Care Line Homecare Limited

Careline Homecare (Newcastle)

Inspection report

Mylord Crescent
Camperdown Industrial Estate
Newcastle Upon Tyne
NE12 5UJ

Tel: 01912161207
Website: www.carelinehomecare.co.uk

Date of inspection visit:
30 December 2016
04 January 2017

Date of publication:
20 February 2017

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

Careline Homecare (Newcastle) is a domiciliary care service providing personal care and support to people living in their own homes, in Newcastle and Northumberland. The service provides social care and support. At the time of our inspection there were 285 people using the service. The service supports people who are funded by the local authority or privately.

We previously inspected this service in August 2015 when we identified the service required improvement. At that time, the provider continued to breach Regulation 12 of the Health and Social Care Regulations relating to management of medicines from an earlier inspection in February 2015. We also issued the provider with a fixed penalty notice for failing to display their previous CQC performance rating. Following the inspection, the provider sent us an action plan which detailed how they planned to address the areas of improvement and the date of when they would be compliant. This inspection took place on the 30 December 2016 and 4 January 2017 and was announced.

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

The registered manager had a history of managing domiciliary care services and the staff we spoke with told us they found her supportive and approachable. The registered manager had a clear vision for the service and had been moved to this service in April 2016 by the provider from another of their services to implement the improvements required. There was a friendly office culture and we observed care workers calling into the office to speak with their supervisors.

We looked at how the service now managed medicines. We found considerable improvements had been made in this area. New robust procedures had been introduced which had significantly reduced the amount of medicine errors and improved recording and monitoring.

Care workers wore a uniform and used other personal protective equipment to reduce the risks associated with cross infection. Gloves and aprons were changed regularly between personal care and meal support to ensure any cross contamination was avoided.

People spoke highly of all the staff who supported them to live at home. They told us they felt safe and comfortable with the care workers who visited their homes and that they trusted the provider to deliver a good service. Policies and procedures were in place to safeguard people from harm and staff understood their responsibilities. Records were kept regarding concerns of a safeguarding nature and investigations had taken place in a timely manner. The registered manager had reported all incidents of a safeguarding nature to the relevant local authority's safeguarding adults team as required.

Staff supported people to manage health and safety in their home and care records showed that risks associated with individual care needs such as moving and handling, medicine and accessing the community had been assessed and were monitored. Person-centred care plans were in place to support care workers provide a service that was personalised to each individual. There was evidence to demonstrate that regular reviews were carried out of the service people received and the information was passed onto the care workers and other agencies when necessary.

Most staff told us they felt there was enough staff employed by the service to manage it effectively and to meet people's assessed needs. People told us the staff didn't rush them and sometimes have time for a chat before they left. People said the service was consistent and their regular care workers were rarely late. Staff records showed the recruitment process was robust and staff were safely recruited. Training was up to date, and staff had a mix of skills and experience. Some staff had qualifications in health and social care and opportunities were available for them to further their knowledge in a variety of topics relevant to the needs of the people they supported.

The registered manager and care coordinators carried out regular supervision and appraisal of the staff which were documented. Staff meetings were also held periodically and minutes were recorded. The registered manager welcomed care workers to a weekly 'drop in' session for an opportunity to speak confidentially with her. This demonstrated an open culture of communication where staff had ample opportunity to speak to the office staff. Competency checks were undertaken by senior care workers and a quality officer to assess staff's suitability for their role. Methodical checks relating to handling medicines showed care workers were competent with this task and people told us they received their medicines in a safe and timely manner.

Training in the Mental Capacity Act 2005 (MCA) had been carried out. We found staff understood their responsibilities when they assessed people's capacity. Decisions that were made in people's best interests' had been appropriately taken with other professionals and relatives involved.

People were supported by staff to maintain a balanced diet. People told us care workers made good meals and always offered them a choice. Staff had undertaken equality and diversity training and people told us that they were treated as an individual and care workers took time to understand their likes and dislikes.

The staff we spoke with displayed caring and compassionate attitudes and people told us the office staff and care workers often went above and beyond what is expected of them. All of the people we spoke with said they were treated with dignity and respect and that staff were sociable and pleasant towards them and their families. The relatives we spoke with reiterated this.

Staff morale had improved. The registered manager had introduced additional recognition schemes and staff told us they had realised that the changes being made were improving the service they delivered. The staff we spoke with told us they now felt proud to work for the provider.

The registered manager held comprehensive information relating to complaints, accidents and incidents. There was a complaints policy in place and evidence showed complaints made about the service had been dealt with appropriately and in a timely manner. Management action had been taken to resolve issues and where necessary disciplinary action had been taken place. People told us they knew how to make a complaint and would not hesitate to contact the office staff should they need to.

The registered manager and the quality officer were proactively monitoring the quality of the service. Senior care workers carried out spot checks of care workers and the office staff regularly courtesy called people

who used the service. An annual satisfaction survey was used to formally gather the opinion of people and their relatives.

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.

Medicines were well managed and monitored.

Safeguarding concerns, incidents and accidents were investigated and reported to the relevant authorities. People told us they felt safe living at home with the support of their care workers and they received their medicines in a safe and timely manner.

Individual needs had been thoroughly assessed with control measures put in place to minimise risk. Actions for staff to follow were clearly documented.

The staff recruitment process was robust and staffing levels were effectively managed.

Is the service effective?

Good

The service was effective.

Consent was sought in relation to people's care and treatment. People and their relatives were involved in care planning.

Training was available in a variety of topics to meet people's needs. Care workers were supported by the office staff through supervision, appraisal and team meetings. Competency checks were conducted by senior care workers.

People were supported to eat and drink to ensure their well-being. General healthcare needs were met and the service involved other health professionals when necessary.

Is the service caring?

Good

The service was caring.

People told us all staff were compassionate, caring and friendly. They understood people's needs and responded well to these. Relatives corroborated this.

People told us they were treated with dignity and respect. They also told us that care workers respected their home, their family and their belongings.

People were involved in decisions about their care and support and were offered choices and given control over their own lives. Staff encouraged independence whenever possible.

Is the service responsive?

Good

The service was responsive.

Care records were person-centred and people's needs were assessed and regularly reviewed. People told us the service was flexible and they could cancel calls or change their service call if they had an appointment.

People told us they had regular care workers who were punctual. The office staff endeavoured to contact people when care workers were running late or a different member of staff would be carrying out their visit.

A complaints policy was in place and people were aware of how to complain. People felt comfortable raising issues with any of the staff.

Is the service well-led?

Good

The service was well-led.

The atmosphere in the office was positive and staff worked well together. The office staff have a variety of different skills and experience to ensure the efficient running of the service.

The registered manager held comprehensive records which showed she monitored the quality and safety of the service. Audits took place to ensure staff undertook their role competently and professionally. Feedback was sought from people and their relatives to ensure satisfaction.

The provider had clear visions and values, and the registered manager communicated these to the staff team. Staff told us they felt supported and valued in their role and morale was much improved.

Careline Homecare (Newcastle)

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 the 30 December 2016 and 4 January 2017 and was announced. We gave 48 hours' notice of the inspection because we needed to seek permission of people who used the service and let them know when we would be visiting them in their own homes. We needed to be sure staff would be available to access records kept in the office. One adult social care inspector conducted this inspection.

Prior to the inspection we reviewed all of the information we held about Careline Homecare (Newcastle) including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

We asked the provider for a Provider Information Return (PIR) prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In addition, we contacted local authority contract monitoring teams and adult safeguarding teams to obtain their feedback about the service and we reviewed the action plan which the provider sent to us following our previous inspection. All of this information informed our planning of the inspection.

As part of the inspection we visited four people in their own homes with their permission. We also spoke with three people's relatives to gather their views about the service, two care workers, three senior care workers and the registered manager. We reviewed a range of care records and the records kept regarding

the management of the service. This included looking at four people's care records in depth and reviewing others, four staff files which included recruitment and training records, the electronic rostering system, the electronic reporting system and paper records relating to the quality and safety of the service.

Good

Is the service safe?

Our findings

At our last inspection in August 2015 we identified the service was not always safe because the provider failed to ensure medicines were managed appropriately. At this inspection we found the provider and a new registered manager had implemented the necessary changes in a timely manner which had led to a significant improvement in the way in which medicines were managed.

A quality officer had been recruited to monitor how medicines were managed by staff and conduct regular quality assurance checks, which focused primarily on medicine records. Medical officers had been identified within the existing care team, who had been given responsibility for completing new medicine administration records (MARs) at the start of each month, to add or remove medicines from MARs as required and conduct weekly checks of the medicines and the MARs. All staff had received training in the safe handling of medicines and attended a one to one themed supervision session to discuss medicine administration and have their competency and knowledge assessed. All of these actions had led to a significant improvement in the safe management of medicines and a significant reduction in the amount of medicine errors being reported. This meant people were protected from the risks associated with medicines because suitable arrangements were now in place.

Wherever possible care workers supported people to take their own medicine to promote independence. However, with more complex care packages, care staff had more suitable training, knowledge and experience of dealing with complicated administration techniques such as, the use of percutaneous endoscopic gastrostomy (PEG) tubes. PEG tubes allows nutrition, fluids and/or medicines to be put directly into the stomach, bypassing the mouth using a flexible tube which is inserted into the stomach of people who have difficulty with swallowing. People and their relatives told us they felt their medicines were managed safely and they were confident that all staff knew what they were doing. One person said, "They (care workers) come four times per day to make sure I take all my tablets." We checked the daily report records and MARs in people's homes and saw staff left sufficient time in between doses, encouraged fluids, ensured specific instructions regarding certain medicines were adhered to and were vigilant for any side effects. In some cases, staff were also involved in ordering repeat prescriptions and disposing of medicines appropriately, by returning them to the pharmacy.

People told us they felt safe and comfortable with the care workers who visited them at home. One person said, "Its 100% for me, they put me at ease", another person said, "They look after me, I appreciate it." Relatives also told us they thought their relations were safe with the staff.

Incidents of a safeguarding nature were monitored. A file held information about different local authority's procedures and the provider's own policy. There were no on-going or current safeguarding concerns. This information in the file provided guidance to all staff on actions to take should a concern be raised. We reviewed six records of incidents which had been reported between August and December 2016. We saw incidents were logged on a specific form with investigation notes and outcomes clearly documented. Where incidents had involved staff, witness statements had been obtained and appropriate disciplinary action had been taken if necessary. Referrals of incidents had been sent to the local authority safeguarding teams and,

where appropriate, a statutory notification had been sent to CQC. All staff had received safeguarding adults awareness training. Through discussion with us, staff highlighted examples of concerns they had raised, which demonstrated an understanding of their role in protecting people from harm or improper treatment.

The service assessed risks people faced, including in connection with their physical health, mental health, mobility and behaviour. Risk assessments explained what action care workers should take to reduce risks in certain circumstances and who they should report concerns to. Daily notes made by care workers showed they were recognising risks and reporting to the registered manager. There was evidence that care coordinators and senior care workers were regularly reviewing risks, had updated documentation and cascaded new information to care workers. This meant care workers were able to provide care which met people's current needs.

Care worker's used equipment to move and position people. This included hoists, slings and various standing aids. Care workers told us they performed visual checks of the equipment before use and ensured it had been serviced by an appropriate organisation. Any equipment which was not deemed safe to use by a care worker was reported to the office staff for attention. Care staff told us they would politely explain to people that the equipment could not be used for their own safety and alternative short term arrangements would be made. This meant care workers were aware of new risks which could arise within the home environment and took proactive steps to mitigate the risk to prevent harm.

The provider had a strict policy in place to protect people from the risks associated with infection and poor cleanliness. Care workers wore a uniform and used personal protective equipment such as disposable gloves, aprons and sanitising hand gel to reduce the possibility of cross contamination. Hand washing techniques, prevention of spreading colds and flu and other relevant guidance were provided to care workers to promote good hygiene practices.

We looked at seven accidents and incidents which were recorded in 2016. Accidents involving staff were documented and thoroughly investigated. Where necessary recommendations had been made to correct practice or prevent further accidents of a similar nature. When required people's individual risk assessments and care plans were updated following an event of this type.

The service used an electronic rostering system to allocate shifts evenly to care workers which provided consistency, minimised missed visits and late calls. We reviewed two care workers' rotas at random for the previous four weeks and saw they had worked appropriate hours and taken suitable breaks. There were no calls overlapping which meant time had been planned to enable staff to get from one property to the next. People told us they didn't feel rushed and their care workers had enough time to complete all of the tasks they required assistance with. One person said, "They do everything I expect them to do." We considered the service had enough staff to operate efficiently, however in one area of a borough staffing levels were low. People and staff told us there were not enough staff employed to work in that area and it was too far for most of the other staff to travel to. One relative told us this had negatively impacted on the service they received to assist them with their caring role. We informed the registered manager of this and she told us she would look into the issue, however recruitment to alleviate this was on-going.

The care coordinators managed an 'on-call' service which operated outside of normal business opening hours. They were available to support staff and for people to contact in an urgent situation. Hand written logs were kept of incoming and outgoing calls during this time to ensure that issues and concerns were reported to relevant staff or external agencies as necessary. On-call staff had secure access to contact details of all people who used the service and their relatives, in case of an emergency. Staff contact details were also accessible so they could be called upon 'out of hours' if needed in an emergency situation.

Recruitment procedures were robust and staff records contained information to show staff were recruited safely. There was evidence of an employment history, pre-employment vetting checks including references from previous employers, interview documentation and enhanced Disclosure and Barring Service (DBS) checks. DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role. All staff had completed a health questionnaire to ensure their fitness to fulfil the role. The records also contained evidence of a literacy and numeracy test, an induction process, shadowing of more experienced staff, a probationary period and on-going training and development. This demonstrated the service was proactively recruiting suitable people with a mix of skills, knowledge and experience to meet the needs of vulnerable people. The staff we spoke with confirmed that the registered manager had carried out appropriate checks prior to them commencing employment.

The service had a clear disciplinary policy in place and procedures were followed if misconduct or unsafe practice had occurred. We saw evidence in staff records that where an unsafe practice had been identified and investigated, staff had received appropriate disciplinary action. This included on-going monitoring such as enhanced supervision and regular competency checks to ensure the safety of people who used the service was maintained. The staff we spoke with were aware of the provider's whistle blowing policy and assured us they would have no hesitation to report anything they witnessed which was not right. Posters were also on display around the office to remind staff of their responsibilities in this matter.

Good

Is the service effective?

Our findings

People told us they were confident their care workers were well trained. One person said, "They all seem to know what they are doing." A senior care worker told us, "Training is much better, communication is much better, everything is much better now." One care worker told us, "The medicines process is so much better, (senior care worker) sorts it out and it really works." Another said, "I feel prepared and trained to carry out my role, there is good training and its regularly refreshed." All of the care staff we spoke with told us about improvements throughout all aspects of the service.

We reviewed a training matrix which office staff maintained to ensure care workers had up to date training. The provider employed training officers to deliver training and assess initial competency. The registered manager told us that all new staff completed the Care Certificate. The Care Certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by staff to provide safe, effective, compassionate care. New care workers were subject to a three month probationary period in which they shadowed experienced staff, had their competencies regularly assessed and attended review meetings with a care coordinator or the registered manager. Existing staff attended regular training refresher courses in topics which the provider deemed mandatory, such as moving and handling of people, medicines, safeguarding, health and safety and mental capacity. We saw evidence of qualifications, up to date training and knowledge assessments in staff files.

The newly identified medical officers had received advanced training in medicine management. The care staff identified as 'leads' had completed a specific workbook developed by the provider. We reviewed a completed workbook and saw it included scenarios, medicine labels, risk assessment, exceptions, MARs completion, MARs writing, MARs auditing and daily report book auditing. They had undertaken a further competency check and read a statement entitled, "The impact and consequences of getting medicine administration wrong, mistakes, consequences for others, preventing harm and getting it right." This evidenced that people received effective care from staff who had the skills and knowledge to suitably perform their role.

Senior care workers received frequent information regarding which care workers required spot checks and competency checks and by when. Records showed that formal one to one supervision and appraisal took place and spot checks were being carried out. There was also evidence that staff who had been absent from work had received a 'back to work' supervision to ensure they were fit before returning to their duties. One care workers told us, "I completed induction, shadowing and the mandatory training. We do refreshers every three months in medicines. My appraisal is due now but I've attended themed supervisions which were good. It was an opportunity to speak to the office staff and have issues recorded. We also completed work booklets on the theme which were straight forward." Another said, "Supervision and appraisal is beneficial, it's an opportunity to discuss concerns and talk about our learning and development." These care staff also confirmed they had been spot checked and their performance at work had been competency checked. People we spoke with confirmed that senior care workers had visited their home to spot check the care workers who were supporting them.

An electronic recording system was used by the office staff to effectively manage the way the service was operated. The registered manager demonstrated how this system worked and told us about the in-built monitoring tools which identified factors such as, when training and supervisions were due. People benefitted from this robust system because it ensured continuity of their care by counting and alerting coordinators to how many care workers were scheduled to visit one person in a week. It also monitored compliance, safety and quality assurance.

We observed and listened to the office staff making and receiving telephone calls. Communication was good and we witnessed people being informed about disruption to usual visits or when care workers were running late. People told us, "They turn up on time, they are reliable", "They are sometimes late, but I don't mind; I know they are coming and are probably held up with an emergency", "They ring when the regular [care worker] is off." And "What makes it OK is that my regular carer is mostly on time, she is very reliable."

People told us that their care workers always knocked on their door before entering and always asked for consent before carrying out any tasks. Care plans showed that where possible people had been involved in and consented to their care and treatment.

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. We observed that the service assessed people's capacity upon initial referral and used local authority assessments to support this. Decisions that were made in people's best interests were recorded, including who had been involved in making the decision. For example, healthcare professionals or people's relatives. The registered manager told us some people who used the service were subject to restrictions under the Court of Protection, in line with the Mental Capacity Act 2005 (MCA) legislation. The Court of Protection advocates on behalf of people who are deemed to lack mental capacity and makes decisions on their behalf. For example, it had been decided that some people needed their finances to be managed by the local authority. In this instance, shopping vouchers were sent electronically to the service to allow care workers to purchase clothing and food for people.

People told us their care worker ensured they had enough to eat and drink. Comments included, "They make lovely food" and "They give me what I want." People said care workers prepared a meal for them or made something for them to have at a later time. They told us their care worker asked them what they would like to eat, and prepared whatever they chose. One person told us their care worker always ensured they had 'essentials' like bread and milk in their home and would often pop to the shop if necessary. Entries made in the daily report book indicated care workers had visited a nearby shop to purchase food items and financial transactions were recorded appropriately. This showed care workers monitored nutrition and hydration needs and provided sufficient support to manage a balanced diet.

The service supported people to maintain their general health and wellbeing and ensure their needs were met. Daily report books showed care workers had reported issues and concerns to the office staff regarding people's healthcare needs. In addition, we saw care records which showed when office staff had contacted a GP or district nurse on someone's behalf. Care records also showed that the service was involving and referring people to other external healthcare professionals; such as an occupational therapist or speech and language therapist. We spoke to a care worker who visited one person four times per day, over five or six days per week. They told us, I am very involved with the care package, I liaise with the PEG nurse and physiotherapists, I accompany (person) to appointments and I make sure any issues raised are brought to the attention of external professionals to get things done."

Good

Is the service caring?

Our findings

People told us their care workers were always nice to them. One person said, "They [care workers] are all very pleasant, all have smiles on their faces, I look forward to them coming." And, "I appreciate it, we have a laugh and I get a bit cheek, it's all banter though which is good." A relative told us, "(Name of care worker) is brilliant; I don't know where I'd be without her." Some people told us they felt their regular care workers "went that little step further".

The provider promoted values such as, "We care, we listen, we strive, we build." Their mission statement on display in the office read "Our mission is to provide flexible community based care and support of the highest standard, that promotes independence, dignity and choice." We were shown compliments which the service had received which reflected the provider's mission statement and values. Comments included, "Can't praise highly enough", "Carers like angels", "We appreciate everything you do" and "Well done, a good relationship built up."

People and relatives we spoke with felt their care workers spoke to them with respect. They told us care workers respected their property, their belongings and their family members. Everyone described care workers as nice, caring and friendly. Care staff we spoke with described to us how they would maintain a person's dignity and respect their privacy. We also saw evidence in a person's care record that staff had researched online the person's condition in order to better understand the person's needs. This showed that care staff had developed positive, caring relationships with the people who used the service and their relatives.

All the care staff we spoke with believed people were happy with the service overall. They told us they had no concerns about people's wellbeing and felt they had a good team of genuinely caring staff who delivered a good service to people. All the people and relatives we spoke with reflected this.

We observed interaction between a care worker, a person being supported by the service and a relative during a home visit. The interaction was caring and friendly and the care worker displayed professionalism throughout the visit. We saw they offered reassurance and encouragement to a relative.

Discussions with the registered manager and care staff revealed that some people who used the service had particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that people who used the service were discriminated against and no one told us anything to contradict this. Records showed clear care plans were devised to ensure people's needs were met in a way which reflected their individuality and identity. Staff told us they had attended equality and diversity training which reminded them to promote individuality and ensure people's personal preferences, wishes and choices are respected.

People and relatives told us they had been involved with the planning of their care. Where ability allowed, people had signed the documentation themselves or a relative had signed it on their behalf. People had

been given a 'service users guide' which contained information about the provider; what to expect from the service, what assistance could be offered, basic policies and procedures and contact details. Other information which would benefit people, such as the local safeguarding team, CQC and ombudsman contact details were also made available.

We asked the registered manager if any person currently used advocacy services. She told us no-one did at present. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld. The registered manager was aware of how to refer a person to an independent advocate from the local authority if people needed the support. Some people had family who acted on their behalf formally with legal arrangements' in place such as relatives acting as a lasting power of attorney for finances and health matters. The registered manager told us they would always ask for proof of this arrangement.

People's sensitive information was kept confidential. We observed records containing people's personal details were kept in a lockable cupboard in the office and the computer systems were password protected. Staff confirmed that they were aware of the need to keep information about people safe and secure, such as addresses and key code entry numbers which allowed them to access people's homes.

The service had on occasion supported people at the end of life and they provided palliative care to a small number of people. The registered manager told us these people had a small team of consistent care workers who knew people and their families very well. The office staff strived to ensure there was minimum disruption to the services these people received. We noted that where appropriate, people's care plans contained information about advanced decisions and preferences around emergency treatment and resuscitation. In other care plans we saw people had declined to share their preferences at the time of the assessment but senior care staff told us, this would be revisited at each review.

Good

Is the service responsive?

Our findings

Care coordinators or senior care workers carried out the initial assessment of people's needs following a referral to the service. They also undertook regular reviews of the care packages they provided to people. Most people were referred to Careline by their local social services department but some people had a private contract. People and their relatives confirmed this. Comments included, "Every so often, office staff visit me and look at the paperwork" and "Our social worker was full of praise for (care coordinator), they were very helpful in sorting the care out."

Care needs assessments were very person-centred and included information about the person's lifestyle, past history, preferences, hobbies and interests. This enabled the care coordinator to match the person with a suitable care worker, for example a male or female. Everyone we spoke with confirmed they or a relative had been involved in developing their care plan and had agreed to the package of care they received. We saw copies of signed consent forms held with the care records.

Care and support plans described a person's individual needs and included what action should be taken to meet these needs. There was evidence of discussions held with people about risks in their home such as pets and smoking which may impact on the care worker. We saw very detailed information was included to provide specific guidance to care workers. For example, in one record we reviewed, information was documented about the angle a person should be seated at to enable the safe administration of a nutritional feed through a PEG, information about the PEG site; what it should look like and what to do if it did not, i.e. becomes red or inflamed and further special instructions about the nutrition being warmed to room temperature. Actions were recorded for care workers to take in the event of certain circumstances i.e. if the nutritional feed was rejected.

We reviewed the daily report book for the same person and saw care workers thoroughly documented information to describe their involvement at each visit. Precise details, such as the amount of nutrition and the amount of water needed to flush the nutritional feed through the PEG was noted on every occasion.

People told us that the service was flexible and they had been able to re-arrange visits at short notice to accommodate appointments and social occasions. Care workers shared examples with us of how quickly people's needs had changed and the service had been able to respond immediately with additional support. Equally, services had been decreased for people who regained some or total independence. Staff told us and entries made in records confirmed that information about changes in people's needs was passed from care staff to office staff effectively in order to ensure paperwork was updated to reflect the current situation. All of the paperwork we reviewed was up to date.

Some people told us they had never had cause to complain whilst others told us that the service had responded quickly to issues so they didn't escalate to formal complaints. Comments made included, "I complained about a certain carer once and they didn't send her again. "And, "I rang up once when my carer didn't come but it wasn't the regular one and she was just running late." One person told us, "I've been happy with everything since they responded to my complaint." Everyone we spoke with said they knew how

to complain and would feel comfortable and have no hesitation to do so in they needed to.

The service maintained a complaints register to track complaints and monitor trends. The register included a brief description, an outcome and any follow up action. There was no current or unresolved complaints. We looked at 10 complaints which had been made about the service between June and December 2016. We saw all complainants were acknowledged with a letter and the files contained investigatory notes and where necessary witness statements. Copies of care records and daily monitoring tools had been included and analysed to assist the registered manager with her investigations. We read through two outcome letters which has been sent to complainants. They included an explanation of the findings and an apology for any unsatisfactory service. A quality assurance document was completed on each occasion to ensure the complainant was satisfied following a resolution. We saw a timely response had been given at all stages of the complaints process.

We noted that prior to the new registered manager being appointed in April 2016; complaints about the service were significantly higher. There were a lot of issues logged which related to times of calls and missed visits. We saw the registered manager had reviewed all of these complaints and completed quality assurance forms to ensure people were now satisfied with the service. This demonstrated the service had acted on feedback from people about the quality of the care provided and their actions had made a difference to how care and support is delivered.

People and care staff told us that the office staff made courtesy calls to people at random to check on their satisfaction of the service, especially after a complaint had been received. We saw evidence in staff meeting minutes that the registered manager discussed issues and fed back to the staff about learning opportunities.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. Our records showed she had been formally registered with the Care Quality Commission since October 2016, although she had managed the service since April 2016. The registered manager was aware of her responsibilities and had submitted notifications as and when required. The registered manager was present during the inspection and assisted us by liaising with people who used the service. She was knowledgeable about the people who the service supported and was able to tell us about some individual people's needs.

At our last inspection in February 2015, we identified the service had breached one of the Health and Social Care Regulations in relation to the management of medicines. At this inspection, we found the provider had taken proactive steps to ensure the new registered manager of the service had the skills and experience necessary to improve this aspect of the service but also develop the service overall.

Staff told us they enjoyed their role and remarked on the improvements made. Comments includes, "Things have definitely improved, it's totally different now", "I love this job", "We have a great bunch of carers, we all get on well", "Its much improved since (registered manager) came; everyone mucks in, good teamwork, good morale" and "It makes you feel happy that you've done a good job." This showed staff were motivated and keen to succeed.

Staff told us they trusted the registered manager to do a good job, felt supported by the management structure and said they would have no hesitation in reporting any concerns to the management team. Care staff told us, "Leadership is really good, you know she [registered manager] will act on it straight away", "(Coordinator) is really helpful, I'm confident they will deal with safeguarding properly", "I'm happy to approach them [office staff] and put my point across", "There's always someone to help you" and "The coordinators come out if we can't get cover."

People who used the service and their relatives told us they had been given opportunities to provide feedback about their services. Some people told us they had received an annual satisfaction survey, whilst others had provided feedback when prompted over the telephone. We reviewed the most recent quality survey which had been carried out in May 2016. 382 surveys had been sent to people, however 136 were returned. The overall results showed 81% of people were satisfied with the service. The registered manager told us they had learned from issues raised by people and it had helped them improve the service. For example, people stated poor communication with office staff had been a reason for their dissatisfaction. The registered manager told us she had introduced a 'whiteboard system' whereby messages were written on a whiteboard and only erased once it had been responded to. She monitored this on a daily basis to ensure people received a timely response.

An action plan had been formulated following the quality survey and areas to address were identified. Discussions at staff meetings, an increase in quality assurance calls and visits were amongst the actions. The registered manager and provider monitored this periodically and added specific targets and dates when they were completed. One relative (who received a quality assurance call after being dissatisfied) said,

"Communication is much better, we are really happy now she (their relation) gets a rota in the post."

Staff meetings took place and we saw minutes which confirmed that all staff had an opportunity to raise any issues or concerns with the registered manager and that the registered manager used these meetings to communicate information about the service to the staff. The registered manager had introduced a weekly drop-in session and was available for any staff who wished to speak with her in confidence at the office. She has also placed a 'Comments box' in the foyer of the office for staff to post anonymous comments about the service or their role. Care workers told us they had informal peer support meetings with their colleagues over a coffee to maintain contact with their team and reduce feelings of isolation through lone working. This demonstrated the registered manager encouraged open communication and created different methods of communication which were accessible for all.

The registered manager had recently introduced a staff recognition scheme. Coordinators were asked to nominate care workers for the award. The winner was chosen by the registered manager and they were rewarded with an additional day added to their annual leave entitlement. The registered manager told us there was strict criteria for the award which included no sickness absences and no medicine errors. We spoke with one care workers who had won the award and they told us this made them feel valued and boosted their morale. Other staff recognition schemes developed by the provider included an "Our Care Heroes" award. If a member of staff had been individually named in the annual quality survey, they received a letter of commendation from the company directors and a certificate of outstanding dedication, care, compassion and kindness. This showed the provider promoted a positive culture and recognised the staff's contribution to the service.

We saw the service used a range of quality monitoring tools. Audits were in place to monitor records such as, people's care files, staff files, Medicine Administration Records (MARs) and daily reports. The MARs had been compared against criteria which demonstrated quality and actions for improvements were documented along with the quality manager's signature. The quality manager maintained a separate spreadsheet to accompany an audit of MARs. It was used to explain any gaps in MARs and other errors which had been identified were further explained along with the action take to address the error with the care worker who made it.

The provider had a database set up to ensure registered managers monitored and maintained information regarding accidents, incidents, complaints and quality assurance. The registered manager demonstrated this system to us and we saw the information she kept was up to date. Reports were produced from this system which provided data on aspects of the service such as, continuity of care workers, capacity for care provision and care worker's compliance with electronic call monitoring. This meant the provider had a thorough oversight of the service. The provider's quality team conducted internal audits of the service every three months and carried out their own 'CQC mock inspection' to prepare the management team for the real thing. This meant the senior management team were made aware of any potential risks to the service and could address them quickly. The service had achieved accreditation to ISO9001. This is a certified quality management system for organisations who want to prove their ability to consistently provide services that meet the needs of their customers.

The registered manager told us the support she had received from senior managers had been "absolutely brilliant." She described them as "approachable" and told us she had been able to contact the quality team whenever she needed support. Regional branch monthly meetings were held where managers received feedback, company messages and shared experiences and best practice. The registered manger told us, "There has been good communication right through the senior levels." The regional director had also attended the meetings.

Information was on display in the foyer of the office to inform staff and visitors of advice and guidance which may benefit them. Posters which described the provider's whistleblowing policy and local safeguarding information were displayed which showed staff were encouraged to question practices. We checked whether the provider had displayed their latest CQC performance rating, which they had, along with a copy of their last CQC report. This showed transparency and compliance with registration regulations.

The registered manager told us she developed herself to keep abreast of current guidance and legislation and she had attended provider forums held by the local authorities. This had enabled her to maintain a good working relationship with the local authorities whom the provider contracted with and foster links with other providers and external stakeholders.