

Mrs Donna Bailey

Radcliffe Home Help Services

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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was announced and took place on 24 and 25 November 2016. Radcliffe Home Help Services provide care and support to people living in their own homes. At the time of the inspection there were approximately 55 people using the service who received personal care.

The service is managed by the registered provider, so does not require a registered manager. Registered providers are 'registered persons' who have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by sufficient numbers of staff who delivered support when they were supposed to do so. People were supported to be safe by staff who understood their responsibilities with regard to protecting people they were caring for from harm or abuse. Potential risks to people's safety had been assessed and responded to.

People who required support to take their medicines received assistance to do so. Staff who provided this assistance to people had been trained and assessed as competent to do so.

People were cared for by staff who received the training and support they required to carry out their roles effectively. People were asked for their agreement to their care and had opportunities to provide written consent. People were supported to maintain their health and have sufficient to eat and drink.

People had positive relationships with their care workers. Relatives felt that their relations were treated with kindness and people's privacy and dignity were respected. People, who used the service, were encouraged to contribute to the planning and review of their care.

People told us that they were kept informed of changes to their visits and their changing needs were responded to. People's care plans contained sufficient information to guide staff in supporting people.

People were provided with information about how to make a complaint and complaints were responded to. People who used the service and staff were able to express their views about the service. Staff felt supported by the management team. There were systems in place to monitor quality to drive improvements within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe using the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns. People were supported in a way that protected them from risks whilst maintaining their independence.

People received the support they required to ensure they took their medicines as prescribed. People were supported by sufficient staff who delivered care and support at the times they were supposed to.

Is the service effective?

Good ●

The service was effective.

People were supported by an enthusiastic staff team who were suitably trained and supported to meet their varying needs.

People's right to give consent and make decisions for themselves was encouraged.

People were supported to maintain their health and have sufficient to eat and drink.

Is the service caring?

Good ●

The service was caring.

People had positive relationships with their care workers. People and their relatives felt that their relations were treated with kindness and people's privacy and dignity were respected.

People who used the service were encouraged to contribute to the planning and review of their care.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support and this was delivered in the way they wished it to be.

People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made.

Is the service well-led?

The service was well led.

People had opportunities to provide feedback regarding the quality of care they received and about their involvement with the care agency.

People used a service where staff were motivated through encouragement and support to carry out their duties to the best of their ability.

The service was managed by a proactive management team who looked to bring about improvements to the service.

Good ●

Radcliffe Home Help Services

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 24 and 25 November 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We sent out survey forms to some people who use the service, their relatives, staff and healthcare professionals and we took their comments into consideration during the inspection.

During the inspection we spoke with four people who used the service and the relatives of three people who used the service. We visited one person, whilst care workers were there, and spoke with them. We also spoke with four care workers, a care co-ordinator and the registered provider, who managed the service on a daily basis.

We looked at a range of records kept as part of the running of the service. This included the care records for three people and the recruitment records for three staff as well as other records kept by the registered provider as part of their management and auditing of the service.

Is the service safe?

Our findings

People told us they felt safe using the service and they were treated well by the staff who visited them. One person told us, "I am very happy with the staff, they make me feel safe." Another person said, "I feel safe, they (staff) are very good." The relatives we spoke with told us they felt their relations were safe in the service, with one saying, "I don't worry about anything now. I know [relation] is in safe hands." Another relative told us, "Since using this agency, I feel completely happy that my [relative] is in safe, caring hands."

Care workers were able to describe different types of abuse and harm people could face, and how they would respond to any allegation made or concerns they had. Care workers confirmed they had received training in safeguarding and told us they would report any concerns they suspected or identified during a visit to one of the management team. They felt confident any concerns would be addressed straight away. The management team told us they discussed safeguarding with care workers as part of their induction and ongoing training and records we saw confirmed this. The provider had notified us of one occasion they felt a person may be at risk of harm and the provider had taken appropriate action to safeguard the person. This showed there were systems in place to identify and minimise the risk of people who used the service coming to harm.

People received their care and support in a way that had been assessed for them to receive this safely. People told us that care workers provided them with care and support in a safe way and that an assessment of any risks had been carried out to ensure staff knew about any risks and how to support people. The relatives we spoke with confirmed assessments had been carried out and that staff followed the agreed actions to ensure people received safe care and support. One health care professional told us, "I trust Radcliffe Home Help want to provide a good quality of care and effectively manage risks to all."

The provider told us in the PIR that they included the testing of lifelines and smoke detectors, if present, and making recommendations to clients if not. People confirmed that their home environment had been assessed to ensure their care and support could be provided to them safely. One relative described the assessment of their relation's home and told us, "[The provider] was very proactive and noticed a new handrail was needed in the shower. I tried to get this replaced and it was taking time and so [the provider] chased this up and got a new one fitted really quickly." We saw completed environmental assessments in people's care records and care workers said they referred to these when visiting a new client.

Records showed that during an initial assessment of people's needs the provider ensured all risks were assessed and there was guidance in people's care records informing staff how to support people with these risks. For example one person needed equipment to safely transfer out of bed and we saw there was clear guidance for staff in how to use the equipment and support the person safely. One healthcare professional who was involved with the support of some people who used the service described having meetings with the provider and care workers where moving and handling needs and equipment review was concerned. They told us they often had emails and telephone calls from the agency where there were concerns or to feedback about how care was going when changes to routines had been implemented.

There were sufficient numbers of staff employed to provide people with consistent care and support which met their needs, and was provided at the time it was planned for. People told us they normally received their care and support from the same individual or group of regular care workers. One person described having the same team of care workers and said, "There is the odd time a different one (care worker) comes, but it is always someone I know. They went on to say, "If they are going to be more than ten minutes late they will call me and let me know. It can't be helped if they get caught in traffic." A relative told us, "[Relation] has the same carers. It is most important. Our regular carer is like one of the family, like a [relative] to me." Another relative told us, "[Relation] has a team of carers, three or four of them and [relation] loves them." They went on to say, "They (care workers) come when they are supposed to, within five to ten minutes." A third relative told us, "The carers were always the same two ladies; both excellent."

Care workers said they felt there were sufficient staff employed for them to carry out their calls as planned and spend the time required with people who used the service. They also said they had sufficient time to travel between calls and that visits were carefully planned to make sure teams of care workers visited people in a small radius to ensure travel times were kept to a minimum. One care worker told us, "All calls are in the same area and so travelling time is short but any travelling time is taken into consideration so staff are not put under pressure and running late." Care workers said they worked as a team and if they needed to spend extra time with a person due to an emergency then cover would be provided for their next visit. They told us that they only visited people who they had been introduced to previously and that cover was arranged to cover for staff sickness and holidays to ensure people received their visits as planned. The provider spoke of recent recruitment of staff to ensure there were sufficient numbers of staff to meet demand as the service expanded.

People were supported by some staff who had not been subject to robust recruitment processes aimed at precluding anyone who may be unsuitable to provide care and support. We looked at the staff files of three members of staff and found they had all been checked whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. However we found that as the provider had previously professional knowledge of two of these staff they had relied on their previous knowledge of them rather than obtain a reference from their previous employer. Additionally we found for the same reason the provider had not obtained other information we would expect them to, such as the reason for leaving their previous employment. Immediately following our visit the provider took action to rectify the gaps in their recruitment practice and provided us with a plan of how they would ensure the process was more robust going forward.

People were encouraged to manage their own medicines, but support was provided to people if they required this to ensure they took their medicines safely. Some people told us they did not need any assistance to manage their medicines, which they continued to do independently or with the help of a relative. One relative told us their relation was assisted by care workers to take their medicines and said, "Medication is safe usually, that gives me reassurance." Another relative told us, "They give [relation] medicines when they should." A third relative told us, "They have carefully monitored [relation's] medication." We observed staff in one person's home and we heard them offer the person medicines which were sometimes taken for pain relief. We observed they then recorded this administration appropriately on the Medicine Administration Records (MAR).

Care workers were able to describe safe methods of assisting people with their medicines and told us they had received training on the safe handling and administration of medicines, as well as being observed by the provider or care co-ordinator to assess their competency in providing this support. We saw completed competency assessment records which showed care workers had been observed to administer medicines to

ensure they were following safe practices, which included answering a number of questions to test their knowledge.

The provider told us in their PIR that administration record sheets were maintained with continual improvement of format and structure to minimise the risk of mistakes being made. We looked at the medicines records of three people, which were made to show when people had been supported with their medicines and saw that generally medicines were recorded appropriately. On the very few occasions where care workers had not recorded on the MAR chart that medicines had been given, we saw that audits carried out by the provider had already identified this. The provider told us any omissions on the records were followed up with individual staff. People's care plans contained details of how much support people needed with their medicines and also detailed who was responsible for re-ordering repeat prescriptions.

Is the service effective?

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. A person who used the service told us care workers who visited them, "Seem to know what they are doing." Another person told us, "They are pretty good at their jobs, they are always shadowing when they first start." One relative completed a survey prior to our visit and wrote, 'I can only speak for myself but I am sure the agency will only employ people who have the training and caring skills to carry out what is requested of them.' Another wrote, 'The carers are kind and well trained within their areas of care.'

Care workers told us they had the training they required to carry out their duties. New care workers underwent an initial induction period and then undertook 'shadow' shifts where they observed an experienced care worker. A carer we spoke with described this process and told us, "When I started I shadowed a more experienced member of staff for a few days but now new staff shadow for two weeks which I think is better. Records showed that staff were completing the care certificate once they started working for the service. The Care Certificate is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support.

Care workers said they thought they received enough training. One of the care co-ordinators was qualified to deliver some aspects of training to other staff, such as safe moving and handling. The care co-ordinator told us they found it beneficial to be able to deliver on the spot training to staff in people's homes, if the person who used the service was in agreement with this. A person we spoke with could remember this happening on one occasion where staff had been trained to transfer them safely using equipment which had been supplied for them. The care co-ordinator told us that this enabled staff to know how to safely support individuals and their individual needs. One care worker we spoke with described having to support a person with a specific health condition and told us that the care co-ordinator had gone out to the person's home to give on the spot training to ensure they knew how to support the person. The provider told us that some training was given via eLearning and they recognised some elements of this may not be as effective as practical training and so there were plans to develop a training hub where staff could meet in groups to receive face to face training.

Care workers said they were given the opportunity to have regular supervision and discussion about their work. They spoke positively about this support and said they had planned observations carried out when they were working to see if they were following the correct practices and procedures. We saw records which showed the supervisions and observation of staff practice happened on a regular basis and where there were any development needs these were acted on in a timely way.

People told us care workers listened to them and asked for their agreement before providing them with any care or support. One person said, "They always ask, they don't do anything off their own bat." Another person told us, "I can make my own decisions. I just tell them." Relatives we spoke with told us they felt their relations were supported to make decisions about their care and support. We observed staff supporting a person in their home and they explained what they were going to do prior to delivering any support.

Throughout the visit staff involved the person and asked them how they wanted to be supported.

There were systems in place to obtain people's written consent to show they had been involved in planning, and were in agreement with, their plan of care. People we spoke with could recall being asked for their consent in relation to the care plan.

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 checked whether the service was working within the principles of the MCA. We found care workers were aware of the principles of this legislation and described their understanding of the possibility of having to make best interests decisions for people if they lacked capacity. Staff told us that any formal assessment would be carried out by the provider. The provider told us there was not anyone who used the service at present who did not have the capacity to make decisions and consent to their care for themselves. However we found one occasion when there was a question whether a person did have the capacity to consent to a care arrangement. We discussed this with the provider and they made arrangements to complete an assessment to determine if this person was able to make this decision. They also gave assurances that this would be applied throughout the service to ensure they followed the requirements of the MCA in any future similar circumstances.

Some people said they did not require any assistance with preparing meals, others told us care workers would provide them with the assistance they needed to have a meal during their visit. One relative described staff monitoring their relation's food intake to support them with their nutrition. We saw that another person had been prescribed nutritional supplements by their GP and we observed staff reminded the person to drink this during their visit. The person's MAR charts showed staff were ensuring the person had these as prescribed.

Another person's records showed that when they first started receiving support from the service they were not maintaining their nutrition. A care worker described how they had worked with the person to encourage them to increase the amount they ate and this had been successful. They told us that the person now had more visits to support them to eat regularly and records we saw showed the person was eating more frequently and staff were recording their nutritional intake so this could be monitored. The provider told us in their PIR that all carer workers undertook appropriate training during their induction via the Care Certificate in relation to fluids and nutrition.

People were supported with regard to their health and wellbeing. People who used the service spoke of care workers checking on how they were feeling and responding accordingly if they were unwell. One person told us, "I feel glad that the carers are keeping an attentive eye on me."

Relatives told us that care workers understood their relation's healthcare needs and acted on any concerns. One relative told us, "They have taken the initiative when concerned about my [relative]'s health and have contacted me immediately over any concerns." Another relative told us, "Any concerns that the care staff have about the health and wellbeing of [relation] are raised with me in a timely manner so that actions can quickly be put in place to address the situation." A third told us, "They are on the ball at noticing if [relation] is not well and call the doctor."

We saw detail about people's healthcare conditions were included in their care plans. Care workers we

spoke with were aware of people's individual health conditions and told us they knew people well enough to know if they were unwell.

Is the service caring?

Our findings

People who used the service told us that staff were caring, kind and friendly. One person told us, "They are all very good. I feel I can have a laugh and a joke with them." Another person said, "Oh yes they are very kind." Relatives also commented on the care workers and provider's approach to their relations. One relative told us, "I am very happy with everyone involved with my [relation]'s care. Nothing is too much trouble. I feel that the carers enjoy their work and really care. The management team are very helpful, friendly and always ready to listen and help. Thanks to each and every one." Another told us, "The service is excellent and all the carers are extremely helpful and friendly." A third told us, "Caring thoughtful helpful carers."

We found that positive and caring relationships had been developed with people and their relatives. The provider told us in their PIR that they looked to minimise the number of different carer workers who regularly visit each client. They told us this enabled care workers to develop closer relationships and interactions with their clients which in turn led to a more caring environment. One person told us, "They are very kind, they treat me well. They are like relations to me really." Another person's relative described the relationship between their relation and one of their regular care workers. They told us, "[Care worker] loves my [relatives] and even brings them flowers. [Care worker] doesn't clock watch, always arrives on time and even arrives before [care worker] should and stays afterwards, can't do enough, [care worker] is a treasure." We saw a relative had written to the provider praising staff on going the extra mile when their relation was poorly and had said, '[Care worker] is so dedicated to their work and I know I've said before, what a difference [care worker] has made to our family.'

People were supported by staff that they knew and who knew them well along with their preferences. People we spoke with confirmed what the provider had said and told us that they had a core team of staff who supported them, and that these staff knew them well. People told us that if new care workers joined the team then they were introduced to them and the new care worker shadowed a care worker who already knew the person whilst they got to know them. This meant people did not have unknown staff members turning up at their home to support them. All of the care workers we spoke with talked about people respectfully and were knowledgeable about their needs and preferences. Care workers described how having the same small team of staff supporting each person made a difference in knowing people's needs and ensuring people knew the care workers supporting them. One care worker told us, "It is better as clients know us." The care workers we spoke with knew people's likes and dislikes and how they preferred to be supported.

The care workers we spoke with felt the caring ethos was as a result of the provider's passion and commitment for the service. One care worker said, "[The provider] cares about the staff as much as the clients. If we have any issues we can talk to her and she supports us, even if it is about our personal life." Another care worker told us, "I am proud to say that I work for Radcliffe Home Help. All clients are treated with the upmost dignity and quality of care. Staff are also treated the best they could possibly be."

Care plans included information about what was important to people and what their goals were. The

provider told us in their PIR that their initial and subsequent full assessments included sections to capture client's needs and wants and we saw from records that this was the case. People were also asked their preferences about which staff gender supported them and daily records accessed suggested that people's preferences were taken into account. People told us that if they did not get on with a particular care worker, this was responded to by the management team and staff confirmed this to be the case and said people were supported to change their care workers.

People were involved in planning and reviewing their care. People and their relatives told us they were involved in reviewing care plans and consulted about any changes. We saw records of such reviews and saw that people and their relatives had regular reviews of the care plan with the care co-ordinator or the provider. The reviews gave people an opportunity to request any changes and to discuss their views of the support being delivered.

The provider told us there was no one who used the service at present had the support of an advocate, however they would facilitate this if needed. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them. The provider told us information about advocacy was given to people when they first started using the service.

People told us that care workers treated them, their property and belongings with respect. One person said, "They always knock and shout out when they enter." A relative told us, "I feel that [relation]'s dignity is always respected and [relation] is cared for in an open and honest and professional manner." Another relative told us care workers were, "So nice and respectful and take time with [relation]." We observed care workers support a person in their home and we saw they knocked on the door and announced their arrival. They closed curtains and doors prior to delivering personal care and spoke to the person with kindness and respect.

Staff we spoke with showed a clear understanding of the importance of treating people with dignity and respect and were able to give us examples of this. For example, when providing personal care, giving people choices and ensuring they had privacy. Staff also told us about how they supported people to maintain their independence by encouraging people to do what they could for themselves. Records showed that care workers were provided with training on privacy and dignity as well as the service's values during their induction.

Is the service responsive?

Our findings

People who used the service and their relatives were involved in the planning of their care. The provider told us in their PIR that person-centred care plans were created for each client based on the information collected and these were shared with clients and next of kin for review and approval. People who used the service and their relatives we spoke with told us they had received an initial assessment of their care and support needs prior to being supported by the care workers. They told us they had been involved in the assessment and deciding how they wanted to be supported. One person told us, "[Provider] came to see me and we talked about what I wanted and then they got on with it." A relative told us, "[Provider] visited and got to know [relation]'s needs first and then once she knew what the requirements were, she handed [relation] over to the team."

People received their care and support at the time it was planned for. One relative told us, "They (care workers) are never late." Another relative told us, "The thing I really appreciate is continuity of care. I know it is reliable and every carer has been lovely." The provider told us they had a system in place to ensure that if care workers were going to be any more than 15 minutes late then they would call the office so that people who used the service could be informed. One person we spoke with confirmed this and told us that if traffic was heavy then staff might be five or ten minutes late but anything above that and they would receive a call to let them know. They said, "That's the good thing about it."

People also told us care workers stayed for the full duration of their call and were happy to meet the requests of people. One person told us, "They stay for the time they are supposed to I can't fault them really." Another person told us, "They do anything I want." One relative we spoke with told us, "They ask me if there is anything else I would like them to do before they leave (the house)." Another relative told us, "[Care worker] gives [relation] time to get on with their daily routine supporting when necessary."

Care workers said there was sufficient time allocated for visits to enable them to provide people with the care and support they wanted. One care worker said, "We don't feel rushed, we have the time to do what clients want us to do." Relatives told us about care workers supporting their relation was provided with social stimulation. One relative told us, "[Relation] is a lot better since [care worker] has been coming. [Care worker] stimulates [relation] with singing." Another relative told us, "(Care workers) are happy taking [relation] shopping." A third told us, "I feel that [relation]'s mental wellbeing is as equally important to the team as physical care and the team work towards making sure that [relation] is mentally stimulated as far as can be."

People were provided with information on what to do if they had any concerns or complaints with the service. The provider told us in the PIR that they actively encouraged feedback from clients, next of kin and peers to create a continual feedback loop. They told us that every such interaction was dealt with as either a client or care worker event which enabled them to respond to feedback quicker and minimise the number of situations that escalated to a formal complaint. People confirmed what the provider had told us and said that if they raised any issues they were dealt with straight away. People who had not raised any issues told us they felt confident they would be listened to and their concerns would be acted upon if they did. One

person told us, "I would contact [provider] if there were any concerns. I can't think of any way they could improve."

One relative told us, "I would complain to [provider] if I had any issues." Another relative told us about a concern they had raised and how well the provider had responded to this. They told us, "I was amazed at the action [provider] took and they fed back and gave assurances and what steps had been taken. [Provider] is absolutely on it and thanked me for raising it. It was a really good response." Another relative told us, "I can call the office if there are any issues and these are sorted." A third told us, "Any concerns I have had (really few and far between and small) have been acted on promptly with the results and actions taken reported back to me."

Care workers were aware of how concerns and issues should be dealt with and understood the importance of recording these and passing them on to the provider. Care workers told us they felt people would feel confident to raise issues and that the provider would listen to people and take action to address any concerns. The provider kept an electronic record of any discussions with people who used the service and their relatives about any concerns or issues they had. They told us there were plans to adapt the system so that concerns or issues raised could be filtered from other day to day discussions held to enable the provider to analyse for any trends and patterns in issues raised. The provider told us they had not received any formal written complaints but that any issues or concerns raised were dealt with straight away.

Is the service well-led?

Our findings

People who used the service and their relatives felt the service was well run and commented positively on the service as a whole. One person told us, "So far I've been with the agency for just under a year, everything is extremely satisfactory and I have no complaints about the care I receive." A relative told us, "They are absolutely wonderful. I can't praise them highly enough. I felt a big burden off my shoulders. I have recommended a number of people to the service." Another relative told us, "I feel so lucky that the timing was such that [the provider] had a vacancy. The size of organisation means continuity of care." A third told us, "I find the quality of care offered to my [relation] to be exemplar. I feel that my [relation], myself and the care organisation are all partners in the care and the staff looking after [relation] are focused on the best outcomes. Overall I am wholly satisfied with the care and service and would thoroughly recommend the service to others."

People were able to make changes to their care if they wished to. For example one relative described noticing that their relation was sometimes out when the care workers were due to visit and so fed this back to the provider and discussed a time change which was made. They told us, "They make changes when [relation] needs them to." Another relative described their relation's needs changing and more visits being arranged in response to this. A third relative told us, "The team have always been accommodating to changes in time slots required due to appointments."

Care workers described how any changes to people's needs were communicated to the provider and how this led to the provider organising changes to the visits if this was required. One care worker told us, "We adapt to people's needs."

People used a service where the management team motivated and valued their staff. Care workers spoke with pride about working for the service and told us they felt they were supported and cared for as much as the people who used the service. One care worker told us, I love working for Radcliffe Home Help Services. I have worked for other care providers and Radcliffe Home Help Services are by far the best I have worked for. They always answer the phone to me and always reply to my texts straight away. Radcliffe Home Help Services are always updating me with information I may need to carry out my job to the best of my abilities. Another care worker said, "Fantastic company to work for both [provider] and [care co-ordinator] are very professional people as well as providing excellent care to the community and surrounding villages." A third told us, "I have never felt as supported as I do here by any other manager I have had in the past. [Provider] is a credit to the care service and the work that is done in the community by the carers portrays this."

Care workers had the practical support they needed to enable them to carry out their work. Care workers told us they knew what calls they were required to carry out each week in advance. They said there was enough travelling time between calls so they could arrive on time. Care workers were provided with the resources they needed, such as personal protective equipment (PPE) and forms, charts and other paperwork. Care workers told us they had support out of normal office hours through an on call service operated by members of the management team. They told us they felt there was enough communication from the office and they received feedback and information on a regular basis. One care worker told us,

"There is constant communication." The management team told us they had regular informal discussions in the office and team meetings in small groups but that structured meetings for all staff had been difficult to hold due to the different areas staff worked in. They spoke of how they were developing as a management team and that once the new training hub was completed care workers would have the opportunity to get together for meetings at the same time as attending training.

The provider recognised the benefits of capturing people's comments via compliments they received. We saw there had been a number of compliments sent to the provider recently. Comments from relatives included, '[Care worker] what a star. I'm quite certain [care worker] did far more than could reasonably be expected. You really do have amazing staff'; 'I have had a CQC questionnaire and so I am guessing a visit has/is happening/will happen. I hope it goes well for you. Our fingers are crossed that you get an outstanding. You certainly deserve it' and 'Thank you again for all your help. You are all God sends.' One person who used the service had left feedback on an online reviewing website stating, 'The RHHS (Radcliffe Home Help Services) have been more helpful than we could believe. We had one carer that we both got on with. They became my main carer and other carers to fill in here and there. Excellent help. Thank you.'

The service was managed by the registered provider. The provider was, supported by a care co-ordinator and administration staff. A relative of the provider was also involved in running the service. We found the registered provider was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events in the service which the provider was required to notify us about.

People who used the service and their relatives we spoke with told us they were asked for their opinion of the service and if they were happy with the support they were receiving. One person told us, "[Provider] comes or rings to see if I am happy." A relative we spoke with told us, "We are in contact all the time and I am always encouraged to give feedback." Another relative told us, "[Provider] has been out and called us and asked if we are happy with everything."

The provider told us they had been due to carry out their first client satisfaction survey but had delayed this due to the CQC sending out a survey and not wanting people to feel they had to complete another one so soon after. They told us they would be sending out the surveys every six months to gather people's views. The provider told us in the PIR that monthly care reviews with clients or their next of kin provided regular feedback opportunities to capture feedback and any changes required. Records confirmed that during regular 'client reviews' people's views of the service were sought. We saw people were asked questions about any late or missed visits, if staff stayed for the amount of time agreed, if people were satisfied with the service and if staff supported them in a way they preferred. During the review the person's care plan was checked to ensure they contained all of the required information such as a guide to the service and the complaints procedure and that all records were up to date.

People received care and support from a provider who recognised the importance of monitoring the care and support they received. Care and medicine records were audited weekly to ensure people were receiving safe and appropriate care which met their needs. The results were fed into an electronic system and this was overseen by the provider who monitored that the audits were being carried out and to identify if any action needed to be taken. The provider described how this was linked to identifying any staff development needs. The provider described how the electronic system was bespoke to the service and showed us the plans for further developing the system to enable more thorough analysis of information received by the service, such as being able to separate communication into concerns received, feedback received and general communication with people who used the service and their relatives.

