the registered manager and provider had developed new systems involving care planning, the administration of medicines and dealing with complaints. This had led to improvement of the quality of the care plans and risk assessments. Systems had been implemented to manage and monitor risk to

promote safety.

People told us when they required assistance with their medicines, staff were reliable and knowledgeable. Although we received positive comments about the management of medicines, we found that staff did not consistently complete accurate records for administering medicines. We have made a recommendation about this.

People were protected from the risk of abuse. We noted care plans and risk assessments were reviewed and updated when people's health care needs changed or when new risks were identified. People who used the service told us their nutritional and health needs were met.

People spoke positively about the quality of service provided and spoke highly of the staff. People consistently told us improvements had been made within the service in the past six months. They said staff were reliable and turned up when expected most of the time. If they were running late, because of traffic or some other issue, the office contacted people to advise of a revised time for the call. The service had implemented a call monitoring system to track and record staff attendance at visits and had employed a dedicated member of staff to monitor the system. People said that this had led to a reduction of missed and late calls.

People using the service told us they felt safe and secure. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns.

People's healthcare needs were monitored. Care plans were developed and maintained for people who used the service. Care plans covered support needs and personal wishes. Plans were reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the relevance to their work. Capacity was routinely assessed and good practice guidelines were referred to when a person lacked capacity.

Training was provided for staff to enable them to carry out their tasks effectively. The service was working proactively to identify staff training needs. Staff praised the training on offer.

Suitable recruitment procedures meant staff were correctly checked before starting employment.

The registered manager had implemented a range of assurance systems to monitor quality and effectiveness of the service provided. We saw that audits were being carried out on a monthly basis by the senior management team and noted action had been taken when concerns were identified.

Systems were in place to seek feedback from all people who used the service as a means to develop and improve service delivery.

People who used the service praised the registered manager and their transparent way of working. People said the registered manager was approachable and they were confident if they had any concerns the registered manager would listen and take action.

People who used the service told us they were aware of the complaint's procedure and their rights to complain. People and relatives who had experiences of making complaints told us they were happy in the way in which their complaints were managed and the outcome of the complaint.

Staff were positive about ways in which the service was managed and the support received from the management team. They described a positive working environment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Although arrangements were in place for the management of medicines, they were not consistently applied.

People who used the service and relatives told us people felt safe.

Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse.

The service had suitable recruitment procedures to assess the suitability of staff.

The registered manager ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who used the service.

Requires Improvement 

Is the service effective?

The service was effective.

People's health needs were monitored and advice was sought from other health professionals, where appropriate. People who used the service told us their nutritional and health needs were met.

Staff had access to on-going training to meet the individual needs of people they supported.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the relevance to their work.

Good 

Is the service caring?

The service was caring.

People who used the service were positive about the staff who worked for the service.

Staff had a good understanding of each person in order to deliver

Good 

person centred care. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

People told us staff treated them with patience, warmth and compassion and respected their rights to privacy, dignity and independence.

Records including medicines records were held securely and confidentially.

Is the service responsive?

Good ●

The service was responsive.

Records showed people were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The service had a complaint's system to ensure all complaints were addressed and investigated in a timely manner.

Is the service well-led?

Good ●

The service was well led.

The management team had good working relationships with the staff.

Regular communication took place between management and staff as a means to promote continuity and safety of care.

The management team sought feedback from relevant parties to improve service delivery.

The registered manager and provider fostered an open and transparent way of working.

Caremark (Bromley)

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 7 and 8 February 2017 and was announced.

One inspector and two experts by experience carried out the first day of the inspection. One inspector visited alone on the second day to complete the inspection visit. An expert by experience is a full member of the inspection team and a person who has personal experience of using or caring for someone who uses this type of service. The experts by experience contacted people who use the service seeking feedback and the inspector interviewed staff, people who use the service and attended the office.

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.

Information from a variety of sources was also gathered and analysed. We spoke with the Local Authorities and Clinical Commissioning Groups responsible for commissioning care to check if they had any concerns. We were made aware the service was currently working with one local authority to ensure improvements to the service delivery were being carried out.

We reviewed information held upon our database in regards to the service. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

Information was gathered from a variety of sources throughout the inspection process. We spoke with nine members of staff. This included the registered manager, two care coordinators, the training manager, the staffing analyst and four members of staff who provided direct care.

We visited 11 people at their home (with their consent) to seek their opinion of the service and spoke by telephone with 12 additional people who used the service. We also spoke with five relatives to obtain their views about service provision.

To gather information, we looked at a variety of records. This included care files relating to nine people who used the service and medication administration records relating to nine people who received support from staff to administer their medicines.

We reviewed past and present staff rotas, focussing on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We looked at the continuity of support people received.

We viewed recruitment files of eight staff members and other documentation, which was relevant to the management of the service including health and safety certification, training records, team meeting minutes and findings from monthly audits.

Is the service safe?

Our findings

People and their relatives said they felt safe when being supported by staff. One person said, "They make sure I am safe." And, "Staff always write things down. If they have any concerns they pass them on." One relative said, "They keep my relative safe. They are losing their upper body strength but staff keep them safe."

At our previous inspection visit carried out in September 2016, we identified a continuing breach to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because we found that although improvements had been made to ensure prescribed medicines were suitably managed, other issues were found in relation to the management of medicines that were 'as required' and did not require prescription. At this inspection visit, 7 and 8 February 2017, we found improvements had been made and the registered provider was meeting the required regulation. We did however find some recording issues related to the administration of medicines that required improvement.

We looked at nine Medicines Administration Records (MAR) for people that had been completed by staff responsible for providing care for December 2016, January 2017 and the first week of February 2017. The January and February records had not yet been audited by the management team. We noted there was a lack of consistency in staff signing the records in February 2017. We noted three of the MAR sheets had unsigned entries when medicines should have been given. This indicated either medicines had not been given or staff had not signed for them after they had been given. We considered the daily notes that carers completed immediately after providing care and support and in all of the cases these corresponding records supported that medicines had been given. When we spoke with people they said that staff always administered medicines as prescribed by health care professionals.

We identified from the MAR's the staff that had failed to sign for medicines in the week before the inspection. We looked at these staff members' staff records and noted they had all received medicines awareness training and competency checks within the past 12 months.

During the inspection visit, we spoke with the registered manager and provider about our concerns and findings. They said they were confident the issues were just recording errors and that consistent with the content of the daily notes, people had received their medicines. They said that staff would be spoken with and requested to attend additional medicine awareness training. A memo would be sent out to staff reminding them of the importance of signing for medicines and a system was to be introduced where staff coming on shift had a duty to report any missed signatures to the supervisor on call. This would allow MAR documenting errors to be identified in a timely manner, rather than waiting for the monthly audit. Although checks on MAR sheets were already on the senior management team's spot check checklist, the checks were only done on a monthly basis. The manager said that the checks would be increased to bi-monthly with additional spot checks at people's homes when they would check that the MAR sheet was up to date. We will check on this at our next inspection.

We recommend that the registered manager consults with good practice guidelines and reviews processes

for the administration and recording of medicines to ensure good practice guidelines are consistently applied.

At this inspection visit we found the service had implemented a new process for assessing support and care required to people and to manage risk. Following the inspection in May 2016, the registered manager and provider said they had reviewed practices and ways in which they could make improvements. This process reviewed care planning and risk assessment documentation to make it clearer for staff to understand and for risks to be consistently monitored. At the time of the inspection visit all those using the service had a new care plan and risk assessment in place. The registered manager had developed a risk rating system for all care plans to be reviewed including those people who were at risk of falls. People and health conditions deemed as high risk were dealt with as priority.

The care plan and risk assessment review had resulted in a system where all care plans and risk assessments were checked for accuracy by the registered manager before being signed off as being fit for purpose. This minimised any mistakes or errors in recording the support need of people from occurring.

We looked at risk assessments relating to nine people who used the service. We found risks within the documentation were consistently addressed and managed. When risks were identified, the registered manager had consulted with health professionals or referred to good practice guidelines. For example, one person was at risk of falling. The person's care plan and risk assessment highlighted the risk and the steps that should be taken to reduce the risk such as alerts to staff that the person could forget their walking aid. Another person required bedrails to keep them safe. The service referred to national guidelines within the risk assessment for using bedrails.

We noted risks were assessed by the registered manager before care and support commenced. People who used the service and relatives were consulted to discuss potential risks prior to a service being offered. We noted that people and, where appropriate, their relatives were shown the care plan and risk assessment to verify they were happy with the information collated to ensure information obtained was correct.

Risk assessments were reviewed and amended when people's needs changed or at least annually. We spoke with three people who used the service about this. They told us they were aware of the new care plans and risk assessments and said that the service was quick to act if there was a change in needs. We noted one relative had contacted the registered manager to raise concerns their relative's needs had changed after their relative had been discharged from hospital. In this case the service had acted in a timely manner and carried out a reassessment to ensure all risks were identified and documentation was reviewed and amended.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed eight staff files. Full employment checks were carried out prior to staff starting work. The service kept records of the interview process for each person employed. Two references were sought and stored on file prior to an individual commencing work. One of these was the last employer. When gaps in employment history were present on application forms, we noted that these had been discussed and explored with each applicant.

The service requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for people providing a personal care service supporting vulnerable people. The service checked this documentation prior to confirming a person's employment.

At the inspection in May 2016 people and their relatives raised concern about late and missed calls. At this inspection we noted a reduction in the number of these concerns. One person said, "They are far better now at dealing with lateness and I seem to get a call from the office very quickly if my carer is running late." The registered manager said they had acted on these concerns, had improved the electronic call monitoring system and employed a permanent full time member of staff who 'live monitored' and analysed calls and the whereabouts of staff. We saw the monitoring system in operation and noted that staff were logging in and out of people's homes and that the service made allowance for staff to travel between calls. The member of staff appointed to monitor the system was regularly contacting people and staff and provided feedback of when staff were running late when they had been held up at person's home or held up in traffic. The electronic call monitoring system also alerted the management team if staff failed to attend a person's home as specified on the rota and we saw examples of management staff raising this with carers and the use of disciplinary action in serious or persistent cases.

The registered manager said, "I'm pleased that our clients feel that we are offering a better service. We have made improvements and the office is now open seven days a week with extended hours to seven o'clock at night. We have also made further investments in technology and all of this has helped in communication with people."

In the main people who used the service and their relatives told us they were supported by a consistent staff team. One relative said, "We used to complain about lack of continuity of carers but now we get the same regular carers." When speaking to some people concern was raised about occasional lack of continuity in care staff and one relative said, "Sometimes we get a different member of staff instead of our regular carer especially at weekend but the difference now is that we are told beforehand by the office which does reassure us." The registered manager said, "We struggle to recruit in London and there are issues with carers moving on but we are trying our best to retain our good carers and I believe that the new systems and processes we have invested in will help."

We looked at how safeguarding procedures were managed by the service. We did this to ensure people were protected from any harm. The registered manager said they had recently sought support from a local authority safeguarding practitioner to provide training to the senior management team. They had done this to increase staff awareness about safeguarding policy.

Staff told us they received regular safeguarding training to keep abreast of safeguarding matters. Staff were able to describe different forms of abuse and were confident if they reported any concerns to management it would be dealt with immediately. One staff member said, "I wouldn't hesitate to report any concerns. I couldn't let it go."

At the time of this inspection a safeguarding concern was being investigated by the local authority. We cannot report on this presently but the CQC will monitor the outcome of the investigation and actions the provider takes to keep people safe.

The service had a system for reporting accidents and incidents. Records were detailed, concise and up to date. The registered manager said they reviewed incidents to check for themes and trends so improvements could be made to service delivery. In one of the records dealing with an emergency situation that carers came across in a home, a relative said, "I want to commend the carers for their care and quick action during my relative's emergency. They prevented further trauma and stayed until the emergency services arrived."

Is the service effective?

Our findings

People who used the service and relatives praised the knowledge and competence of the staff team. Feedback included, "The staff are very good. They were well prepared for working with me before they started." And, "The staff are very knowledgeable. They know all about my relative's condition and how to move them safely."

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

At the previous inspection visit carried out in May 2016, we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014 because the service was not carrying out specific assessments to ensure that people's capacity was established. At this inspection we found improvements in this area. We looked at care records of nine people and found the service routinely assessed people's capacity. This meant staff acted lawfully when supporting people to make decisions. When people had capacity this was documented in care records so people could make their own decisions. One relative we spoke with said, "They assessed my relative's capability to make decisions and because this sometimes fluctuates, I have noted that the carers make allowances and provide more support on those occasions."

We spoke with staff to assess their working knowledge of the MCA. Staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity.

We looked at staff training to check staff were given the opportunity to develop skills to enable them to give effective care. For staff new to the profession, staff had to complete the Care Certificate. The training manager said, "The certificate is the new minimum standard that is covered as part of induction training of new care workers. It includes essential competencies in first aid, dementia care, mental health awareness and moving and handling amongst other skills." We noted that after induction staff were encouraged to complete nationally recognised qualifications in health and social care and that the service funded these additional courses.

The training manager told us new staff were supported by a senior member of staff before working unsupervised as part of their induction. The period of shadowing was dependant on the skills of the member of staff and their confidence. The registered manager said they would never send a staff member out to work alone if they did not feel prepared for the role and who had not completed the Care Certificate and induction process.

We spoke with a member of staff who had been recently employed to work within the service. They told us they undertook an induction period at the commencement of their employment. They said that this involved time in the office, completing training which the service classed as mandatory for staff and learning

about the organisation. They said they had been provided with regular supervision sessions since they started work. The staff member said, "Even though I hadn't any experience in care I was prepared for the role. The induction was well done and thought out and I received good support."

There was a focus on providing on-going training for staff. Staff told us they were required to undertake some necessary training courses on a frequent basis as a means to keep their knowledge updated. Staff praised the training on offer. One staff member said, "If I have any concerns I can ring up and say I need extra training and they will put it on for me." Staff confirmed they received regular supervision and that managers were approachable and they were confident in discussing any concerns they may have in between supervision sessions.

The training manager showed us a training and development plan that highlighted what they had deemed as compulsory training for all staff and additional training. The training manager regularly reviewed the training needs of staff and ensured on-going support was provided. The service had an electronic system that flagged up when people's training was out of date. Training courses were planned for the next six months so training could be pre-booked in advance. This showed us the service was proactive at ensuring staff were fully trained within their role.

We asked the registered manager how they supported workers. They told us staff received supervision both formally and through competency checks. Staff were observed in practice by a senior manager to ensure their competency. Following observations taking place, the senior manager and staff member held a discussion about their practice. This conversation was recorded. We noted when improvements were required they were openly discussed and recorded. Supervisions also took place by face-to-face meetings at the office and the registered manager carried out supervision audits to ensure they were taking place.

People who used the service and their relatives were happy with the way in which people's health needs were addressed and monitored. One person said staff were supporting them to rebuild their skills following an accident. They said, "Since leaving hospital I could not praise the staff enough for the care and attention they have provided in getting me back to normal. I am getting better each day."

Individual care records showed health care needs were monitored and action taken to ensure health was maintained. A variety of assessments were used to assess people's safety, mental and physical health. Assessments were reviewed regularly. Changes in assessed needs were recorded within a person's care plan. There was evidence of partnership working with other health professionals when people had additional health needs. For example, we were shown evidence of multi-disciplinary working with a local GP for one person.

We asked staff how they supported people to maintain good health. Staff said they monitored the health of people and would seek advice and guidance from other professionals if they were concerned. Staff said they had enough time on their visits to get to know the people they were visiting. This allowed them to assess each person and identify any concerns in a timely manner. One staff member said they had noted one person acting out of character, so they reported the concerns to the senior management team. The registered manager sought advice from healthcare professionals and this resulted in an additional assessment by a doctor specialist and a review of medication. A healthcare professional said, "I am impressed with the way staff use equipment to aid people's moving and handling. They refer issues to me quickly and staff seem dedicated and do a good job."

People who required special diets had this detailed within the care plan. Records clearly documented people's likes and dislikes and preferred foods. We noted one person had a health condition which meant

that they could only eat certain foods. This information was clearly detailed within the care plan.

Is the service caring?

Our findings

People were complimentary about staff providing care. One person said, "The carers are very good. If they can do anything for you they will. They do all sorts for me." Another said, "The care is great. I get on well with all of the staff." A relative said, "The girls are good characters. My relative looks forward to them coming."

At the previous inspection visit carried out in May 2016, we identified the need for improvement in staff forging positive relationships with people in their care and in the support and communication from staff at the office. At this inspection 7 and 8 February 2017 we noted improvements in the service being caring and staff and people having positive relationships. Relatives praised the caring attitude of staff and the relationships between staff and people using the service. One person said, "They know me really well. They really care about me." Another person told us, "Carers are very nice and caring and always go the extra mile." One relative said, "They try to send the same person every time. My main carer has always got time and really cares." Another relative said, "Staff have become friends with my relative. Because my relative is housebound they bring things for her. They really care."

Although we received examples of good care, we did receive some mixed comments about the frequency of the use of different carers and how this did not help in forging positive relationships. One relative said, "I wish we could always have the same carer. This would help my relative. The other carers are good but the main one is outstanding." Another said, "At weekends we have a variety of carers who are all good and decent people but it would be nice if there was more consistency." The registered manager told us, "We have implemented incentives to try to retain staff and the extra organisational system we have put in place have meant that staffing is more settled but there is always room for improvement."

Staff told us that there was a system in place where they worked in pairs to provide care to those who needed it. Records we saw and the manager confirmed that where appropriate staff worked in pairs. In one example we saw that two carers had been sent to assist a person who was getting used to using a new hoist to assist in having a bath. A person said, "On every other visit I see my main carer and a helper because I need assistance in moving and I really appreciate the assistance I get."

Staff were aware of people's likes, dislikes and routines. We visited one person at their home whilst a member of staff was working. Whilst the member of staff was attending to the person we stayed in another room but could observe that the carer was gently encouraging the person to take their medicine and then support them to eat their meal. This process occurred naturally and the person did not have to request this support. A member of staff told us that they listened to people and gave them choices. In conclusion they said, "I will always include the person in making decisions about care I give them and things like what clothes they would like to wear."

People who used the service told us they were treated with dignity and respect. One person said, "They always treat me with dignity and respect." We asked staff how they promoted dignity and respect within their work. Staff were able to give practical examples of how dignity was maintained and recognised the importance of doing so. One staff member said, "I treat people as I would expect to be treated. I just treat

people with dignity and maintain privacy." One person said, "The staff always knock and are always friendly and respectful."

We saw that people's personal documentation including care plans and medicine's records were locked away in the office and this meant that only authorised staff accessed people's records.

Is the service responsive?

Our findings

People who used the service told us that the care was person centred and according to their needs. Feedback included, "They know what I want and help me with it." And, "The carers remember almost everything about me."

At the previous inspection visit carried out in May 2016, we identified a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) 2014 because the service was not handling complaints satisfactorily. At this inspection we found improvements in this area. A relative told us they had raised a complaint in the recent past and they were happy with the way in which it had been addressed and resolved. They said, "I had a problem and I raised a formal complaint. I was very happy with the response and the way it was handled."

We noted that when formal complaints were raised they were dealt with in a timely manner and in line with the service's complaint's procedure. Letters of explanation were sent to people following investigation and people were kept up to date about progress. The registered manager said, "In addition to the information pack clients receive at the start of the contract, we now follow up about the complaint's procedure with a letter setting out the process and the points of contact. From experience I've learned to be more understanding about complaints and less defensive. This has helped me to look at things objectively and reflect properly on the practices of the service."

The provider said, "We believe that we are better now at making sure we follow complaints up after they have been addressed and in checking the client is still happy. We evidence the action we take and review these issues thoroughly and more regularly."

People we spoke with said they had no complaints about the way the service provides care and support. One person said, "I have never had to complain. They listen to me. If there is anything wrong I know I can speak to the manager. I get on very well with all of them." Another said, "I have never had to make a complaint but I know what to do if I need to."

Staff told us they were aware of the complaint's procedure and would inform the registered manager if people or their relatives complained.

We looked at care records belonging to nine people who used the service. We saw that pre-assessment checks took place prior to a service being provided and that these were personalised and contained detailed information surrounding people's likes, preferences and daily routines.

Care plans highlighted important factors for carers to consider when supporting people and we noted that people's consent was sought throughout the care planning process. The plans were detailed, up to date and addressed a number of topics including managing health conditions, medicines administration, personal care, diet and nutritional and moving and handling needs. Care plans detailed people's own abilities as a means to promote independence, wherever possible. They were developed outlining how people's needs

were to be met and included detailed information and guidance for staff about how each person should be supported. There was evidence of relevant professionals' and relatives' involvement where appropriate. A relative said, "My relative has a care plan that we were all involved in setting it up."

The registered manager told us staff had been provided with additional training since the last inspection to assist with the new format of the care plans and the reasons for the additional information in the plans. They said staff were aware of the need to communicate any changes in care needs with the office so responsive care could be provided in a timely manner. We saw evidence of this occurring. For example, in one care plan we saw that a staff member had noted a change in a person's health need and reported this to the office. A doctor's home visit was then requested for the person. We saw other evidence that records were updated when people's needs changed and care plans were reviewed and updated at least annually.

We visited one person at their home who was receiving support at the time of the inspection visit. We noted that the member of staff was following the person's care plan whilst delivering care. The care plan highlighted that staff should prepare a meal for the person during the visit and when we visited the person was eating a meal prepared by staff. This showed us person centred care was being delivered.

Is the service well-led?

Our findings

People and relatives spoke well of the support and communication they received from the registered manager and the office staff. One person said, "The manager is brilliant and I always get good service from the staff at the office." Another said, "I like the manager. I get on very well with them."

At the previous inspection visit carried out in May 2016, we identified a breach of the Care Quality Commission (Registration) Regulations 2009 because the service had failed to notify the CQC of safeguarding allegations. At this inspection in February 2017 we found improvements in this area. For example we saw that the service had made a referral to the local authority safeguarding team in January 2017 where concerns were raised about the actions of a carer and at the time of the inspection the service was in the process of notifying the CQC about this matter.

People told us that they had seen an improvement in the way in which the service was managed and the organisation of the care that was provided to people. One person who used the service and three relative's we spoke with praised the ways in which improvements had been made within the office and how staff at the office were more accessible. They said that the management staff were open and accessible. Feedback included, "There seems to have been a positive change in the management structure and communication is much better."

The registered manager and provider said that action had been taken to improve communications within the office team, caring staff and people. Improvements had been implemented to the digital care management system and the employment of dedicated support staff had helped to ensure that the service had improved. A relative of a person using the service said, "The service's organisation never used to be very good, but they seem to have sorted this out."

Staff said if they had any queries about people's care and support needs they could phone up the management team and request further guidance. Since the last inspection the service had extended opening hours and an out of hours on call system was available to staff who needed support about people's needs. Staff said they were happy with the on call system and that there was always experienced and senior staff available to assist when they came across something they had not experienced before or in an emergency.

Staff were provided with an employee folder of documents at the outset of their employment which set out key policies and procedures and rules within the organisation. This gave staff direction as to what was expected from them and procedures to follow. Staff praised the way in which the service was managed and the skills of the registered manager and other senior employees. One staff member said, "The managers are great. If I need to talk to them about anything they are always there. We don't ever feel we are on our own." And, "The manager is easy to talk to. They are always available and listen."

Communication with staff occurred through a variety of channels. Staff told us they had regular communication through text messages and emails. They had the opportunity to talk with other staff and the management team at regular team meetings. The service also issued a monthly newsletter to staff, which

outlined important changes to the service and we saw that it was used as a reminder to staff about meetings and training events. Most staff described communication as good and said they were able to contribute ideas to improve service delivery.

We saw minutes from regular staff meetings. The last meeting was in January 2017 when concerns were raised about a person's deteriorating mental capacity health and a security concern at another person's home. This resulted in extra precautions being put into place including a member of staff being appointed to contact healthcare professionals and an agreement that all staff should be vigilant when providing care and support to a person. This meant that the service shared information between staff so that people could be protected and supported appropriately.

We observed that the provider and manager were well known to the people who used the service and their relatives and staff. They were comfortable in each other's company and open about day-to-day issues and challenges in the service. We saw that the provider was involved in dealing with matters if senior staff were unavailable. The registered manager said, "The provider is 'hands on' and not remote at all. They are very supportive and have the same vision as me in seeking improvement and ensuring our clients are safe and well looked after."

At the inspection we saw reports from unannounced spot checks. The registered manager said these were carried out monthly to make sure people were receiving good quality care at all times. We saw that these checks included competency checks on staff, medicines audits and reviews on care plans. The registered manager told us that the results of these checks and any quality issues were discussed at staff team meeting. Thereafter, measures were put in place to reduce the likelihood of issues occurring. For example, we saw that a medicine's audit had established an issue and that this had been raised at team meeting and discussed individually with the staff member concerned. In minutes of a recent team meeting we saw that an on-going concern about a person's health was discussed with an agreement that the manager and staff group would monitor the situation and if the person's condition did not improve, specialist intervention would be sought.

The registered manager said they sought views from people who used the service on an annual basis. We looked at results from the survey held in February 2016. Feedback was generally positive and included, "I am happy with my care programme and my carers." Another said, "Continuity has become better." We saw that the service had sent out the 2017 survey to people and their relatives in January 2017 and that at the time of the inspection there had not been any response. The registered manager said that they were to go to telephone people and their relatives seeking feedback and that this information would be used in the same way as written responses.

We looked at recorded compliments the service had recently received. Feedback included, "Very pleased with the care provided and the support. This has helped with my recovery after suffering a serious injury." And, "We are very happy. Thanks for everything. I cannot praise the staff enough for the care and attention we have received since leaving hospital."

During this inspection we saw that the service had systems in place to monitor and establish issues that could affect people's safety and changes in support needs. Those systems had established some medicines errors and we saw that these had been quickly addressed. We were assured that the service would enhance these checks so that the issues we established and described in the 'Safe' section of this report would not be repeated. This will be checked at the next inspection.