Able Carers Limited

Able Carers (York & Harrogate)

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

We undertook an announced comprehensive inspection on Wednesday 30 March 2016. We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service and we needed to be sure that someone would be at the agency office that could assist us with the inspection. This service was registered by CQC on 12 October 2015 and this was the first inspection for this location.

Able Carers York/Harrogate is registered to provide personal care for people with a range of varying needs including dementia, learning disabilities or autistic spectrum disorder, mental health, older people, physical disability, sensory impairment and younger people who live in their own homes.

At the time of our inspection, 76 people received a personal care service. The service provides domiciliary care and support services from the registered office location, on the outskirts of York.

The registered provider is required to have a registered manager in post and on the day of this inspection, there was a registered manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

People who used the service told us they felt safe and we found that care workers knew how to protect people from avoidable harm. Risk assessments and risk management plans were in place and they were regularly reviewed and updated in line with the person's needs.

Accidents and incidents were appropriately investigated and recorded with clear details of investigations and actions taken to help prevent re-occurrence.

The registered provider had a robust recruitment process in place including sufficient checks to help ensure that the care workers recruited were considered suitable to work with vulnerable people. We saw care workers underwent an induction programme followed by a supervised introduction to people. People told us they received consistent care from care workers who they knew.

Where people required support with their medication this was provided appropriately. Risk assessments were completed and training provided to care workers to help them ensure that they followed the agency's policies and procedures. Care plans included protocols for medicines, which were prescribed for people with specific conditions.

Care workers told us they felt well supported and we saw good communication and relationships between care workers, management, people who used the service and outside agencies such as the local authority and health workers.

The registered provider had a training plan in place and we saw that this was managed and recorded electronically to ensure that they had the up to date skills they needed to carry out their duties effectively. Competencies were annually reviewed. Training included safeguarding, moving and handling, medicine management and health and safety. Person centred training was provided for care workers to meet people's individual needs and included diabetes, dementia and Parkinson's disease.

Training was available for care workers in the Mental Capacity Act 2005 and the registered provider had a policy in place. Care workers had a basic understanding of the MCA and they understood the importance of people being supported to make decisions for themselves.

The registered manager told us care workers do not receive training in the Mental Health Act. They told us they refer any concerns or changes in people's behaviour to the Community Mental Health Team (CMHT). They told us they were looking at further training for care workers in mental health awareness.

People received support with eating and drinking. Support was varied dependent on their individual circumstances. Appropriate professional advice was identified where necessary to ensure people's health needs were supported.

People told us that the service was responsive to their needs. We saw that care plans were person centred and focused on the individual needs of the person being supported. They included peoples' preferences, likes and dislikes. All of the people we spoke with confirmed that they had been involved in discussions regarding their care.

The registered provider had a compliments and complaints policy and procedure. People said they were confident in raising concerns. Each person was given a copy of the complaints procedure. People told us that complaints were listened to and resolved. Care workers told us they knew how to complain and that they were confident any complaints would be listened to and acted on.

We saw that the registered provider worked effectively with external agencies, other health, and social care professionals to provide consistent care to a high standard for people. This ensured that they were responsive to people's changing needs.

New care workers had undertaken training in end of life care. The registered provider had a schedule of training planned for April 2016 so all care workers were able to support people with their wishes and preferences and ensure that people were treated with dignity, comfort and respect at the end of their life.

People and care workers we spoke with told us they thought highly of the management and told us they were happy with the way the service was managed. The registered manager understood how to meet the conditions of their registration with the Care Quality Commission (CQC).

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

Staff were able to identify types of abuse and knew how to report any concerns.

People were protected from harm; environmental and personal risk assessments were in place for people and these were reviewed.

The service had a sufficient staff and recruitment of care workers was on going to keep people safe and meet their needs.

People's medicines were managed safely and people were supported to manage their medicines themselves where this was appropriate.

Is the service effective?

Good

The service was effective.

Care workers received induction, training and supervision, which helped them to provide effective care to people.

Care workers we spoke with understood the importance of ensuring people consented to the care and support they received and had an understanding of the Mental Capacity Act 2005.

People were supported with their dietary needs and with maintaining a balanced diet. Care workers ensured support was available to help people access a range of health services.

Is the service caring?

Good

The service was caring.

People told us they were cared for in the way which they wanted and that care workers understood their needs.

People told us they were involved in their care planning and that the registered provider asked them for their feedback.

We observed care workers understood how to treat people with dignity and respect and people responded accordingly

Is the service responsive?

Good

The service was responsive.

Care plans were focused on the individual needs of the person being supported.

People knew how to complain. Compliments and complaints were encouraged and responded to.

The registered manager told us they worked closely with the local authority and other care professionals to ensure they only agreed to provide a service for people whose needs they could meet.

Is the service well-led?

Good

The service was Well-Led

Care workers told us the service was well managed, with open communication creating a positive culture.

People's views and feedback was sought and people told us that if they raised issues they were dealt with appropriately.

There was a clear management structure in place and care workers understood their roles and responsibilities.

Able Carers (York & Harrogate)

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.

The inspection took place on the 30 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

One adult social care inspector undertook the inspection. Before this inspection, we reviewed the information we held about the service, such as notifications we had received from the registered provider. The registered provider submitted a provider information return (PIR) prior to the inspection. 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.

During the inspection, we spent time with two people receiving services in their own home. We interviewed three care workers at the office and we spoke with the registered manager and a care supervisor. We looked at records which related to people's individual care; this included the care planning documentation for six people. We also looked at four care workers' recruitment and training records, care worker rotas, records of audits, policies and procedures, records of meetings and other records associated with running a community care service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person receiving a service said, "I feel safe, it's a good service" and "I have no complaints to make."

We saw care workers had completed training in safeguarding of vulnerable adults and they told us how they recognised abuse, dealt with incidents and how they would report their suspicions. The registered provider had a safeguarding policy and care workers were required to read and complete an assessment of the contents to demonstrate their understanding. A care worker told us, "I would discuss any concerns with the person and I would advise them I would have to report the incident and would speak with a senior or the manager." They said, "If it needed escalating I would speak with the local authority safeguarding team or the Care Quality Commission, (CQC)." The registered manager told us, "The [safeguarding] policy is available in people's care files; we tell care workers if it doesn't feel right then report it."

The registered provider dealt with safeguarding concerns promptly and thoroughly. We saw the registered provider had a "Safeguarding Alert" file. This contained details of the concern, the date, who it was reported to, outcomes of the investigation and confirmed that these were discussed to encouraged a culture of learning.

All care workers we spoke with said they understood how and when to raise concerns and undertake whistleblowing. One care worker told us "I once had to undertake whistleblowing and it was handled professionally, with the right outcome." They continued, "I wouldn't hesitate to do it again." Care workers told us they were confident any concerns or whistleblowing would be handled professionally, confidentially and would result in actions being taken.

We saw that risk assessments were completed in people's care files and these included risks associated with the environment, such as access to properties, pet hazards, the use of needles and any fire risks. Risk assessments were completed on electrical appliances, these checks also included checks on a battery to operate a bath seat. One risk assessment identified a lack of smoke alarms in a person's home. We saw that this had been followed up with the local warden and we were advised it was scheduled for installation.

Care workers told us how they undertook environmental and health and safety checks in properties. A care worker told us "When we visit people's homes we make sure the home is safe by looking out for trip hazards, lights that don't work, leaks and that equipment we use is in place and checked." This showed the registered provider understood the importance of risk management to keep people safe and that care workers understood that safety was important to protect themselves, people and their visitors from avoidable harm.

We looked at people's care plans and saw they contained risk assessments on daily activities undertaken with people. These included manual handling, medication administration and personal care. The registered provider had implemented support plans. These helped care workers manage the associated risks. For example, we saw that for a person with mobility risks identified there was a support plan in their file that identified the number of care workers required to attend the call, the type of equipment required to be used

and contacts for the maintenance and repair company. This meant that the registered provider had taken steps to ensure that risks in relation to people were anticipated, identified and managed.

People were provided with a "lifeline" fob that they carried with them. This was used to alert the service of any incident. These personal alarms enabled people to contact someone quickly in an emergency. One person we spoke with told us "I haven't used it [lifeline] but it's re-assuring to know support is there if I did need it." They said, "It's regularly tested and the response seems really good." This ensured people were supported to undertake daily activities in a safe way and that their independence was promoted.

The registered provider told us in their PIR, "We have in place a record of all incidents and accidents that the carers have reported with details of what we have done about these." We saw that accidents and incidents were recorded. These were logged and included details of the date of the incident, who reported it, any actions as a result and when it was completed by. We looked at the minutes of a recent staff meeting and saw an incident was discussed. Additional guidance was provided to care workers to help prevent any re-occurrence.

We looked at staffing levels to ensure that there were sufficient staff to meet peoples' needs safely. The registered manager told us, "We continually recruit care workers and always ensure we do not maximise individual staff hours on rotas so we have some flexibility with the workforce." They continued, "Senior care workers can cover if required to do so, which along with the surplus of care workers ensures we always have cover available when we need it." We spoke with care workers who told us, "There is always cover available if we need it." And "Sometimes staff are off ill but we just use the workforce to cover; this means people will usually know who is coming to see them." A person we spoke with told us, "I usually know the worker, and they ring me so I know if they are going to be late."

A care worker told us, "We don't have any calls less than 30 minutes in duration and if we need two staff there is enough available for a double-up call." They continued, "The rotas are really good and allow plenty of time to travel between calls, which means I don't have to worry if I am running late." They gave us an example, "If the call is time critical such as administering medication, I will still have time." This meant the provider ensured there was sufficient cover across the geographical area and people received a consistent and reliable service.

The provider told us on the provider information return (PIR), "We have in place a record of any missed calls and reasons as to why these have happened are investigated and reacted to." We looked at these records and saw they recorded the care workers name, date, investigation/outcome, follow up and conclusion. The registered provider used an electronic call monitoring system to ensure call durations were recorded and analysed for any discrepancies. This helped to ensure that no calls were missed and people were kept safe.

We looked at the recruitment files for four care workers. We saw that the dates references and Disclosure and Barring Services (DBS) checks had been received were recorded. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. It was not always clear on records that these checks had been undertaken and that the registered provider had received this information prior to the new employees starting work with people. We spoke with the registered manager about this and they advised us that care workers shadowed experienced workers and had recruitment checks in place before being allowed to work independently. A care worker said, "DBS and reference checks have to be returned and you can't go out by yourself until you have been signed off." The registered manager confirmed and we saw during our inspection that they had amended the employee check sheet to clearly evidence when a care worker started work with people. This information helped to ensure that only people considered suitable to work with vulnerable people had been employed.

The registered provider told us on the PIR, "All carers were retrained in medication in April 2015 and have yearly refreshers for medication." We checked this and saw all care workers had received up to date training in medication. The provider had a medication policy and procedure in place and this included reference for care workers on the storage, refusal, disposal and errors of medication. This helped to ensure peoples medication was managed in a safe and consistent way.

We saw care plans included peoples consent to medication and assessment tools were in place that provided information on how much support people needed, actions required and details of the medication people needed. People were involved in their risk assessments for medication. One person had an assessment in place and self-administered their medication. This was clearly documented in their care plan and we saw this was regularly reviewed to assess any change in the associated risk.

Medication was in scheduled blister packs and was kept in locked cabinets in people's homes. Administration was recorded using Medication Administration Records (MAR). We observed care workers ensured medication was taken by a person before completing the MAR. We saw a small number of gaps on the MAR charts and spoke with the registered manager about these. They told us these would be picked up at the monthly MAR chart audits. We checked this and saw where errors had been identified; a care worker had received a memo and attended a staff discussion. The registered manager told us that the disciplinary process was used as a learning process and care workers would be offered additional training and supervision before more serious action was considered. The care worker was not allowed to administer medication until competent and received additional spot checks. This process helped to ensure people received their medication in a safe and controlled way by competent care workers.

There was clear guidance for people who were prescribed 'as and when needed' (PRN) medication. Appropriate guidance by way of pictorial body maps was documented for the application of patches, creams and emollients. This meant information was available to help people receive their medication as prescribed.

Care workers we spoke with understood the importance of their roles and responsibilities in maintaining high standards of cleanliness and hygiene. The registered provider had policies and procedures in place and we saw that care workers had received up to date training in health and safety in the home, fire procedures, infection control and food hygiene. We observed care workers using personal protective equipment (PPE) such as aprons and gloves during our inspection.

We saw the registered provider had a contingency plan in place in case of emergencies to ensure people continued to receive a consistent and safe service. We saw contingency plans were in place to temporarily re-house people if required, to continue the business, to deal with shortages of care workers, to cope with a flu epidemic and to address the possible absence of the registered manager.

Good

Is the service effective?

Our findings

People told us that the service was effective and that care workers had the necessary skills to meet their needs. One person told us, "I have a thirty minute call, they [care workers] always want to stay for the full thirty minutes but I don't always need that," they continued, "They know me though and will leave early if I ask them to but only when they have finished everything." The registered manager said, "We know from speaking with some people and their families that they have preferences over which care workers attend their calls." They said, "Where ever possible we adjust the rotas to ensure they have that continuity."

Care workers told us the registered provider supported them to ensure they had the right skills to undertake their work. They told us, and we saw from employment records, that care workers attended a corporate induction during their first week, followed by a period of shadowing existing care workers before working on their own. A care worker told us, "The induction was brilliant and prepared me for the job." Another told us "The induction was ok but I learnt more from undertaking the work and shadowing the senior; that's when you get to know people." We asked the registered manager about the induction programme and they told us, "The programme is relatively new and we are constantly reviewing the content to make sure it is right for the domiciliary care service we provide."

The registered provider told us on the PIR, "We have adapted our induction programme to reflect the Care Certificate." The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working. This demonstrated how care workers were supported to understand the fundamentals of care. It assesses the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care.

Care workers had a training plan in place and we saw how this was managed and recorded electronically to ensure they had the up to date skills they needed to carry out their duties effectively. Competencies were annually reviewed and records were kept in care workers' files. Training included safeguarding, moving and handling, medicine management, health and safety, infection control and health and safety.

Training for care workers was also personalised to meet the individual needs of people using the service. A care worker told us "I have recently started to work with a person who has diabetes; the registered manager was aware and put me on some training." Another told us, "We all undertake dementia training, it's really interesting, it provides us with a new perspective and understanding when we work with people with dementia."

We saw care workers had their competency checked after undertaking training. We saw learning from moving and handling people training was followed up with practical skills assessments and this was recorded. Where competencies were not achieved, additional training was provided. This meant that the knowledge and skills of care workers was kept up to date and that they were competent in delivering care and support to people.

The registered manager showed us a copy of a policy that covered the five key principles of the Mental

Capacity Act 2005 (MCA). 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.

We were told care workers were asked to read and complete a question and answer booklet that demonstrated their understanding of the MCA policy at induction. We spoke with three care workers who had a basic understanding of the MCA; one told us, "It's about people making their own decisions." We looked at the training matrix and saw not all care workers had undertaken any additional training in the Act. We asked the registered manager about this and they told us, "We are able to source internet learning for care workers through the Kwango [e-learning] training and this has covered topics on DoLS and the Mental Capacity Act." They told us, "At the moment we don't train care workers in the Mental Health Act, we refer any concerns or changes in behaviour to the Community Mental Health Team (CMHT). They said, "We are looking at further training for staff in awareness of mental health for people."

Care workers we spoke with understood the importance of ensuring people consented to the care and support they provided. We saw people's care files contained assessments and people had signed to provide their agreement and consent to the activity. A care worker told us, "I always discuss what we are doing and why and I always ask the person if they are happy and agree." They gave us an example, "When helping with meal preparation, I ask people what they would like and how they want it, if they refuse then that's their choice."

We observed two care workers providing a lunchtime call for separate people. We saw they understood people's dietary requirements and discussed options with the person. A care worker said, "Information [about dietary needs] is in the care plan." They continued, "The office is really good at updating the care plans and we are kept up to date with any changes." They said, "If I had any concerns about a person's health I would discuss it with the person, record it in the diary and inform the senior or the manager." The registered manager told us, "We always involve the GP who can refer people to a dietician if required and we would input additional checks and recording during the call." This meant the registered provider involved other health professionals and supported people to have positive outcomes concerning their health.

We asked management and care workers how they managed anxious behaviour shown by people using the service. The registered manager told us "We have a physical intervention policy that advises care workers should only use physical intervention as a last resort or in defending themselves and others from immediate physical harm." A care worker told us "We do not restrain people; we have to talk calmly with them or we move out or the room to let them calm down." Another care worker said, "We had training on the policy at the induction, people have a "Daily Task' sheet in their care plans that details their behaviour patterns and what we need to do." We were told that from December 2015, the registered provider required all new staff to complete training in challenging behaviour, and we saw that all care workers starting after this date had completed this training.

The registered provider had measures in place to develop and motivate care workers and to ensure their practice was up to date. A care worker told us, "I have regular supervisions; they are every three months." They continued "We receive ongoing checks and feedback as well, that include observations, one-to-ones and staff meetings and there is always training we can do if we need it." Another care worker told us, "We start off working with seniors who assess our competencies and the manager rings us to check if everything is okay."

Good

Is the service caring?

Our findings

People using the service spoke positively of the care provided. Comments included "They [care workers] are lovely, they really do care about me" and "They [care workers] are respectful when they are with me in my home." We observed care workers were kind and compassionate when carrying out home visits. The registered provider told us on the PIR, "We send the service user a weekly bookings list so they are aware of which carer is arriving." One person told us, "I know most of the carers, occasionally there is a new one, but they shadow ones I know, so I soon get to know them; it makes it easier for us all."

We asked care workers if they thought people were well cared for. Responses included; "That's why I do the job, to make sure people are cared for properly" and "We have to, we build good relationships with people, we have a minimum of thirty minutes calls so we are not rushed." Another told us, "Yes, I can get emotionally involved at times, people are like family."

We saw care workers had completed training in equality, diversity and person centred care. Care workers understood people's diverse needs. A care worker told us, "It's important people are treated as individuals and that they have the chance to achieve their potential."

The care and support plans viewed during our visit included people's involvement and were regularly reviewed. We saw a record was kept in the office and in people's homes. People signed their agreement to their care records and care workers told us that they had time to read them. It was clear from our observations that they knew how people wanted to be cared for.

We looked at a care plan that had been reviewed. We saw the review had included feedback from the person that they wanted care workers to ensure the kitchen was kept clean. This had been repeated on the next review. We asked the registered manager about this; they showed us where the care plan had been updated, and a new task added to the daily task sheet. They told us this would be monitored with the person and checked as part of the next review.

Care workers discussed how they provided personal care and maintained people's dignity. One care worker explained, "When providing personal care such as bathing, I ensure the curtains are closed, that towels and a dressing gown are available and I speak with them as I go along to make sure they are happy with everything." They continued, "If they can assist then I encourage them to do so." Another told us, "I speak with them about the task and respect their choices, I always try and keep them covered, it's about respecting their dignity."

Care workers understood the importance of promoting independence. We saw a care plan had been reviewed with the person and they had requested that care workers encouraged them to remain mobile. We saw the support plan had been updated and observed the person had a walking frame. The person told us, "I use the frame to help me get out and do a bit of shopping." They said, "I like to have some independence and this [walking frame] really helps."

Care workers were able to tell us about people's individual preferences. For example, a care worker told us "One person likes wearing smart clothing; I always try and ensure they have a choice of what they want to wear and discuss this with them, it's their decision."

People were supported to express their views and to be involved in decisions about the care and support they received. We saw they were involved as far as possible in agreeing to the level of support required. One person told us "I am asked about my care by care workers and I have input into what they do for me." The registered manager told us, "It is important we get feedback from everybody including the people who receive a service so that we can improve what we do." They told us on the PIR, "We complete customer surveys which are either by telephone or postal on a quarterly basis to get views from service users and their families on how the service can be improved and developed."

The registered provider told us they were not providing care or support to people who lacked capacity to make decisions or consent to their care or support. We saw reference to Independent Mental Capacity Advocate (IMCA) that the registered provider used should they suspect a person was incapable of making an informed decision or provide consent. IMCAs can provide supportfor people who lack the capacity to make specific important decisions.

Care workers read and had an understanding of the registered provider's confidentiality policy. They told us they understood how to maintain people's confidentiality. A care worker told us "I never discuss people I care for with other people." They continued, "If they raised something that wasn't right, then I would discuss it with them and advise them that I may need to report it, in particular if it was a safeguarding concern."

We saw from the training matrix that new care workers had completed training in end of life care. We saw a "Running Action Plan' identified that existing carers had asked for end of life training. The registered provider told us on the PIR, "Our in-house trainer has recently developed additional care workers training in end of life care." The registered manager showed us two days of training planned for April 2016 at their workforce development unit. The training was designed to ensure care workers were able to support people with their wishes and preferences and ensure that people were treated with dignity, comfort and respect at the end of their life. The registered manager told us they worked closely in partnership with palliative care specialists where appropriate. Palliative care is a multidisciplinary approach to specialised medical care for people with serious illnesses.

Good

Is the service responsive?

Our findings

People told us that the service was responsive to their needs. We saw that care plans were focused on the individual needs of the person being supported. Care files included a "Pen Picture." This provided care workers and others with a profile of the person and included details of their personal history, health conditions, interests/hobbies and details of their support network. In one file we looked at, we saw their support network included contacts for family members, carers, GP and the warden. A care worker told us, "Care files include enough details so we know how to relate to people and we can identify their needs and preferences, this includes details of people's religious beliefs."

We saw a care plan for a person who had Parkinson's disease. The plan was detailed and provided information to make sure the person received personalised care. We saw information on the number of workers required for the call, details of the hoist and a daily diary. The care worker told us "There is a lot of team work involved, we have received training in Parkinson's and the information in the care plan means we are always fully prepared at each call."

People we spoke with confirmed that they had been involved in discussions regarding their care. One person told us they had contributed to a form; "what's important to me'. They told us the form contained details of how the person wanted to be supported, what people liked about them and their likes and dislikes. Another person told us they needed help to get to the shop. The registered provider had applied for additional time to provide for this request. We saw that this was agreed and the registered manager had written to the person to provide confirmation. This meant the registered provider was responsive to people's personal requests, which helped them remain as independent as possible and minimised the risk of social isolation for people.

We saw that people's needs were effectively managed and reviewed. Care plans were reviewed annually in conjunction with the individual, the local authority and other health professionals and family members as appropriate. The registered provider undertook additional reviews at least quarterly to ensure the service met with peoples changing needs.

People were encouraged to feedback any concerns regarding their carers during reviews. The registered provider told us on the PIR, "We will try to match the needs of the service user to a specific worker." We saw a review where a person had responded, "I don't have any concerns with carers no, they are all lovely." The registered provider gave people 'customer suggestion' cards. These were used to encourage people to provide feedback. We saw one suggestion was to increase the print size on the list of care workers that was sent to people and that this had been implemented.

The registered provider had a complaints policy and copies were available for care workers to take away. Information on how to complain was available in care files for people to use if they had a cause to complain. One person told us, "The information is in the file but if I am not happy about something I just pick up the phone and contact the office." Care workers told us they knew how to complain and they were confident any complaints would be listened to and acted on.

We saw people had complained and that complaints were recorded with documented actions and outcomes. We saw some outcomes included letters of apology, remedial actions and meetings. It was clear the process in place was structured to provide learning and reduce potential re-occurrence.

We were shown a compliments file. A care worker told us compliments were fed back at team meetings and during one-to-one meetings. They told us, "It is nice to receive positive feedback so we know when we have done a good job." Feedback had included, "Thanks and praise passed to staff."

This showed that the service actively responded to concerns and compliments and that people's concerns were listened to with actions and outcomes recorded.

The registered manager told us they worked closely with the local authority and other care professionals to ensure they only agreed to provide a service for people whose needs they could meet. Where people's needs changed or they required specialised care the registered provider told us they would work with the person, their families and other health professionals to ensure they received the appropriate care and support, or that they were communicated with and supported to transition to a service more appropriate for their needs.

Good

Is the service well-led?

Our findings

There was a registered manager in place. The registered manager was on duty on the day of our inspection and along with a senior care worker, they supported us with the provision of information required for our inspection. There was positive feedback from everyone we spoke with about the leadership of the service and there was a high degree of confidence in how the service was run. There was a clear management structure in place and care workers understood their roles and responsibilities.

Care workers spoke highly of the management and told us they were happy with the way the service was managed. Feedback from care workers we spoke with included, "The manager is brilliant to work for, very supportive and involved with the service." "The manager is very approachable and trustworthy to speak with about any personal or work issues, they are very supportive."

We spoke with two people receiving care and they spoke highly of the service they received. They told us, "It's a great service," and "There is always someone available if you need them, you just pick up the phone."

The registered manager knew about requirements of their registration with the Care Quality Commission [CQC] and were able to discuss notifications they had submitted. The Health and Social Care Act 2008 (HSCA) requires providers to notify CQC of certain incidents and events. The provider was submitting notifications as required and this meant they were meeting the conditions of their registration.

The registered provider had a statement of purpose that included details of the visions and values of the agency. This included their aims and objectives, the nature of the service provided, consultation with people, quality assurance and additional contact details. We saw that this document was compiled in October 2010 and we were told it was kept under review and revised annually as a minimum in line with CQC regulations.

Care workers told us the service had a positive culture of support and learning and a desire to provide the best possible care for people. The registered provider told us it was their aim to provide high quality, flexible services to enable people to remain independent in their own home and active within their own communities. Care workers spoke positively about the service saying, "It is an open and transparent service, we are informed and updated about things we need to know unless there are reasons we cannot be, such as maintaining confidentiality, and even then we learn from events, I have no complaints."

We asked the registered manager how they kept up-to-date with best practice guidance and changes in legislation. They told us, "We receive updates as a member of United Kingdom Homecare Association (UKHCA) which is the professional association of home care providers. We also receive updates from the CQC and Skills for Care and we work in partnership with the local authority and multi agencies, families and anyone acting for or on behalf of the service user." They continued, "We share best practice with our parent care home provider and utilise their training and resources to improve our services." The registered manager told us they disseminated key information to care workers to help them to be aware of legislation and best practice so that it could be encompassed in their everyday working.

We saw that regular staff meetings took place. We saw that a range of topics were discussed which included; policies and procedures, employee contract changes, call monitoring, topical matters, reporting of concerns, staff surveys, client suggestion cards, care logs, complaints, office changes and the open door policy. This helped to make sure care workers were kept informed and updated with changes and best practice.

The registered provider was undertaking quality assurance checks on the service. We saw that in addition to the quarterly surveys that had been sent out to people and care workers, the registered manager told us, "We have developed surveys that we send to other health professionals to gain feedback on the service, so that improvements and development can be made to the service." They also told us, "We have undertaken an assessment from the local authority and have been responsive to the recommendations they made." We saw that the provider had implemented new documents including care plans, because of the recommendations made.

Care workers told us that they liked working for the agency. They told us that they had a good work/life balance and one care worker said, "I love my job, it can be mentally and physically tiring at times but it's also extremely rewarding and I meet some great people."