Somerset Care Limited

Somerset Care Community Services (Wiltshire)

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?	Requires improvement

Overall summary

Somerset Care Community Services (Wiltshire) provides domiciliary care and support services to meet a wide range of individual needs, including older people, individuals with physical disabilities, and a specialised branch called Petals for people with dementia. At the time of our inspection 378 people were being supported by this service.

This inspection took place on 9 and 14 December 2015. This was an announced inspection which meant the provider was given short notice of the inspection. This was because the location provides a domiciliary care service. We wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

Summary of findings

There was a registered manager in post at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The manager was accessible and approachable throughout the inspection. Staff, people who used the service and relatives felt able to speak with the manager and provided feedback on the service.

We found two breaches of the regulations during our inspection. One breach concerned incidents that required reporting to the police, had not been notified to the Commission. We discussed this with the registered manager and the operations manager who had been previously unaware of the need to report these events.

This was a breach of Regulation 18 (2) (f) Notification of other incidents of the Care Quality Commission (Registration) Regulations 2009.

A second breach related to a referral not being made to an external regulator following a safeguarding investigation.

This was a breach of Regulation 19 (5) (b) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.The registered manager said this would be rectified in going forward and took action around this immediately. You can see what action we told the provider to take in relation to these breaches at the back of the full version of the report.

People told us they felt safe and staff were responsive to their needs. Systems were in place to protect people from abuse. Staff had a good understanding of safeguarding and whistleblowing procedures. They also knew how to report concerns and had confidence in the registered manager that these would be fully investigated to ensure people were protected.

Safe recruitment procedures were followed and staff said that they undertook an induction programme which included shadowing an experienced member of staff. Staff were appropriately trained and told us they had completed training in safe working practices and were trained to meet the specific needs of people who used the service such as dementia care. The provider had undertaken recruitment checks on prospective new staff to ensure they were suitable to care for and support vulnerable adults.

Staff we spoke with were knowledgeable about the requirements of the Mental Capacity Act 2005. Where appropriate best interest decisions had been made and these were recorded in people's care plans.

People were supported to access healthcare services to maintain and support good health. People were protected from the risks associated with nutrition and hydration. Where people were at risk, the service worked alongside the community professionals. Staff were proactive in encouraging fluids and ensuring people were left with drinks.

People and relatives were complimentary about the caring nature of staff. Staff were knowledgeable about people's needs and we were told that care was provided with patience and kindness. People's privacy and dignity was always respected. Staff explained the importance of supporting people to make choices about their daily lives. Comments included, "I can't speak too highly – they are all very efficient and very caring","very, very patient" and "I am always asked how I like things".

People had opportunities to give their views about the provider and their care, including completing a survey and telephone opportunities.

The registered manager had robust quality assurance systems in place to monitor the service. This meant regular audits picked up areas needing improvement and action could be taken immediately.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were confident in recognising safeguarding concerns and potential abuse and were aware of their responsibilities in protecting people.

Staff had been recruited following safe recruitment procedures which ensured they were safe to work with people before they began their employment.

The provider had systems in place to ensure people received their prescribed medicines safely.

Good

Is the service effective?
The service was effective.

Staff we spoke with had a good understanding of the people they were supporting, and had received appropriate training to meet their individual needs.

People's health care needs were assessed. Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to their care package.

We found the service met the requirements of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards.

There were arrangements in place to ensure staff received regular supervision and appraisal.

Good

Is the service caring?
The service was caring.

People and their relatives spoke positively about the care they received.

Staff knew people well and were aware of people's preferences for the way their care should be delivered.

People's privacy and dignity were respected. People were involved in making decisions about the support they received and encouraged to maintain their independence.

Good

Is the service responsive?
The service was responsive.

People and their relatives were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

Good

Summary of findings

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident any complaints would be listened to and acted upon.

People were able to give feedback on the service they received and suggest ideas.

Is the service well-led?

Requires improvement 

This service was mostly well-led.

Notifications and referrals had not always been made in line with the commissions regulations.

There were systems in place for monitoring the quality of the service to ensure people received a high standard of care and support.

The registered manager provided strong leadership, demonstrating values, which were person focused. Staff had opportunities to express their views in what they described as an “open culture”.

There were clear reporting lines from the service through the management structure. Staff were aware of their responsibilities and accountability and spoke positively about the support they received from the management team.

Somerset Care Community Services (Wiltshire)

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 checked 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 then service under the Care Act 2014.

The inspection took place on the 9 and 14 December 2015 and was announced; this meant the provider was given short notice of the inspection. The inspection team consisted of two inspectors 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 service was last inspected on the 29 May 2013 with no concerns.

We did not ask the provider to complete 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. Before the inspection we checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

We used a number of different methods to help us understand the experiences of people who used the service. This included gathering information by visiting and speaking with people who use the service, their relatives and staff members on the telephone. We spoke with thirty two people, six relatives, fourteen staff and visited four people in their own homes. We reviewed documents that related to thirteen people's support and care, ten staff files, medicine administration records (MAR), survey and questionnaire feedback forms and other records relating to the management of the service. The registered manager and operations manager were available throughout our inspection.

Good

Is the service safe?

Our findings

People told us they felt safe and comfortable with the staff that supported them. Comments from people included "When the carers leave they always make sure that the back door is locked and they lock the front door", "We feel safe, all the carers are really, really lovely. They are friendly, you can trust them", Yes, I feel safe. All is well; they are very helpful when moving me" and "I don't feel uncomfortable with the carers, I feel safe when they come in".

Staff were active in ensuring people's safety. During an inspection visit we observed staff using a hoist correctly and taking the time to explain to the person what they were doing so they felt reassured. One person told us the staff always check they are wearing their lifeline to be used in an emergency, before leaving them . A relative told us the staff always make sure [x] has taken their tablets, and puts the safety belt on when using the stair lift.

There were processes in place to protect people from abuse and keep them free from harm. Staff were knowledgeable in recognising signs of potential abuse and felt confident with reporting any concerns they may have. They knew outside agencies they could also report concerns to if necessary (if their concerns weren't acted on for example) such as Social Services, police and CQC. Staff said whistleblowing was about reporting concerns about colleagues working practices, and they felt they would be listened to by their line manager or within the organisation. During our inspection we saw people's care plans had leaflets in about experiencing abuse and what to do.

Staff assisted some people with going shopping and social activities. For these trips a financial transactions log was in place and all the receipts were recorded and returned to the office. People felt staff were 'good people' or 'trustworthy as individuals', and also had the skills to provide care safely. People felt their possessions were looked after and commented that staff did not go unnecessarily to other areas of their home. Another person said staff were careful not to talk to them about other people they supported, and didn't use their mobile phones whilst supporting them.

Assessments were undertaken to identify risks to people who used the service. When risks were identified appropriate guidance was in place to minimise potential risks. For example one person had a positive risk plan in place for living alone, which stated carers were to be mindful when they entered the person's key safe number and ensured they locked up when leaving the property. One staff member gave the example of information in one person's file detailing which arm should be dressed first, where the person had suffered a stroke.

Risk assessments were clearly detailed, identifying who may be at risk, the severity of the risk and control measures. The assessments were regularly reviewed. Staff told us if new risks were noted by visiting staff, they would be rung through to the office who would responded promptly to update care records. Staff were also told to write on the record themselves so it was updated immediately.

Staff themselves felt their safety was taken seriously by the service. All staff were issued with a torch, personal alarm and first aid kit when starting. A senior staff member told us support staff were encouraged to download an app to their mobile phones which when activated turned the phone into a personal alarm and sends an alert message to their NOK. One staff member told us "The out of hours team are lovely. It used to be hard to get through, but not now. They can help me if I have any sort of problem when I am working. I feel very secure, I finish at 10pm, but they stay there until 11pm and so if you have worries, you can still phone in at the end of the shift".

The staff rotas were managed online and monitored by the planners who worked in the office. The system picked up any shortfalls in staffing levels so this could be identified in recruitment. The registered manager explained when the service takes on any new clients it is planned in line with current staff levels. People we spoke with did not feel staffing was an issue or that they were placed at harm from any shortfalls in staff numbers. Comments included "One doesn't feel there's a turnover of staff. We've been very grateful for the service and like the staff who come", "I have felt no impact except that occasionally the service juggles people, and as a result there was a different carer each day "and "There was a last minute rota change so the evening carer didn't come, my complaint was handled very well and it hasn't happened since".

Staff confirmed that two staff always attended visits if that was the planned care. Some told us if one arrived before the other, they did the tasks that could be done by one staff while waiting for the other to arrive. Staff we spoke with were not aware of any missed visits where a person had

Good

Is the service safe?

come to harm as a result. One staff member told us "retaining staff is up and down, a lot leave and then a lot come back to us, we're like a little family we all look after each other". The registered manager told us recruitment is a challenge in a large organisation, "we have sufficient staffing for safety but to grow and meet demand we need more".

There was a procedure in place for emergencies which potentially could result in a missed visit. A crisis banding system highlighted the priority calls that could not be cancelled, right through to those people that had family close by who could assist their relative in an emergency. There was a senior team on standby in the office to cover care visits if necessary.

People were protected from the risk of being cared for by unsuitable staff. There were safe recruitment and selection processes in place to protect people receiving a service. All staff were subject to a formal interview in line with the provider's recruitment policy. Records we looked at confirmed the appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance and obtaining copies of identification documents to prove the person was eligible to be living and working in the UK. Staff were subject to a Disclosure and Barring Service (DBS) check before new staff started working. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. Applicants driving licences and insurance and MOT had all been checked and verified to ensure they were legally and safely able to drive to care visits.

Records and procedures for the safe administration of medicines were in place and being followed. Staff told us medicines were put in dosset boxes (a box including the person's medicines which is dispensed by the pharmacy). The majority of people told us they administered their own medicines independently. If a person did require some support with medicines this level of support the person needed was detailed in the person's care plan, such as prompting. Some people told us staff removed tablets from their dosette box for them as they found this difficult. One person added staff put their tablets in an egg cup as they could take them from that, saying "They don't put them in my mouth or anything like that." No-one had concerns about how staff supported them with their medicines.

Training records showed staff had received training in the safe management of medicines. Staff also confirmed they had received medicines training annual updates. One staff member told us "I needed extra training about writing up the medicines sheets and they gave it to me. We write down all the medication that they have and the time they are supposed to take it".

Medicine monitoring was in place with regular audits completed and spot checks. These spot checks would observe staff giving people's medicine and the recording of it. Questions would also be asked to the staff to test their knowledge. These spot checks were happening for each staff member once a year. For any medicine errors a critical incident report was in place. These showed a review had been held with the staff member, and they had completed a reflective account in order to understand and learn from the incident.

Good

Is the service effective?

Our findings

Staff spoke to us about the importance of being able to communicate effectively with people they supported and we saw they had received communication training. One staff member told us about a person who communicated with hand gestures and only regular staff were sent to support this person who had learnt what the gestures represented and could meet their needs. Most people we spoke with felt the staff were knowledgeable and competent in their roles with one person commenting "Most staff are pretty good, they contact community nurses and inform my spouse of any concerns". Another person however was concerned the service sometimes sent staff who didn't know their relative well. They felt this might impact on their relative's care and wellbeing. One person explained that some staff were simply more efficient than others.

Newly appointed staff went through an induction period compromising of mandatory training and shadowing experienced members of the team. Within this training 'rota reading' was included as previously some staff had struggled to understand their rotas so time was taken to explain this. There was an emphasis on ensuring all of the training was completed face to face rather than computer based, and on making it interactive and fun to enhance the learning process. One staff member said "We had to go and sit in wheelchairs, and push wheelchairs, which was an additional training session. The Occupational therapist came and gave us a talk on what they do and what our role is alongside them".

Staff told us training also centred on individual needs such as multiple sclerosis or PEG (percutaneous endoscopic gastrostomy) feeding tubes. One staff explained how they would not support someone without receiving the correct training first "If someone came out of hospital tomorrow and needed peg-feeding the district nurse would supervise me. I know that I wouldn't be expected to do it. The company don't put you in a position where you don't know what you are doing. I have never been in a position where I haven't known what to do". Staff spoke very positively about their induction experiences with comments including "The induction was good, you can shadow as much as you need, and were able to meet clients first", "Induction is not fixed, if someone is struggling with it, they extend the period, work on competencies, and offer more hands on" and "The best induction. Well planned, they knew what they were doing, fulfilled it, and there was time for questions".

We saw from employee records staff received regular supervisions and appraisals. An appraisal gives the staff member and manager the opportunity to reflect on their work and learning needs in a formal process. Spot checks were carried out on staff which checked staff were wearing their ID badges, observed their manual handling and if the person they were supporting was being involved in decisions and encouraged to be independent.

Staff we spoke with were knowledgeable in their understanding of the Mental Capacity Act 2005 (MCA) and its principles. Staff understood that decisions people made were time specific and if someone could not decide on one choice, it did not mean they lacked capacity for every decision. A Petals (specialist dementia branch of service) staff member told us there were considerations made for those with no capacity and best interest decisions were in place in people's care plans. For example, where someone couldn't communicate because of their dementia needs, there was a best interest decision about their safety when going on outings.

The registered manager told us that some people choose to take risks and this was their right even if others deem that choice to be unsafe. The service wanted to ensure the person had the capacity to fully understand the risks involved in potential choices. The registered manager explained that they involved the GP if there were any concerns around a person's fluctuating capacity. One staff member working in the Petals service told us they were due to have a day of training on dementia and training on challenging behaviour. This person told us "we give people space, and triggers for any changes in their behaviour are in their care plans". They gave the example of not waking certain people up in a loud manner as this potentially would trigger distress and upset.

Staff encouraged people to maintain a good food and fluid intake, completing recording forms for people who were at risk of dehydration or assessed as being of low weight. People told us "Carers always offer a drink or leave one", "Staff always remember to leave a drink with me before going", "staff make sure I have fruit and a jug of orange juice" and "the carers always leave me a cold drink, they

Good

Is the service effective?

make me a hot drink when they come too". Welfare checks were completed for some vulnerable people, which involved a short visit to ensure the person had a drink, was ok and a quick chat.

Staff we spoke with were aware of their responsibilities in monitoring people's healthcare and informed us sensitive areas are always checked during 'pad checks', creams were provided, records made, and concerns rung through to community nurses and the office after explaining concerns and proposed phone calls to the person. People were confident their healthcare needs were being met by staff with comments including "The staff will suggest me seeing the doctor if necessary", "Staff notice your moods", "I sometimes have a bad leg and staff apply my prescribed creams and are sympathetic".

However we saw in one person's report log they had mentioned to staff that their knees were painful, although in the 'report concerns' section there was no mention of this being raised further. Ten days later there was a further entry recording the same concern and again six days after that, but there was no reference to reporting it or signs that any action had been taken to support this person. We discussed this with the registered manager who agreed that action from these logs needed to be documented to ensure people's concerns were being addressed appropriately.

Good

Is the service caring?

Our findings

During our inspection we looked at people's progress reports, these log information about the care visit that staff complete. We saw the comments tended to be task focused and did not portray a person's mood state or wellbeing. One recorded comment was "out of bed, onto commode, wheeled into kitchen". We explained to the registered manager this shows a lack of person centeredness and has the potential to feed back in to the way care is delivered. The registered manager is going to address this with staff.

People we spoke with praised the care they received; however there was an emphasis for more consistency across the service in staff and visit times. One person told us "I don't always get regular carers but I understand what with sickness". Another person said "I wish there was more consistency with the carers". An occupational therapist in contact with people accessing the service had advised that the consistency of relationships were important for achieving good outcomes with people. We get different carers day by day, the ones that come now I am familiar with them all. I don't mind that they are different; they are all pretty good so it doesn't greatly matter.

During our inspection we visited people in their homes to talk with them about the care they received from the provider. Care staff were present during some of these visits. We observed staff were considerate and caring towards the people they cared for. People told us the staff treated them with respect, and they felt comfortable to say how they preferred things done. People's comments included "I can't speak too highly – they are all very efficient and very caring", "The care is wonderful, everything is super", "absolutely wonderful service, always had great carers" and "the carers are always friendly and chatty".

Staff spoke equally positively about the care they delivered. Comments included "we have good carers that enable people to stay in their own homes" and "we provide a good quality of care". The registered manager told us "we are a person centred service, everyone is an individual, and we look at what will work for them".

Relatives we spoke with were very happy with their relatives care. One relative told us staff were "very, very patient", explaining their relative had trouble swallowing tablets, and staff would not leave until the person had managed to take them. They went on to say of their main carer, "It's just like having a daughter here". Another relative told us "They all know her so well and are friendly with her."

Staff said they supported people to make choices and promoted their independence, such as getting someone to help make their drink or buttering their toast themselves, or offering a choice of food and clothing. One person told us they controlled their hoist controls with staff supporting them . Other comments included "I am always asked how I like things", "they don't force me to do anything I don't want to do" and "They always give the time we need".

We saw in people's support plans it detailed the level and areas of support a person needed and focused on encouraging the person's independence in aspects such as managing personal care, planning and maintaining their home and making decisions.

Staff were aware of the need to preserve people's dignity when providing care to people. Staff told us they took care to cover people when providing personal care, for example one staff member told us they ensured people were wearing a dressing gown if going from the bedroom to the bathroom. Comments from people included "Carers always pull the shower curtain and cover me up", "Very respectful staff", "They're very discrete, there's not one thing I could fault them on" and "They stand on the landing and offer to close the bathroom door".

Staff were mindful to treat people like individuals and knew what worked for one person may not be the same for another. One person explained that staff did leave the shower door open but this was because they had begun to feel panicky if it was shut. Staff now stayed with this person at all times while they showered because of the panic, "so I feel safer." A longer visit had also been arranged through Social Services to enable this support.

People told us staff asked what they wanted or they told staff, and in some cases staff got information about their care needs from the care plans . They confirmed staff sought their permission before providing support, "They take note of my particular wishes, if there are any on a particular day", "If I said I didn't want anything, they wouldn't do it" and "They always ask if there's anything else they can do before they go".

Several people commented that they had never been asked if they would prefer a female or male carer, but they

Good

Is the service caring?

did not feel uncomfortable with any of the staff. People commented “I wasn’t asked if I wanted a male or female, but I don’t mind either” and “I was not asked whether I wanted a male or female carer, but I am quite happy”.

The service can and has supported people with end of life care. Staff were provided with an over view of end of life care as part of their initial training, and more in-depth training was available around palliative care needs if they needed to support someone at this stage. Staff spoke confidently about supporting people and knew who had DNAR forms in place and who to contact if someone had passed away. A DNAR is a do not attempt resuscitation document issued by a doctor to say cardiopulmonary resuscitation will not be attempted. Staff told us one person they supported at end of life was very emotional, so the staff member sat with them, gave them time, listened and were careful not to add their own experiences or assume what that person may be feeling. Other people wanted a laugh during this stage of their life, and wanted cheerful staff, and this was also reflected in their care plan.

The registered manager explained a counselling line was available for staff who had supported someone through end of life care and may need to talk about their experience. One staff commented on the supportiveness of the office staff saying “Our bosses are there for us. They would take staff off a round if they were affected by the death of a client”.

Good

Is the service responsive?

Our findings

At the time of our inspection the service was in the process of 'going paperless' and transferring people's support plans to online versions. The online support plans were password protected and have a colour coded system making them clearer to view. Each of the support plans we saw were individualised, and took into account each person's needs and wishes. People were encouraged to provide information about themselves so that staff understood their needs well.

Staff involved people in understanding their care plans, by going through them if they didn't know or had forgotten what was planned for their visit. Staff told us they still always asked the person commenting "It's their home and their lives". Another staff member told us they would look at previous visit records to see if the person usually behaved in a certain way or when the behaviour started. They said "You get to know people. But some are new to you, so the reports are useful".

The service has a specialised branch called Petals (Person-Centred, Empowerment, Trust, Activities, Life History and Stimulation) which supported people living with dementia. Petals offered more time with people and sitting services. Staff working in the Petals sector have received specialist dementia and challenging behaviour training and people were allocated a keyworker to ensure continuity of care staff. The support plans have detailed communication guides on how each person likes to be communicated with, for example one person prefered staff to talk to them "in a gentle friendly voice". We observed that a recent staff meeting had discussed the importance of engaging Petals customers and staff were asked to ensure people were left with an involvement activity of their choice when the visit was completed, such as a puzzle, magazine or knitting.

People described how the support was tailored to their needs and was reviewed accordingly to meet these. People told us they had a care plan and this was reviewed six monthly by the service, by appointment, and in some cases annually by Social Services, in meetings at the person's home. They felt able to speak freely at such meetings. One person said they had to read and signed their care plan at reviews, "When they reviewed my care needs they went through everything needed". Relatives were also contacted and asked to be part of these reviews where appropriate and if the person wished it. One person commented "we had someone round to talk to us and aired any concerns. The care company organised it. They turned up and we had a nice chat". Another person spoke of feeling reassured by the fact that "everything was written down" during the review, as this indicated people were being listened to.

We saw records to show formal complaints relating to the service had been dealt with effectively. The majority of complaints were around care visit times, "about three times a month at least they are later than [the expected time]. It varies so much", I did choose the time, but it isn't often adhered to", "The girls are great, but we need them to be more reliable with their timings" and "Apart from the timings, I think this is the very best service. If we need to make a doctor's appointment however, they always send a carer on time so that we can get to the appointment".

The registered manager explained due to the large volume of people they support they can only give a timeframe, which is made clear to people that the visit will fall between, they try as much as is possible to stick to a usual time for that person but unforeseen events mean it is sometimes altered. This has been allowed for in their terms and conditions which are sent to all customers. Where a complaint has been received a letter is sent to apologise and reiterate the times.

A customer supervisor is in place to deal with people's concerns and escalate them to the right person to be dealt with. People told us they felt their concerns were taken seriously and that the office and out-of-hours staff were always available and responsive. People were aware of how to raise a complaint and had a copy of the complaints procedure in their care folders. Comments from people included "I raised two complaints and they were handled very well, really, I'm very satisfied", "Occasionally late but there's many apologies. They ring and let us know and are apologetic", "When I raised a concern the manager responded, I received a letter from the company". Staff told us they would report any complaints to the office staff immediately, informing the client of this, and didn't try to sort out the complaint on their own. This staff member felt people's complaints were always dealt with as best as they could be.

The service had a system in place by which people were able to place a 'bad match' on any staff they did not feel comfortable receiving care visits from. The planners in the office recorded any 'bad matches' to ensure the staff

Good

Is the service responsive?

member was not sent to that person again. The registered manager would investigate the reasons if given, as to why a person felt uncomfortable with a particular staff to ensure the staff member was suitable to continue providing other people with safe care.

People we spoke with told us they were given the opportunity to provide feedback on the service by phone calls, at care plan reviews and through surveys. Comments included "Questionnaires are sent, we are able to give feedback", "We fill in questionnaires every six months", and "We have had a questionnaire – within the last few months". One person told us staff also occasionally come to ask for feedback: "Anything I'd like or done differently". No one recalled being informed about the outcome of the surveys.

Staff were also able to provide feedback saying "there are survey forms on reception. We are told in meetings that if we have any problems we can put them in the suggestion box. But I think if you spoke to the majority of us, we don't wait, we go straight to your next in line, staff supervisor or the one above them". We saw from the registered manager's audits that compliments were also logged and shared with staff.

Requires improvement

Is the service well-led?

Our findings

The service had a registered manager in place who demonstrated understanding of their role and responsibility to provide quality care and support to people. However during our inspection we saw that incidents needing reporting or investigating by the police had not been reported to the Care Quality Commission. We discussed this with the registered manager and the operations manager who had been previously unaware of the need to report these events.

This was a breach of Regulation 18 (2) (f) Notification of other incidents of the Care Quality Commission (Registration) Regulations 2009.

The registered manager said this would be immediately rectified in going forward and the operations manager sent an email to the provider's other services to ensure all their managers would be aware of their responsibilities in reporting such events in the future.

A previous safeguarding investigation had been closed but a referral to the Disclosure and Barring service had not been made. This potentially meant vulnerable people outside this service would not be aware if this person took up employment in the same industry again. The registered manager had taken the appropriate actions for the service and had been transparent with CQC throughout the investigation but had not been aware of their reporting responsibilities to other regulators after the internal investigation had closed.

This was a breach of Regulation 19 (5) (b) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager assured us this referral would be made. We reviewed the service's previous and current safeguarding concerns with the manager for the last twelve months and these had and were being dealt with appropriately and logged by the registered manager to ensure they were concluded and action taken. The service also involved their central quality assurance team to investigate the concerns separately to ensure the process was thorough.

Staff we spoke with felt confident in the manager's skills and knowledge and would easily approach them with concerns. Comments included "the manger is approachable, you can talk to them about anything, they are always about", "The manager provides unbelievable support, I couldn't ask for more" and "The manager always encourages you, if you have any ideas, to come and tell them, and help progress the company".

There was a clear line of delegation and responsibility within the service starting from the operations manager who was a visible presence on our inspection through to the registered manager, care managers, supervisors and seniors. Not everyone using the service knew who the registered manager was but felt the service was being well managed. People told us "it's well managed , staff are organised, pleasant, not bullies, and really nice", "Office staff visit occasionally, but I am not sure who they are, they are very pleasant – I have no complaints at all" and "Everything runs so smoothly". One staff member told us "This agency is very good, it really looks after you. If you have concerns, this company will always deal with them, or help you with any problems".

People and staff we spoke to highlighted that communication between themselves and the office had been an issue in the past. Comments from people said "the office are not always responsive when we ring up, messages are not always passed on", "it's a bit hit or miss if the office ring and inform you of things", and "I am not informed of when there are staff swaps".

Communication issues had been picked up by the registered manager and improvements had been made in this area. There was now a caller (staff member) in place to notify people of any time changes and if their regular carer goes off sick. Staff we spoke to confirmed things were improving, saying "communication is better now", "the office staff are nice and approachable" and "people can phone in at any time". One staff described it as a "brilliant company – one of the best I have worked for, especially for support". This staff member had their line manager's personal phone number should they need to use it, and said the out-of-hours support was always there.

Team meetings were happening regularly in the service and in-between these a 'hub meeting' was held where staff could drop in and have a chat with seniors at a location away from the main office if they wished too. During our inspection we reviewed the staff meeting minutes and saw topics covered included the importance of documenting events, filling out medicine records correctly and explaining safeguarding, whistleblowing and reporting concerns. One

Requires improvement

Is the service well-led?

staff member told us "We have monthly meetings and they always ask us if we are concerned about anything. Our suggestions are responded to; the agency will listen to our needs as well".

Within the main office 'performance circles' were held each week, which were an opportunity for the registered manager to have a catch-up with staff and feedback information relating to the service. Further improvements to communication are planned for the coming year with the registered manager's plans for a staff and customer forum where ideas can be shared. A newsletter is starting in January to be sent to all customers informing them of any changes within the service, things going on they might like to participate in, and photos of the office staff and managers so people can become familiar with those they have conservations with.

The registered manager had good systems for monitoring the quality of the service provided. The manager used an online system which detailed the audits completed. The audits covered areas such as care plans, information and policies, and how these are delivered to staff, social engagement, missed calls, and accidents and incidents. The system flags up any areas of the service that require improving, and the registered manager sets an action plan to address these.

There was evidence of learning from incidents and investigations that had taken place and the registered manager had implemented a critical incidents log. This logged details of the incident, staff reviews, and statements taken, in order to learn from the incident and ensure a proper investigation had been completed.

The registered manager has devised 'themed conversations' around the key domains that CQC inspect under. The conservations are held with people to establish the experiences they are having in relation to their care and service received. One example question people are asked is 'tell me about the staff that look after you?' The registered manager spoke about the importance of helping staff understand what happens to the information gained from these 'themed conversations' and how it feeds into monitoring the effectiveness of the service.

Staff spoke of the opportunities they had available to them and the scope for progression within the company. Most of the office staff had first started as support workers and opportunities for a more senior position had become available or they had been recommended for the role. One staff member told us "they put me on all the courses to set me up for the future". One staff had been nominated by the registered manager for the 'Consideration in dignity in care' award category for the Adult Social Care Awards 2015. The registered manager informed us that internally they all put nominations forward for 'carer of the week', and 'employee of the month'.

We asked the registered manager about their visions for the service's future. The manager enthusiastically described how the last year had been about stabilising the service and building up the team, and next year they will start to make plans. The manager said "2016 is about inclusion, ensuring people understand it's their service". We spoke with people in regard to improvements they felt the service could make and the majority of comments spoke highly of the service, "We've never had any problems", "can't fault the company", "Everything you think might go wrong they get it right!" and "As far as care services go, I would recommend them, it's as good as any you'd get".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **Incidents reported to or investigated by the police had not been notified to the commission.**

Regulated activity	Regulation
Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **A referral to an external regulator had not been made following a safeguarding investigation. The referral ensures vulnerable people external to the service are protected in the future.**