

Sefton & Merseyside Senior Care Services Limited

Home Instead Senior Care

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection was carried out on 28 & 29 July 2015. We gave the provider 48 hours' notice of the inspection in order to ensure people we needed to speak with were available.

Home Instead Senior Care is owned by Sefton & Merseyside Senior Care Services Limited. The agency is registered with the Care Quality Commission to provide personal care and support to people in their own homes. Home Instead Senior Care is based in Southport and provides a personal care service for approximately 106

people in Southport, Formby, Crosby and Ormskirk. The service is for older people and younger adults who may have a dementia, mental health need, physical and/or learning disability or sensory impairment.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

Our findings showed care and support was provided to people in their own home on a flexible basis and in accordance with individual need. The amount of support provided varied and people were offered a service between several hours per day to 24 hour support, seven days per week if required.

The manager was motivated and very passionate about providing a service which took into account people's individual needs and their wishes. A lot of time was spent with people during the initial assessment to get to know them and their family thus making sure the support was exactly right for each person.

Everyone we spoke with told us they felt safe when the agency staff were in their home

People told us they received care and support from a consistent staff team and the visits by staff were conducted on time.

Staff rotas showed there were sufficient numbers of staff to meet people's needs.

Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in their plan of care.

The manager had a clear knowledge and understanding of the Mental Capacity Act (MCA) 2005 and their roles and responsibilities linked to this. People told us they were able to make their own choices and were involved in decisions about their support.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults' procedures.

Medicines were administered safely to people by staff. We found in some cases there was a lack of clarity around recording the level of support people needed with their medicines. This was brought to the manager's attention during the inspection and appropriate actions taken

Recruitment checks were robust to ensure staff were recruited safely to work with vulnerable people.

People's medical conditions were known by the staff and staff liaised with healthcare professionals to help monitor and maintain people's health and wellbeing.

We observed staff supporting people in their own home, this support was carried out in accordance with what the person needed and wished to receive.

Staff supported people with their nutrition and food preparation.

People had a plan of care. Care plans varied in detail however overall they provided information to enable staff to provide care and support in accordance with individual need. We discussed with the manager the need for more 'person centred' plans (care/support plans tailored to the individual), so that staff had a more rounded picture of how people wished to be supported.

Speaking with care staff confirmed their knowledge about the people they supported and how they would respond if a person was unwell or there was an emergency situation.

Staff were supported by on-going training, supervision, appraisal and staff meetings. Formal qualifications in care were offered to staff as part of their development.

People who used the service told us the staff treated them with kindness and staff were polite and respectful.

The agency had a whistleblowing policy, which was available to staff. Staff told us they would feel confident using it and that the appropriate action would be taken.

Staff we spoke with told us how much they enjoyed working for the agency as they received a good level of support from the manager.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service. People we spoke with knew how to raise a complaint.

Systems and processes were in place to monitor the service and drive continuous improvements. A number of audits (checks) on how the service was operating were also undertaken. These included visits approximately every three months to see people in their own home. The purpose of this was to monitor staff practice and also to check whether people were satisfied with the support they received.

Summary of findings

People's views had been sought through the use of questionnaires, as part of pursuing 'excellence'. The overall feedback from the questionnaires and from our inspection was very positive about the agency.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Everyone we spoke with told us they felt safe when the agency staff were in their home.

Systems were in place to minimise the risk of abuse and the manager was aware of their responsibilities to report abuse to relevant agencies.

Assessments were undertaken of risks to people who used the service. Written plans were in place to manage these risks.

Medicines were administered safely to people by staff. We found in some cases there was a lack of clarity around recording the level of support people needed with their medicines.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

Good



Is the service effective?

The service was effective.

The service worked in accordance with the Mental Capacity Act 2005.

Systems were in place to provide staff support. This included on-going training, staff supervision, appraisals and staff meetings.

People's care documents showed details about people's medical conditions and also appointments with health care professionals such as, GPs and district nurse team to help support people in their own home.

People told us they were able to make their own choices and were involved in decisions about their support.

We observed staff supporting people in their own home, this support was carried out in accordance with what the person needed and wished to receive.

Good



Is the service caring?

The service was caring.

The manager was motivated and very passionate about providing a service which took into account people's individual needs their wishes. A lot of time was spent with people during the initial assessment to get to know them and their family thus making sure the support was exactly right for each person.

Everyone we spoke with told us they were treated with kindness and by such a professional staff team.

Our observations in people's homes showed the staff were well mannered, caring and patient in their approach. Interaction was very positive between staff and people they supported. People received the support they needed.

Outstanding



Summary of findings

People told us having a small consistent team of care staff to support them was something the agency 'did well'.

Staff were very knowledgeable regarding people's needs, preferences, their social background and hobbies/interests.

Is the service responsive?

The service was responsive.

People's care needs were assessed. Care/support plans recorded varying amounts of detail however staff told us they had the information they needed to provide care and support to people.

People's care was subject to regular review with them, with relatives and external health professionals where appropriate.

Staff had a good knowledge regarding how to support people who were unwell or who needed emergency treatment.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service. People we spoke with knew how to raise a complaint.

People who used the service were encouraged to provide feedback about how the agency was operating. A suggestion box was available in the agency's office and satisfaction questionnaires enabled people, relatives and staff to share their views.

Good



Is the service well-led?

The service was well-led.

The service had a registered manager in post.

We received positive feedback about the manager's leadership. Staff told us the manager was approachable, well liked, had an 'open door' policy and was very supportive. Feedback from people was positive regarding how the service was managed.

The agency had a whistleblowing policy, which was available to staff. Staff told us they would report a concern and had confidence in how the issue would be looked into

There were clear lines of accountability within the care management team and staff were knowledgeable regarding their job roles and responsibilities.

Systems were in place monitor the service. This included audits of people's care and people told us they received regular 'spot checks' from quality managers. This was to check they were happy with the support they received. Feedback was very positive.

Good



Home Instead Senior Care

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 was 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.

The inspection was carried out over two days, 28 & 29 July 2015. We gave the provider 48 hours' notice of the inspection in order to ensure people we needed to speak with were available. The inspection team consisted of two adult social care inspectors.

We reviewed the information we held about the service before we carried out the visit. Prior to the inspection the provider had submitted a Provider Information Return (PIR) to us. The PIR is a document the provider is required to submit to us which provides key information about the service, and tells us what the provider considers the service

does well and details any improvements they intend to make. The service does not have a contract with the local authority at present, therefore their feedback was not sought.

At the time of the inspection the agency was supporting 106 people who required personal care. We contacted 12 people who used the service to seek their views about the agency. This included meeting seven people in their own home. We also spoke with three family members. The inspection was conducted with the Registered Manager, Director of Operations, Director of Finance and Marketing. We also spoke with 15 members of the care team and this included , care co-ordinators, care supervisors, scheduling co-ordinators and recruitment and training lead. We received comments during and after the inspection from a health care professional.

We viewed a range of records including, care documents for nine people who used the service, four staff personnel files, medicine records, records relating the running of the service and a number of the provider's policies and procedures.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe when the agency staff were in their home. People's comments included, "I look forward to them (staff) coming", "The carers are so good, they look after me safely in all ways", "The carers are very receptive to your needs because they listen to what you have to say" and "I have never had a problem. I know all the carers and feel really safe when they are here. I look forward to them coming." These views were shared by the relatives we spoke with; one relative reported, "I think because the same carers have been going for a while helps, I am sure that makes (family member) feel safe"

We saw a staff rota for July 2015 and this showed the call times and staff attendance. The staff we spoke with told us they received their staff rota in plenty of good time and were always informed of any changes in advance. We saw people were supported by small staff teams to help ensure consistency of care. Staff we spoke with told us the small staff teams worked well and this view was supported by the people we spoke with.

The manager informed us they currently had sufficient numbers of staff to provide care and support to people in their own home. We saw effective arrangements were in place to cover potential sickness and holidays so that staffing levels were maintained. The manager informed us they had not had any missed calls (visits) to people. If staff were running late due to unforeseen circumstances, such as dealing with an emergency, a telephone call was made by the office staff to advise the person of the delay. People told us the agency got in touch if a carer was going to be delayed but feedback indicated that delays were infrequent. A person told us, "My calls are always on time and if the carers were running late I always get a phone call, it's very reassuring."

Staff were given travelling time between visits to people and these were arranged geographically to avoid delays. Staff told us that this, with effective planning, meant staff had sufficient travelling time between calls and visited people in their home at the preferred and agreed time. An electronic logging system monitored the times of visits to people to ensure their safety and the safety of staff.

The service had an 'on call' system and people we spoke with told us they were able to contact the office at any

time. Staff told us that a senior member of staff was always on duty to offer support. Staff comments included, "You ring and someone is always there to help you and check to make sure you are doing things right" and "The managers make sure there is always someone around to help, you only have to call." The manager informed us the agency had a rapid response team. The team was made up of care staff who were available over the weekend to provide advice and support to the staff team and 'step in' in an emergency.

Systems were in place to minimise the risk of abuse and the manager was aware of their responsibilities to report abuse to relevant agencies. Staff had access to an adult safeguarding policy and procedure and the Local Authority's safeguarding procedure. Staff were able to tell us about the different types of abuse and the actions they would take if they witnessed an alleged incident.

We spoke with manager and a member of the administrative team about staff recruitment. We asked the manager to show us recruitment checks for four staff; these showed safe recruitment checks were completed to ensure staff were suitable to work with vulnerable people. New staff had completed an application with a detailed employment record and six references (professional and character) had been sought.

Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list of people who are barred from working with vulnerable adults. Photographs were available for identification purposes and interview forms had been completed. Part of the interview process included discussion around a person's strengths and weaknesses and how staff would deal with real life scenarios. This helped to assess suitability for the job role. New staff were provided with a contract of employment and job description.

People we spoke with told us they were happy with the support they received with their medicines and if administered by the staff, these were given on time. Staff told us they had received medicine training and had their competency assessed to ensure they had the skills and knowledge to support people safely with their medicines. Records seen confirmed staff had received this training and had been assessed as being competent to administer medicines. We observed staff administering medicines to

Is the service safe?

people and this was completed safely. Staff told us how they supported people with their medicines. A staff member gave an example of the actions they had taken when they had concerns about a prescribed medicine. This showed a good awareness and understanding of safe medicine practice.

The service had a policy and procedure for the safe administration of medicines and this identified the different level of staff support. The medicine policy included support for PRN (as required) medication. People had a risk assessment and plan of care which identified the level of support they needed with their medicines. We found in some cases there was a lack of clarity around recording the level of support people needed with their medicines. We brought this to the manager's attention during the inspection. The manager acted promptly to address this and agreed to undertake further medicine reviews. Information around the use of covert medicines was not available. The manager told us they were not administering medicine covertly and if this was required staff would be trained and documents would reflect how to undertake this practice safely. When medicines are given covertly this means they are disguised in food and/or drink.

Handwritten medicine administration records were available for people who required support with their medicines. These were handwritten and did not always record the signature of the member of staff who wrote up the medicines or had been countersigned by another member of staff. This safety check would help to assure accuracy of the information recorded. We brought this to the attention of the manager and also discussed considering using pharmacy printed medicine administration records. This would help decrease the risk of error in how people's prescribed medicines were

recorded. Medicine administration records recorded staff signatures for medicines administered. We noted several gaps where staff had not signed following administration. When we spoke with people about their medicines, they told us the staff gave them at the right time.

We looked at how risks were assessed for people who used the service. We saw assessments were undertaken by the staff to assess risks to people and for the staff who supported them. These included health and safety risks within a person's home and risks relating to people's health and support. The risk assessments included information about what action needed to be taken to minimise the risk of harm occurring. Examples of these were assessments for people who had limited mobility and where staff support was required to transfer people safely with or without the use of aids.

Staff told us how they would report on risk and the actions they would take if faced with an emergency situation. For example, if a person had a fall, appeared unwell or if they could not gain entry into a person's home. Staff comments included, "If there was an accident I would ring the doctor or ambulance and then the office and then wait until the doctor or ambulance arrived."

Accidents/incident and near misses were recorded and the manager told us they reviewed incidents and near misses to identify any trends or themes. Findings were shared with the staff. We saw an incident record and this showed timely actions had been taken to reduce the risk of re-occurrence.

Protective equipment such as gloves and aprons were available for the staff and we observed staff using these whilst supporting people. Staff changed their gloves and aprons as needed; this helped to promote good standards of hygiene.

Is the service effective?

Our findings

People who used the service told us they received very good care from the staff. Their comments included, “The agency was recommended to me by a friend and they have made such a difference to my life”, “Excellent carers” and “The carers are marvellous and so willing to help me, first class.” Several people told us how the staff ‘went the extra mile’ to help them and how skilled the staff were in supporting them. A relative reported, “I have met most of the carers and (family member) tells me they do everything (family member) asks, (family member) is really pleased.” When discussing staff training a person who used the service told us, “The carers that come here are very well trained, you can tell the way they go about their job-excellent.”

We looked at care documents and these showed details about people’s medical conditions and also appointments with health care professionals such as, GPs and district nurse team. This helped to help support people in their own home. It was evident staff were prompt in seeking advice and also getting equipment from community based services to help maintain people’s independence. Staff told us they read people’s care files and these were updated regularly to reflect any change in support. A staff member said, “We have regular meetings to discuss people’s care, if people are unwell or need some extra help.” We observed staff supporting people in their own home, this support was carried out in accordance with what the person needed and wished to receive.

New care staff received a four day induction; this included office based training and also a period of time working in the community alongside an experienced member of the agency’s staff team. The manager told us this period of shadowing continued until the staff member felt confident to work independently. A staff member said, “The induction when you first start is really comprehensive. There’s a lot to take in but it does prepare you really well.” We saw the induction covered dealing with emergency situations to help prepare staff when working alone. We viewed records which showed management were responsible for completing staff observations and mentoring of staff to make sure staff were competent to support people safely.

We looked at the training and support programme for the staff. This included measuring performance against targets. Staff told us they received a good standard of training and

we saw this had been given in statutory subjects such as, moving and handling, infection control, food hygiene and abuse. Staff told us they were also provided with dementia training and if training was needed to support people with specific needs, for example, end of life care, then this was arranged. Electronic staff training records and training certificates were available in staff files to evidence the on-going training programme. It was evident staff received the training they needed to ensure they had up to date knowledge and skills relating to their roles and responsibilities. A staff member said, “We are always in for training and can request further training if we want it.” An external professional told us the agency were committed to staff development.

NVQ (National Vocational Qualifications)/Diploma in Care was on-going for staff as part of their formal learning and development. The manager informed us 18 staff had completed a care qualification and 15 were working towards one. The manager was aware of the new Care Certificate for staff and this was being applied through the agency’s training programme. The Care Certificate is ‘an identified set of standards that health and social care workers adhere to in their daily working life’. The manager demonstrated a commitment to formal learning in care.

Staff received an annual appraisal and attended supervision meetings. Supervision consisted of one to one sessions and group staff meetings. All staff we spoke with told us they were very well supported by the manager. A staff member said, “From the time I started I have been so well supported, the induction was excellent and we get regular training.”

The manager and staff had an understanding of the Mental Capacity Act (2005) (MCA). The MCA (2005) provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care, welfare or finances. The manager had undertaken training in the MCA and told us how they assessed people’s capacity to make day to decisions and choices. This included the use of a mental capacity assessment and best interest decision flow chart which provided guidance for the staff on what action to take should a person not have capacity to make decisions. The manager said, “If any CAREgiver thought a client was lacking capacity, they would contact us and would get in touch with the mental health team and arrange an assessment.” (a CAREgiver is a member of the care team).

Is the service effective?

People told us they were able to make their own choices and were involved in decisions about their support. They also us the staff always asked them for their consent before assisting them with tasks or activities, for example, personal care or shopping. People's comments included, "The carers would never dream of just doing something without asking me first" and "I was fully involved during my assessment and told them exactly what I needed." People's agreement and consent to their plan of care was documented in most care files we looked at. Relative consent was sought where appropriate.

We looked at how staff supported people with their nutrition. This included food preparation and also monitoring people's dietary intake if there were concerns around a person not eating adequately. Staff told us how they encouraged and supported people with their meals. For one person receiving nutritional support their plan of care lacked some detail. This was brought to the manager's attention and the plan of care updated immediately to reflect the person's current support. Staff were able to tell us about the person's nutritional needs and support they gave.



Is the service caring?

Our findings

Everyone we spoke with told us they were treated with kindness and by such a professional staff team. People also told us they were pleased that they received support from a consistent staff team and this made all the difference to them. Several people told us that the support they received from the agency gave them the confidence to stay in their own home. People told us, “It’s a really great service and I have to say the carers are exemplary”, “They look after me so well, they don’t mess around, they come in and do their job”, “I think the carers are marvellous”, “I think they are wonderful and so caring” and “The girls are marvellous, I would not have a bad word said about them. They are really pleasant and make such a difference to me. They are very obliging and would do anything for you.” Relatives said, “The carers are so patient and caring. They talk to (family member) all the time they are here” and “They (staff) are very accommodating. If we ask for something to be done, they do it.”

The manager told us how each person was supported with a small staff team, usually around two to three care staff who always conducted the visits. People told us having a small consistent team was something the agency ‘did well’ and this only changed in the event of holiday, sickness or if a person requested a change of carer.

The manager was motivated and very passionate about providing a service which took into account people’s individual needs their wishes. A lot of time was spent with people during the initial assessment to get to know them and their family thus making sure the support was exactly right for each person. People we spoke with confirmed this. They told us the staff always listened to what they wanted and they felt valued. The PIR told us “We strive to match our CAREgivers to clients based on the same attributes”. This was confirmed when talking with the manager and staff; where possible staff were matched with people who had the same interests to help build a good working relationship. People told us that the agency took time to make sure staff sent were ‘right for them’. They told us how much they appreciated this.

Staff were introduced to the people they were going to support. This introduction also took place for staff who were covering holidays and sickness and were not familiar

with the person they had been asked to support. People told us how much they welcomed this as having someone arrive that you did not know could be worrying and unsettling.

We spoke at length with staff about the people they supported. Staff were very knowledgeable regarding people’s needs, preferences, their social background and hobbies/interests. Staff told us an important part of the care was not only supporting people to wash and dress but also to get to know them and to develop a friendship. Staff comments included, “Working here it’s all about the people we care for, that’s the focus”, “It’s like one big family here” and “I just love my job and looking after my clients.” People who used the service told us the care staff were their friends, staff were polite, respectful and they enjoyed their visits.

Our observations in people’s homes showed the staff were well mannered, caring and patient in their approach. Interaction was very positive between staff and people they supported.

Before entering a person’s home staff knocked before entering, calling the person’s name to announce their arrival. People were called by their preferred name of address and before staff finished their visits they asked everyone did they need anything else and ensured everywhere was locked up before they left. Staff also did not finish the visit until the person was comfortable and settled. Staff told us privacy, dignity and confidentiality were discussed during induction and these key areas were assessed by the managers, along with their day to day care practices, as part of monitoring good standards of care. We were shown a practice guide to support staff when undertaking personal care activities. A staff member said, “I treat clients with respect, just like I would want to be treated, it’s so important.” Staff told us they were not rushed and had time to support people in a respectful and caring way. A staff member reported, “Our priority is that the clients are happy and well cared for.”

Reviews were carried out of people’s care and people and relatives informed of any change needed. Staff told us they reported any changes in a person’s wellbeing, so that the plan of care was changed to meet their needs.

To ensure a caring approach and for staff to understand how people could be affected by a condition, such as arthritis. The agency used aids such as, gloves and cotton



Is the service caring?

wool to demonstrate the difficulties people encountered with arthritis; for example, when trying to administer their own medicines. Staff told us the training was centred around people's needs and how to help them with daily tasks and activities. The agency office had a training room with aids such as, a bed and moving and handling equipment. The use of these aids helped the staff to actually experience what it was like to have limited mobility and to experience the equipment.

Details of a local advocacy service were available should a person wish to seek independent advice about their health and social care.

The office noticeboard held a variety of information to assist people who used the service and their relatives. For example, information about dementia care, people's rights and standards around privacy, dignity and choice. The manager also told us about community based events which the agency had joined in with to promote an awareness of care of the elderly.

Is the service responsive?

Our findings

People we spoke with told us the staff spent time with them to establish the type of support they wanted, this included the preferred time and number of visits. A person told us “I felt involved in the whole process.” People told us they received a staff rota which identified who was calling to them and if they needed to change a time or request an extra visit, for example, then the agency were quick to respond and arrange. People told us they had confidence in the service as it was flexible and reliable. A relative said, “I need to ring the office to change the call time for next Sunday, we are going out but it will not be a problem for them (staff). I know they will arrange it for me.” Where there had been an emergency situation a person who used the service told us about the actions the staff had taken to care for them. They told us, “They (staff) could not have done any more and I can’t thank them enough for what they did.”

People who used the service had a care file. These included an assessment to identify people’s support needs and care plans outlined how these were going to be met. Any changes to the support/care plans were communicated with the staff by phone, in person or at a meeting so they were fully aware of the care provision. The management team carried out checks and this included visits to people, following the commencement of a care package and also through on-going reviews. This was to make sure the support was to people’s satisfaction. People we spoke said these ‘face to face’ checks and reviews were undertaken and they were fully involved.

The nine care files we looked at held varying amounts of detail and the manager agreed to look at ways of making care plans more tailored to individual need. In particular we discussed this around medicine support and also for one person who required specific nutritional support. We were shown a plan of care which was updated during our visit to provide a more rounded picture of the nutritional and medicine support the people identified needed. The manager acted promptly to ensure the care records reflected these details. The manager informed us that a new journal for recording people’s care and support was being introduced and this would help staff maintain a more detailed record. Daily records were completed at the time staff undertook a visit to a person’s home. These reflected the care provision and any change in a person’s condition.

People’s care was subject to regular review with them, with relatives and external health professionals where appropriate. We discussed input from a health professional for one person and the actions taken by the staff. It was evident the staff had responded and provided the support the person needed though this was not formally recorded. Our observations and feedback from people who used the service and relatives showed that the staff knew people well and staff respected people’s choices, preferences and decisions about their support needs.

The agency’s aims and objectives of the agency were defined and known by the staff. These were centred around making sure people maintained their independence in their own home. This was evidenced through our observations and talking with staff. Staff told us they supported people to make their own decisions, support was person led rather than staff led. A staff member told us, “I am there to make sure (person) does what they want to do, I make sure they decide.” Staff told us how they would respond in an emergency situation and that people’s safety and wellbeing was their first priority.

People were actively encouraged to give their views and raise concerns or complaints. People were given a handbook when they started using the agency and we saw this provided information on how to raise a complaint. A staff member told us, “If a client made a complaint to me I would record it and pass the information to the office. I would also make a note of what was said. People we spoke with said they would talk to the staff or ring the office if they had a problem and relative comments included, “I know most of the managers and I know I could just go in anytime or ring them if I had a complaint” and “We’ve been with the agency for around two years and never had a problem. Never needed to complain.” The manager told us regular monitoring visits to people meant people felt confident in speaking up if they needed to chat about their support plan or had a concern they wanted to discuss. No complaints had been received by the service; a concern raised had been investigated and responded to in accordance with the agency’s policy and procedure.

People who used the service and relatives were encouraged to provide feedback about how the agency was operating. A suggestion box was available in the

Is the service responsive?

agency's office and satisfaction questionnaires enabled people, relatives and staff to share their views. Staff told us staff meetings provided a means of sharing information to help monitor and make improvements.

Is the service well-led?

Our findings

The agency had a manager in post. The manager had completed a formal qualification in leadership and management to develop their role, to fully support the staff and make people feel valued. We received positive feedback about the manager's leadership. Staff told us the manager was approachable, well liked, had an 'open door' policy and was very supportive. We saw there were clear lines of accountability within the care management team and staff were knowledgeable regarding their job role and responsibilities. A staff member told us everyone was clear about what was expected from them within their teams. Staff comments included, "A fabulous agency", "Could not have better support", "(Manager) is really good, so supportive, the agency look after you so well", "You could not have a better manager and staff team", "We are encouraged to drop into the office if we are passing so yes, if I needed to talk to the manager it would not be a problem, "We all have our roles and these are overseen by (manager)" and "Very good place to work." People said, "I could not manage without the agency, they are first class", "I am very happy with the service and always have been" and "I know the manager and the supervisors who come out and know I could talk to them if I had a problem." People told us they received regular 'spot checks' from quality managers to ask them if they were happy with the support they received. Recorded feedback was very positive.

Staff told us they received support through training, 'one to one' meetings, team meetings and daily 'huddles'. The staff told us the huddles were to discuss people's support needs and highlight any priorities. Staff told us communication was very good and one staff member reported, "There is always someone to talk with and if needed will call you back they will until you feel happy with the situation you are dealing with."

The agency had a whistleblowing policy, which was available to staff. Staff told us they would report a concern and had confidence in how the issue would be looked into. This along with other policies were made available to staff to help them work safely and in accordance with current legislation.

Systems and processes were in place to monitor the service and drive continuous improvements. A weekly progress report highlighted forthcoming work and activities assigned to each team and this was monitored to ensure targets and objectives were met. A number of audits (checks) on how the service was operating were also undertaken. These included visits approximately every three months to see people in their own home. The purpose of this was to monitor staff practice and also to check whether people were satisfied with the support they received. This incorporated making sure staff arrived on time, staff carried out the care in accordance with the support plan and also daily records reflected the care provision. In light of our findings at this inspection, the manager said they would improve the auditing around people's care plans and support with medicines to make them more robust. They discussed with us how this would be achieved through undertaking more formal reviews and care observations. The manager responded promptly to improve auditing practices.

The agency published a newsletter; this was distributed to people who used the agency as a means of giving up to date news and report events. The most recent newsletter was displayed in the office for staff and people to read.

People's views and the views of the staff had been sought through the use of questionnaires, as part of pursuing 'excellence'. The feedback from 2015 questionnaires had not been collated yet and therefore was not available. We looked at the analysis from the questionnaires in 2014. Feedback from people who used the service included information relating to, 'my CAREgiver was properly introduced before they started working with me', 'my CAREgiver takes an interest in me', 'my CAREgiver goes the extra mile to make a positive difference to my life' and communication with office staff. Overall feedback was very favourable regarding the standard of care provided by the staff team and the management of the agency. Staff questionnaires also provided good feedback in areas such as, training and support and leadership and direction. Any actions identified from the questionnaires had been addressed by the management team to help ensure people received a good safe service.