

## Castlerock Recruitment Group Ltd

# CRG Homecare - Burnley

### Inspection report

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30 November 2017

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out an inspection of CRG Homecare – Burnley on 29 and 30 November 2017. We gave the service 48 hours' notice to ensure that the registered manager would be available when we visited.

CRG Homecare – Burnley is a domiciliary care service. It provides personal care and support to people living in their own homes. It provides a service to children, people with a physical disability, learning disability or autistic spectrum disorder, people who misuse drugs or alcohol, people with an eating disorder, people with poor mental health, older people and people living with dementia. At the time of our inspection, the agency was also providing a reablement service, commissioned by the local authority. Reablement is a short term service designed to help people improve their independence while living at home, for example following a period in hospital or a change in their circumstances. At the time of our inspection the service was providing personal care and support to 89 adults and a further 163 adults were being supported through the reablement service. No children were being supported. This was our first inspection of the service.

At the time of our inspection there was a registered manager at the service who had been registered with the Commission since December 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we found that the provider was meeting all regulations. We have made a recommendation about staffing arrangements at the service.

The people we spoke with told us staff usually arrived on time and stayed for the full duration of the visit. However, a number of complaints and safeguarding alerts had been raised regarding people receiving reablement support. These related to missed visits, only one staff member attending when people needed two staff to meet their needs and people being dissatisfied with the standard of care they had received. We saw evidence that these complaints and safeguarding alerts had been investigated and the provider was taking action to address these issues.

During our inspection people told us they felt safe when staff supported them. Staff had a good understanding of how to safeguard adults at risk and were aware of the appropriate action to take if abusive practice was taking place.

Records showed that staff had been recruited safely and had received an appropriate induction. They received regular supervision and their practice was observed to ensure they were providing safe care. Staff told us they felt well supported by the registered manager.

We found that people's medicines were being managed safely and people told us they received their medicines when they should. Staff members' competence to administer medicines safely was assessed

regularly.

People were supported with their healthcare needs and were referred to community healthcare professionals when appropriate.

People were happy with the care and support they received from the service. They told us their care needs were discussed with them and they were involved in decisions about their care.

People liked the staff who supported them and told us they were caring. They told us staff respected their right to privacy and dignity when providing care and encouraged them to be as independent as possible.

We found that people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff understood the main principles of the Mental Capacity Act 2005 (MCA). They sought people's consent before providing support and supported people to make everyday decisions about their care. Where people lacked the capacity to make decisions about their care, their relatives had been consulted in line with the principles of the MCA.

People knew who to contact if they had any concerns or if they wanted to make a complaint. We saw evidence that complaints had been investigated and responded to appropriately.

People were asked to give feedback about the service they received during regular reviews and in satisfaction surveys. We reviewed recent surveys and found that people had reported a high level of satisfaction with most aspects of the service.

People we spoke with told us they were happy with how the service was being managed. They found the staff and registered manager approachable and helpful.

We saw evidence that regular audits were completed and found that these checks were effective in ensuring that appropriate levels of care and safety were maintained.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

A number of people receiving the reablement service had experienced missed visits and there were occasions when one staff member had visited people when two staff were needed to meet their needs. We found evidence that the provider was taking action to address these issues.

The manager followed safe recruitment practices when employing new staff.

Staff had completed safeguarding training and were aware of the action to take if they suspected abuse was taking place.

Risks to people's health and wellbeing were assessed and reviewed regularly. We saw evidence that people's risks were being managed appropriately.

There were safe medicines policies and practices in place. People told us they received their medicines when they should.

**Requires Improvement** 

### Is the service effective?

The service was effective.

New staff received an appropriate induction and observed experienced staff before they became responsible for providing people's care.

People's care plans were detailed and individualised. Care plans included information about people's preferences as well as their needs.

Staff understood the importance of seeking people's consent and supporting people to make decisions about their care. Where people lacked the capacity to make decisions, their relatives had been consulted.

Staff supported people with their nutrition, hydration and healthcare needs and referred people to community healthcare agencies when appropriate.

**Good** 

### Is the service caring?

Good ●

The service was caring.

People were given information about the service when they started receiving care. This included a service user guide which was available in a variety of formats.

People told us their care needs had been discussed with them and they were involved in decisions about their care.

People told us that staff respected their privacy and dignity and did not rush them when providing care. They told us staff encouraged them to be as independent as possible.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care which reflected their needs and their preferences. Their needs were reviewed regularly.

People received support from regular staff who were familiar with their needs and preferences.

People felt able to raise concerns with the staff or the registered manager. We found evidence that complaints were investigated and responded to appropriately.

### Is the service well-led?

Good ●

The service was well-led.

People were asked to give feedback about the care and support they received during reviews and telephone surveys. People reported a high level of satisfaction with the service.

People being supported by the service were happy with the way the service was being managed.

Staff felt that the service was managed well and felt supported by the registered manager. They felt fairly treated as employees.

Regular audits of the service were completed and were effective in ensuring that appropriate standards of care and safety were being maintained.

# CRG Homecare - Burnley

## 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 took place on 29 and 30 November 2017 and we gave the provider 48 hours' notice, as we needed to be sure that the registered manager would be available to participate in the inspection. The inspection was carried out by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience contacted people who received support from the service or their relatives by telephone, to gain feedback about the care provided.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed information we held about the service including complaints, safeguarding information and statutory notifications received from the service. A statutory notification is information about important events which the provider is required to send to us by law.

As part of the inspection we contacted two community social care professionals who were involved with the service for feedback about the care provided. We also contacted the Quality and Contracting Unit at Lancashire County Council and Healthwatch Lancashire for feedback. Healthwatch Lancashire is an independent organisation which focuses on the public's experiences of health and social care in Lancashire.

As part of the inspection we spoke on the telephone with 11 people who received support from the service and one relative. We also visited one person at home. We spoke with three care workers, a care co-ordinator, the registered manager, the area manager and the head of operations for the region. In addition, we reviewed the care records of four people receiving support from the service. We looked at service records

including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records and records of checks that had been completed to monitor the quality of the service being delivered. We also looked at the results of the most recent customer and staff satisfaction surveys.

# Is the service safe?

## Our findings

The people we spoke with told us they felt safe when staff supported them. Comments included, "I feel very safe. The carer always gives me a hand when I stand up" and, "Yes, I feel safe. Two staff come to get me up in the morning and once I'm out of bed, one goes in the kitchen and the other helps me with personal care".

We looked at staffing arrangements at the service. People told us staff were usually on time. Six people told us that staff were sometimes late but told us this was not a problem for them. Comments included, "If they're going to be late, I'm usually told. Somebody from the office phones", "Sometimes they're a bit late if they have to take someone to hospital for example, but they turn up in the end. Sometimes I'm told by the office but I've told them not to worry as I'm not an urgent case" and, "Nine times out of ten they're on time and there's always a legitimate reason why they're too soon or late, finding someone on the floor for example, or when they're short staffed. I ring to find out if I've waited a while".

Most people told us that staff stayed for the full duration of the visit. Two people told us they paid for 45 minutes of care but generally received approximately 30 minutes, however, they were not concerned about this and felt that their needs were being met. People told us that when two members of staff were required to provide support, two staff members always attended.

None of the people we spoke with had experienced any missed visits. However, we were aware from information received from the local authority safeguarding team and notifications received from the provider prior to our inspection, that numerous concerns and complaints had been raised about people who were receiving the reablement service, experiencing missed visits. We discussed this issue with the management team. They advised that the provider had taken over the reablement contract in September 2017 and had experienced significant problems relating to the transfer of staff as part of the contract. The registered manager provided us with a log of complaints/safeguarding alerts that had been raised in relation to the reablement service from September 2017 to the end of October 2017. We noted that 40 complaints/safeguarding alerts had been logged and included missed visits, short visits, only one staff member attending when two were needed to meet people's needs and dissatisfaction with the standards of care provided. The log provided details of the action that had been taken and we found evidence that concerns had been investigated appropriately and apologies offered where the service was found to be at fault. There was also evidence that staff had been disciplined and that further staff training and observations of staff practice had been arranged to address the short falls identified. The registered manager told us that additional staff had been recruited and recruitment for care staff was on going. One community social care professional who provided feedback told us they were aware that the service had experienced some staffing issues. We noted that further safeguarding alerts relating to missed visits and poor standards of care had been raised in November and December 2017 and were in the process of being investigated by the local safeguarding authority.

We recommend that the provider ensures there are an appropriate number of suitably skilled staff available at all times to meet the needs of people using the service.

We looked at how the service safeguarded adults at risk. There was a safeguarding policy in place which included information about the different types of abuse and staff responsibilities. We noted the policy did not include the contact details for the local safeguarding authority or advise that staff could refer any safeguarding concerns direct to the authority. We discussed this with the management team and the policy was amended during our inspection and a memo issued to staff to update them.

Records showed that all staff had completed safeguarding training. The staff we spoke with understood how to recognise abuse and told us they would raise any concerns with their line manager or the local authority. We found that safeguarding concerns had been managed appropriately and referrals had been made to the local safeguarding authority in line with local safeguarding protocols.

We looked at how risks to people's health and wellbeing were managed. Risk assessments had been completed for each person, including those relating to medicines, fire safety, mobility and the home environment. They included information for staff about the nature of each risk and how people should be supported to manage it. We saw evidence that risk assessments had been reviewed regularly. We noted that there was no information about the support that people would need from staff if they needed to be evacuated from their home in an emergency. We discussed this with the management team who assured us that individual emergency evacuation plans would be completed for each person supported by the service. Shortly after our inspection, the head of operations confirmed that 35 plans had been completed and the remaining plans would be completed by the second week in January 2018. Fire safety workshops were also being arranged for all staff in the New Year.

We asked people about how risks to their health and wellbeing were managed. One person told us, "They keep me safe in the shower". Other comments included, "When I came out of hospital, someone came to assess risks. It's in the care plan I think" and "If I fall when the carers aren't here, I tell them and they put it in the book".

We looked at the recruitment records of three members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Proof of identification and two written references had also been obtained. These checks helped to ensure that the service provider recruited staff who were suitable to support vulnerable people. We noted that gaps in two staff members' employment history had not been addressed. We discussed this with the registered manager who resolved the issue during our inspection. She told us this had been identified during a recent audit and processes had been improved as a result.

Staff told us that communication at the service was good. They told us they documented the support they provided at each visit and any concerns were recorded on the daily visits sheets. Staff told us that they always contacted the care co-ordinator or the registered manager if they had any concerns about a person's health or wellbeing and where appropriate discussed any concerns with family members. We reviewed people's visit records and found that information documented by staff included the support provided with personal care, pressure care, meals, medicines and domestic tasks, as well as any concerns identified. This helped to ensure that all staff were kept up to date with people's needs, and that risks to people's health and wellbeing were managed appropriately.

We found that people's care documentation and staff records were kept securely at the office and only accessible to authorised staff.

We looked at whether people's medicines were being managed safely. A medicines policy was available which included information about storage, administration, 'as required' (PRN) medicines, controlled drugs (medicines at risk of abuse), recording, disposal, refusals, errors and staff training. Records showed that all staff had completed up to date medicines management training. We found evidence that staff members' practice was observed regularly and this included an assessment of their competence to administer medicines safely. The completion of medicines administration documentation was reviewed as part of the observations. The staff we spoke with demonstrated that they understood how to administer medicines safely and confirmed that their competence to administer medicines safely was checked regularly.

We reviewed the Medication Administration Records (MAR) for three people. We found that one person's MAR had been completed appropriately by staff. However, we noted that the dosage of one medicine was not clear on one person's MAR and on another person's MAR, their allergies had not been documented on every page, only on the front page. We noted that people's MARs were audited monthly when they were returned to the office. We saw evidence that the shortfalls we had noted during our inspection had been identified by the provider and action had been taken to improve staff practice. People told us they were happy with how staff supported them with their medicines and they received their medicines when they should. One person told us, "They do remind me every morning because I sometimes forget".

We looked at how the service protected people from the risks associated with poor infection control. Records showed that 86% of staff had completed infection control training. The staff we spoke with confirmed they had completed infection control training and told us they had access to infection control equipment, including gloves and aprons. Staff understood the importance of following appropriate infection control practices to keep people safe. One staff member told us, "I wear gloves and an apron for medicines, meals and personal care". People told us, "If the bed needs changing they do it, put the washer on etc.", "They help with laundry if I need them to", "They wear gloves when they're helping me with the shower and gloves and aprons when they're getting my breakfast" and "They wear aprons and gloves at all times. If they've done the toilet, they put fresh ones on to do other things".

People told us they received regular support with personal care. One person commented, "I have a shower regularly. It's as often as I want". The staff we spoke with also confirmed that people received regular support with personal care.

There was a business continuity plan in place which provided guidance for staff in the event that the service experienced a loss of staff, electricity, gas, water or communication systems.

## Is the service effective?

### Our findings

People told us they were happy with the care they received. Comments included, "If I ask them to do anything they do it", "I like [staff member] very much. They're the best. They're all very nice but I preferred [staff member] so the office let me keep them" and "I'm perfectly happy and I couldn't do without them".

People told us they felt staff had the knowledge and skills to meet their needs. Comments included, "They know what they're doing", "On the whole staff have the skills. If not, I would very gently point them in the right direction" and "Staff have the skills needed. Sometimes there's a trainee and they come with a supervisor to learn".

An assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and personal preferences. Local authority assessments and support plans were also available in people's care files for staff to refer to. This helped to ensure that the service was able to meet people's needs.

We reviewed four people's care plans. We found that they included information about people's needs and how they should be met, as well as their likes and dislikes. Each care plan contained information about what people were able to do for themselves and how care and support should be provided by staff. Where it was felt that people lacked the capacity to make decisions about how their care was delivered, we saw evidence that their relatives had been consulted.

We looked at how the service addressed people's mental capacity. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

We checked whether the service was working within the principles of the MCA. The service had a MCA policy which included information about the principles of the MCA, capacity assessments, and best interests decisions. Records showed that 78% of staff had completed training in dementia and MCA. The staff we spoke with understood the importance of seeking people's consent before providing support, even when people lacked the capacity to make decisions about more complex aspects of their care. They were aware that people had the right to refuse care regardless of their capacity and where people lacked capacity, their relatives should be involved in decisions about their care as part of the best interests decision making process.

People told us that staff regularly sought their consent before providing support. One person commented, "I'm always asked for my consent". Another person told us, "They always ask if it's ok to give me my [name of

medicine]".

Records showed that staff completed a thorough induction when they started working at the service which included an introduction to the service, health and safety, confidentiality and safeguarding. Records showed that new staff observed experienced staff as part of their induction and this was confirmed by the staff we spoke with. Each staff member's practice was observed regularly, when they were assessed in relation to a number of issues including time keeping, appearance, communication with people, providing support in line with the person's care plan and documentation. We saw evidence that where shortfalls in practice were identified, this was addressed with staff.

We reviewed staff training records and found that all staff had completed up to date training in health and safety, moving and assisting and basic first aid and life support. The staff we spoke with told us they had completed training when they joined the service and their training was updated regularly. They felt well trained and told us they could request further training if they needed it. One staff member told us, "When I started I did all the mandatory training and 15 hours of shadowing another member of staff. It was all fine". This helped to ensure that staff were able to meet people's needs and provide them with safe, effective care.

Records showed that staff received regular supervision and the staff we spoke with confirmed this to be the case. We reviewed some staff supervision records and found the issues discussed included performance and feedback, policies and procedures, training and any updates or concerns about the people they were supporting. We saw evidence that where improvements were needed, these were discussed with the staff member. Staff told us they felt able to raise any concerns or make suggestions for improvement during their supervisions. They told us they felt well supported and fairly treated by the registered manager.

We looked at how the service supported people with eating and drinking. Care records included information about people's dietary needs and preferences, and risk assessments and action plans were in place where there were concerns about a person's nutrition or hydration.

People told us that staff supported them with their nutrition and hydration needs. Comments included, "They know what I shouldn't have to eat [because of dietary needs]", "They make me hot chocolate, coffee and so on. If it's food, they microwave it and it's always hot enough" and "They make a drink for me at night and bring it up and leave it near me". Records showed that 84% of staff had completed training in fluids and nutrition.

We looked at how people were supported with their health needs. The people we spoke with felt staff made sure their health needs were met. Comments included, "I was ill one morning and the carer called an ambulance", "They will call the district nurse for me and they come quicker than if I ring myself" and "When I've been ill, they've stayed here for a while until I feel better, put a blanket over me and settled me before they go. And they've called the district nurse for me sometimes".

Care plans and risk assessments included information about people's medical history, their health needs and guidance for staff about how to meet them. The staff we spoke with told us they contacted the care co-ordinator or the registered manager if they had any concerns about a person's health and they would contact healthcare professionals and people's relatives when appropriate. We saw evidence that staff had contacted healthcare services, including GPs and paramedics, when needed.

## Is the service caring?

### Our findings

People told us they liked the staff who supported them and that staff were caring. Comments included, "They're all really nice and polite. I have no complaints", "They're always very, very helpful and polite", "" and "They're brilliant, the carer I have at the moment. We have a laugh. They have a good sense of humour". One relative told us, "In general I think we're happy".

People and their relatives told us that staff respected their right to privacy and dignity. Comments included, "They pull the curtains when I'm having a wash and getting dressed" and "I feel very comfortable with them and there's never any foul language, no cheek". The daily records completed by staff that we reviewed were respectfully written.

People told that staff provided support when they needed it and did not rush them. Comments included, "I'm never rushed and I get what I need", "I'm definitely not rushed. The carer dries my hair and takes the time to do it properly" and "They are a real help. I'm never rushed".

People told us that staff encouraged them to be independent. One person commented, "I shower myself but they get me into the shower chair and push me in and leave me to it while they sort breakfast. That's how I like it". Other people told us, "That's the idea of having help, they don't do it all and you're better if you can keep trying to do a bit yourself", "I have good days and bad days and sometimes can do more for myself than others. We work together on that" and "They do what they have to do and I take part".

Some people told us they were not always introduced to new staff but they were not concerned about this. They told us new staff always introduced themselves on arrival. Comments included, "What they do if a new one comes, is they come with an older one", "Before we had a regular carer, it was just anybody. They'd generally just come and say 'Hello my name is...'" and "I can see they're wearing the uniform", "We don't always know who's coming. The carers tell me. The company? Not necessarily", "They usually tell me the day before if they're going to be off. It's fine" and "I always know who's coming. They ring to tell you if someone is off sick and send someone I know because they know I wouldn't let them in if I didn't know them".

The staff we spoke with told us they knew the people well that they supported regularly, both in terms of their needs and their preferences. They could give examples of how people liked to be supported and felt they had enough time during visits to meet people's individual needs in a caring way. One staff member told us, "I know the people I visit very well. I know how they like me to do things".

People told us their care needs had been discussed with them. Comments included, "Yes, I have a say in my own care and I'm listened to", "[Staff member] comes out every few months and talks things through", "I've seen [staff member] a couple of times. I didn't want the teatime one [visit] so we stopped that one" and "I think the boss at CRG comes round to discuss it [care] probably once a year. Yes I feel listened to because otherwise I wouldn't have them".

We saw evidence that people received detailed information about the service. The registered manager showed us the service user guide that was provided to each person when the service agreed to support them. The guide included information about the provider's aims and objectives, the services available, assessments, documentation, quality assurance, health and safety, confidentiality, safeguarding and how to make a complaint. The contact details for the provider's head office, the local authority safeguarding team and the Local Government Ombudsman were also included. The registered manager told us that the guide could be ordered in large print, braille, audio and a variety of languages if this was needed. This helped to ensure that people had access to information in a format that met their needs and preferences.

We noted that the service had an equality and diversity policy which focused on the importance of embracing diversity and protecting people from discrimination. Information about the policy was included in the service user guide. This demonstrated a commitment by the service provider to ensure people's diversity was respected by staff and that people were treated fairly.

Information about local advocacy services was included with the service user guide. Advocacy services can be used when people do not have family or friends to support them or if they want support and advice from someone other than staff, friends or family members.

## Is the service responsive?

### Our findings

People told us that the care they received reflected their needs and their preferences. Comments included, "They know me, they know I like sugar in my tea for example" and "Yes, they do know me and I always tell them I'm pleased to see them".

We saw evidence that people's care plans were reviewed regularly and any changes in people's needs were documented. The staff we spoke with were clear about the importance of taking action when people's needs changed. They told us that any concerns identified were discussed with the care co-ordinator or the registered manager, who sought medical advice when appropriate. Staff told us they updated relatives about any changes in people's needs when it was appropriate to do so.

Most people told us their support was provided by regular care staff. Comments included, "I have four different ones [staff] and I like them all. We all get on quite well", "I've been fortunate that I've had the same person for quite a few weeks now and we've got to know one another" and "It's generally the same person". One relative told us, "Usually it's a familiar face, the same person each morning and the same other one each evening, for weeks at a time. There are perhaps half a dozen different faces". This helped to ensure that people got to know the staff who provided their care and that staff were familiar with people's needs.

People told us that staff offered them choices and encouraged them to make decisions about their care. Staff told us they encouraged people to make everyday decisions when they could. One staff member told us, "One person I support can't make big decisions but they can decide if they want a brew". Another staff member said, "I encourage people to choose what they want to eat. I try to encourage healthier meals but it's their choice".

We noted that people's care files included information about their preferred method of communication and their preferred language. This helped to ensure that staff could communicate with people effectively. We looked at whether the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. The registered manager told us that the service was not currently supporting anyone with a communication need resulting from a disability, impairment or sensory loss. She told us that the provider was aware of the Accessible Information Standard and would ensure that it was followed if they were supporting anyone with a communication need in the future.

We noted that the service used different types of technology to support people and staff. This included contact with people by email and text and emailing staff with information and updates. The Provider Information Return (PIR) received from the registered manager prior to the inspection stated that the service would be introducing new technology for the safety and security of people being supported and staff. This would involve the provision of a mobile device giving staff instant access to person centred care plans, as well as their rota.

The service had a complaints policy which included timescales for an acknowledgement and a response. The contact details for the local authority and the Local Government Ombudsman were also included for information should people wish to take their complaint further. Information about how to make a complaint about the service was also included in the service user guide. Records showed that one complaint had been received in 2017 in relation to the domiciliary care service. We found evidence that the complaint had been investigated appropriately and responded to in line with the policy. An apology had been offered and the opportunity to appeal to the area manager if the complainant was unhappy with the outcome. Numerous complaints had been received in relation to the reablement service. We found evidence that they had been investigated appropriately and an apology offered where the service was found to be at fault. Further staff training and staff observations had been arranged to address issues relating to staff performance.

People told us they knew how to make a complaint and would feel able to raise any concerns with staff or the registered manager. Comments included, "If there was something wrong, I'd just ring them up", "I was made aware of how to complain right from the beginning", "I'd ring somebody up. I've got two names on the front of the file and it gives the phone number". Two people told us they had made a complaint previously and both were satisfied with the response and the actions taken by the service.

## Is the service well-led?

### Our findings

The people we spoke with were happy with how the service was managed. One person told us, "It's very well managed". Another person commented, "As far as I'm concerned it's well managed. Everything they do is alright by me".

People felt that the staff and registered manager were approachable and helpful. They told us, "I get the impression there are two of them [managers] and I do know them and find them approachable" and "I don't think I've seen the manager, just the local seniors. They're very nice".

People felt that staff understood their responsibilities. Comments included, "They do what they should. They know exactly what to do now", "Nothing is ever missed out" and "They understand what they should be doing but I would tell them if I haven't seen them before. I see them checking the care plan".

We looked at how the service engaged with people being supported. People told us that staff sought feedback about their care during their reviews. Comments included, "Once a year [staff member] comes round and asks me what I think about things. I'm always satisfied", "There's a review every year. I think they appreciate my feedback and they do respond" and "Two people came from CRG, to talk over and check things a few months back. There were no changes needed as far as I was concerned".

The registered manager told us that telephone satisfaction surveys were completed regularly with people being supported by the service. We reviewed the results of the surveys completed in November 2017 by 20 people. We noted that people had reported a high level of satisfaction with most aspects of the service, including staff understanding their needs, staff being professional, respectful, polite and helpful, staff respecting their right to privacy and dignity, staff punctuality, the service keeping them safe and secure and helping them maintain their independence. We noted that 40% of people had rated the staff as excellent, 55% as good and 5% as average. Comments made by people included, "No complaints, they do their best. I am quite happy", "My care workers keep changing so I have to keep getting used to them", "The care is good. I hope they carry on looking after me" and "They are really good and always go above and beyond". The registered manager told us that as the survey was so recent, the issues raised had not been addressed yet and assured us that an action plan would be put in place.

During the inspection we found evidence of the service working in partnership with a variety of agencies including district nurses, GPs and social workers, to ensure that people received safe, effective care and their health and social care needs were met.

The staff we spoke with told us they enjoyed their jobs. Comments included, "I enjoy it. I love the job" and "They're really good to work for". They felt well supported by the registered manager and the care co-ordinator and told us they could speak with them at any time. Comments included, "The management of the service has been good. I can contact [care co-ordinator] anytime" and "They do a great job. They're quite organised". During our inspection we observed the care co-ordinator and the registered manager communicating with staff in person and on the telephone, and noted that they were respectful and

professional.

Records showed that staff meetings took place regularly. We reviewed the notes of the meetings held in June 2017. Issues addressed included infection control equipment, the importance of staff raising concerns about changes in people's health and wellbeing, medication, confidentiality, dignity and the new reablement contract. The staff we spoke with confirmed that staff meetings took place regularly. They told us they felt able to raise any concerns or make suggestions at the meetings.

Staff told us they were kept up to date with good practice through regular refresher training updates, team meetings and memos.

The registered manager informed us that satisfaction surveys were completed by staff regularly. We reviewed the results of the telephone survey completed in November 2017 by 17 staff. We noted that a high level of satisfaction had been expressed about most areas including induction, training, feeling supported by office staff and the registered manager, knowing how to raise a concern and the planning of rotas. All staff had stated that they enjoyed working for the service. The lowest scoring areas related to attendance at team meetings and understanding what is meant by the MCA and consent. The registered manager told us that, as with service user survey, the issues raised had not been addressed yet and assured us that an action plan would be put in place.

A whistle blowing (reporting poor practice) policy was in place, which encouraged staff to inform the registered manager if they had concerns about the practice of another member of staff. The staff we spoke with were aware of the policy and felt confident that appropriate action would be taken if they raised any concerns.

Regular audits of the service were completed, including Medication Administration Records (MARs), daily visit records, pressure care records, care plans and nutrition and hydration records. We found evidence that where shortfalls had been identified, action plans were in place and the necessary improvements had been addressed with staff in supervision and team meetings. Staff practice was observed regularly to ensure that staff were delivering safe and effective care. People's care documentation was reviewed as part of these observations to ensure that it was complete and up to date. We found that the audits and checks being completed were effective in ensuring that appropriate levels of care and safety were being maintained.

The Provider Information Return (PIR) received from the registered manager prior to the inspection identified a number of planned improvements to the service. These included new staff handbooks which will have 'How to' guides, improved risk assessment documentation for nutrition and hydration, pressure care, catheter care and stoma care, more person centred care plans, improved staff consistency for people and increased audits to improve quality assurance.

Our records showed that the registered manager had submitted statutory notifications to the Commission about people using the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.