Swifthand Care Services Limited

Swifthand Care Services Limited T/A Heritage Healthcare - Barnet

Inspection report

Rowlandson House
289-293 Ballards Lane
London
N12 8NP

Tel: 02030115551

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection took place on 27 June 2018 and was announced. We gave the provider 48 hours' notice that we would be visiting their main office so that someone would be available to support us with the inspection process.

We last inspected the service on 13 February 2017 and found the service to be in breach of Regulations 12, 13, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was not always undertaking robust risk assessments in areas such as moving and handling. Medicines management and administration was not always safe. Not all staff were able to explain the service's procedure in reporting abuse. Staff files did not hold recent criminal record checks and still had checks carried out by their previous employer that had passed the required three months period. Overall the service was not maintaining accurate records of people's care plans, risk assessments, medicines management, daily care logs and staff recruitment documents. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe and Well-led to at least good.

At this inspection, we found that the service had made significant improvements and had met the breaches of regulations which had been identified at the last inspection. However, we did note some minor discrepancies around risks associated with people's health and medical needs, which had been identified by the service but had not been assessed and guidance had not been provided to staff on how to manage and mitigate the identified risks to keep people safe. This was immediately addressed by the registered manager following the inspection and we were sent fully completed risk assessments reflecting the improvements that they had made.

Swifthand Care Services trading as Heritage Healthcare - Barnet is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to predominately older adults with physical disabilities or those living with dementia. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection the service was providing personal care services to 24 people.

There was a registered manager in post who was also the company director. 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.

Risk assessments were in place which covered specific areas such as moving and handling, environmental, falls and support equipment. However, where people had been identified with risks associated with their

individual health and social care needs had been identified, an assessment had not been completed which gave staff guidance on how to reduce or mitigate the known risk in order to keep people safe.

Care staff received appropriate mandatory training and support to enable them to deliver their role effectively. However, we did note that the service did not always provide training to care staff in order to support people with specific health care needs such as stoma care. Following the inspection, the provider provided evidence that relevant training was being sourced.

The service had processes and systems in place to ensure the safe administration of medicines. However, as the electronic systems were relatively new, the service was facing some initial teething problems with the recording of administration of medicines which the service was working to resolve.

The provider followed robust recruitment processes to ensure that only care staff assessed as safe to work with vulnerable adults were recruited.

The service carried out an assessment of need before starting any care package, to confirm that the service could meet the person's needs. People's choices, wishes, likes and dislikes were recorded as part of this assessment to ensure that care and support was planned and delivered to achieve the person's desired outcome.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Care plans were detailed, person centred and were reviewed on a regular basis. People had consented to their care and support and where people were unable to consent, documents confirmed that relatives or representatives had been involved in the decision making process where appropriate.

The service ensured that all accidents and incidents were reported and recorded with details of the incident and the actions taken as a result, in order for the service to learn and improve.

People, where required, were supported to access a variety of health care services to ensure that they received appropriate care and support. People were also supported with their nutritional and hydration requirements where this had been identified as an assessed need.

Most people and relatives were happy with the care staff that supported them and confirmed that their allocated care staff were kind, caring and respectful of their privacy and dignity.

The service had processes in place which dealt with complaints and concerns.

The provider had a number of processes and systems in place to monitor the overall quality of care being delivered. The provider must ensure that these are completed robustly to ensure that all issues and concerns are identified and addressed to support continuous improvement and learning.

At this inspection we found that although significant improvements had been made to meet the breaches identified at the last inspection, there were some areas that required the provider's attention to ensure the continuous provision of a safe and well-led service. We have made one recommendation for the provider to follow, to ensure continuous improvement and sustainability, which is detailed in the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. Risks associated with people's health and medical health needs were not always assessed to give clear guidance to care staff on how to reduce or mitigate the risk to keep people safe. This was addressed immediately by the provider following the inspection.

Medicine management and administration processes ensured people received their medicines safely and as prescribed.

People and relatives confirmed they felt safe in the presence of care staff. Care staff understood the processes in place to report abuse and how to keep people safe and free from abuse.

The provider followed robust processes when recruiting care staff. This ensured that only those care staff assessed as safe to work with vulnerable adults were employed.

All accidents and incidents were recorded and reviewed to ensure that appropriate actions were taken to learn from them and prevent reoccurrence.

Is the service effective?

Good

The service was effective. People's needs were assessed prior to the service providing care and support to ensure that the service could meet them.

Care staff were supported regularly through training, supervision and appraisals. However, the service did not always organise training for care staff in areas where people had been assessed with specialist needs and requirements. This was addressed immediately following the inspection.

People received appropriate support with their nutritional and hydration needs and with accessing health care services where this was an identified and assessed need.

Consent to care had been obtained in line with the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring. People and relatives confirmed that care staff that supported them were caring, kind and respectful.

People and relatives confirmed that they were involved with the planning of care and were able to express their views and make decisions about how they received their care and support as far as practicably possible.

People and relatives confirmed that care staff always delivered care and support whilst being respectful of their privacy and dignity.

Is the service responsive?

Good

The service was responsive. Care plans were detailed and person centred giving clear information about the person and how they wished to be supported.

People and relatives confirmed that they received care and support that was responsive to their needs.

People and relatives knew who to speak with if they needed to complain or raise any concerns. Appropriate systems were in place to deal with and respond to complaints that had been raised. However, some relatives did feel that their concerns had not been adequately addressed.

Is the service well-led?

Good

The service was well-led. People and relatives knew the registered manager and felt able to approach them with any requests, concerns or issues.

Systems and processes were in place to monitor the quality of care that people received which also involved the review of care plans and other care related documents. This enabled the provider to learn and implement continuous improvements of the service people received.

People and relatives were regularly asked for their feedback on the quality of care that they received. The provider monitored and analysed the feedback so that the necessary improvements could be made.

Care staff told us that they felt well supported by the management team. Regular supervisions, training and team meetings gave them the opportunity to share experiences, learn and give ideas and suggestions to improve care provision.

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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 27 and 29 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 27 June 2018 to see the manager and office staff; and to review care records and policies and procedures. We made telephone calls to people, relatives and care staff employed by the service on 29 June 2018.

The inspection was carried out by one adult social care inspector and one Expert by Experience, which is someone who has personal experience of using or caring for someone who uses this type of care service. Their involvement was limited to phoning people using the service and their relatives and representatives to ask them their views of the service.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We also looked at action plans that the provider had sent to us following the last inspection in February 2017.

During the inspection, we spoke with two people using the service, four relatives, three care staff, one field care supervisor, one care coordinator, the registered manager and a regional manager.

Requires Improvement

Is the service safe?

Our findings

People and relatives confirmed that they felt safe in the presence of the care staff that supported them. People told us, "They're prompt and friendly and do what they're supposed to do" and "It's just the way they treat me. I'm weak on my feet and can't get around. They're a lovely bunch of girls."

We asked relatives for their feedback about whether they felt care staff knew people's potential risks and supported them in a way which kept them safe. Relatives' feedback included, "They're very mindful about how they lift him; they pick up things such as urinary tract infections and because he has dementia he can't always tell us" and "It's just the way they work and they seem to know what he needs and they're very knowledgeable."

At the last inspection in February 2017 we found that the risk assessments in place were not always personalised and accurate. Care staff were not given accurate and consistent information to support the person safely, thereby putting the person at risk of harm. Information contained within risk assessments was misleading and meant people may not have received safe and appropriate care and treatment. At this inspection we found that the provider had addressed these concerns.

Care plans contained risk assessments which assessed levels of risks and mitigating factors for areas such as the internal environment of the home, moving and handling needs of the person and how they were to be safely supported, risks associated with moving and handling equipment used by the person and risks associated with people's skin integrity. However, where the service had identified individual risks associated with people's health and medical needs, these had not been assessed and guidance had not been provided to staff on how to manage and mitigate the identified risks to keep people safe. People's care plans identified risks associated with a variety of health conditions such as diabetes, use of a stoma bag and risks associated with choking and aspiration. The registered manager assured us that care staff were aware of such risks and knew the steps to take to keep people safe but acknowledged that this had not been recorded within the person's care plan. Following the inspection, the service reviewed all care plans and sent us examples of all updated care plans where specific health risks had been identified, with clear guidance for staff on how to reduce or mitigate the risk. Care staff we spoke with clearly knew of people's risks and the actions they would take to keep them safe and free from harm.

At the last inspection we found that people's medication plans had not been fully completed. Although medication plans detailed the list of prescribed medicines and the dosage, there was no information on what the medicines were prescribed for, or what their side effects were. There was also a lack of detail about people's medical history and any known allergies. We also found gaps in recording on Medicine Administration Records (MAR's). At this inspection we found that the service had addressed the issues that we found.

At this inspection we found that the service had procedures in place to ensure the safe administration of medicines. People's care plans contained details of the support they required with their medicines where this was an identified need. Comprehensive details were available on people's care plan which included a

list of their prescribed medicines, the dosage required to be administered, what the medicine prescribed was for, all known side effects of the medicine, people's known allergies and how the person was to take the medicine. Protocols were in place for administration of 'as and when' required medicines.

All care staff had received training on the safe management and administration of medicines. This included annual observed competency assessments in addition to spot checks which were carried out periodically throughout the year.

However, we found a small number of gaps in recording on the electronic medicine administration records meaning care staff had not always signed the record to confirm that the person had received their medicine. We brought this to the attention of the registered manager. They explained that the service had very recently introduced the electronic care plan system which also involved care staff recording medicine administration electronically through a hand-held device. The electronic system had been operational for less than one month and the service was in the transition period of ensuring care staff recorded fully on the device when people had been supported to take their medicines. Where gaps were identified, we were on further investigation able to confirm that people had received their medicines as prescribed but it was not always clear on the electronic MAR. The registered manager confirmed that they were still getting used to the system to ensure it was utilised to its maximum potential.

The electronic care plan system sent alerts to the office if a specific medicines task had not been completed which were required to followed up by the office staff. However, although the alerts had been looked at by office staff, details of the actions taken had not always been recorded. The registered manager agreed to address these concerns and reassured us that people did receive their medicines on time and as prescribed.

People and relatives that we spoke with did not express any concerns around the support that they or their relative received with medicines and told us they always received their medicines on time and as prescribed. One person told us, "Yes they do; given on time and with a glass of water." One relative commented, "Yes, as far as I know."

At the last inspection in February 2017 we found that staff lacked understanding of when they should raise a safeguarding alert and the role of external agencies. At this inspection we found that this issue had been addressed. Records confirmed that all care staff had received training in safeguarding and whistleblowing. Care staff that we spoke with were able to clearly explain the actions they would take if they suspected any type of abuse and the agencies they could contact to do this. One care staff explained, "We are here to protect our clients. I would straight away call my manager to report any concerns. If I know something is going on I would contact social services." A second care staff told us, "First of all I would report to my manager. If I need to act quick I would contact the police." Staff also understood the term 'whistleblowing' and the steps they would take to report their concerns without fear of recrimination. One staff member said, "If I didn't have confidence in talking to my manager I would contact the local authority."

Safeguarding records detailed each referral that the service had made or received where abuse concerns had been noted. Records included details of the actions the service had taken in response to the incident to support learning and improvements.

The registered manager confirmed that they had only had one recorded accident since the last inspection. Information recorded included details of the accident and the actions taken to prevent any further re-occurrences. The registered manager told us that if any accidents or incidents were recorded these would be discussed at staff meetings so that learning and improvements, where required, could be taken forward. Where immediate information exchange needed to take place to inform staff and highlight any learning and

actions, the service sent out text messages via the electronic system.

At the last inspection we found that not all staff files had recent criminal record checks and still had checks carried out by their previous employer that had passed the required three months period. We also found that references were not always verified in line with the provider's recruitment policy. At this inspection we found that the service now had robust processes in place to ensure that only suitable staff were recruited. Checks included proof of identity, criminal record checks, satisfactory references from previous employment and right to work in the UK. Staff were unable to commence work until these checks had been completed.

People and relatives were generally satisfied and happy with the care that they received confirming that they mostly always received care and support from regular carers who generally arrived on time. People and most relatives confirmed that where care staff were running late they nearly always received a phone call from the office to inform them of this. One relative stated, "They do arrive on time and they do let us know if they're running late." A second relative stated, "They're not always there dead on time; it's a window time i.e. 2-4 etc. They're very good. We have an office admin number if no one turns up; they inform us if they're running late."

However, two other relatives we spoke with stated that care staff were not always on time and this impacted on the care and support that their relative received. One relative said, "I would call the office and they don't respond; all they do is apologise, but nothing changes." The second relative explained, "They are good people; they do good things; the only thing is that they arrive late; there's always an excuse as to why they're late. I have complained about this to the agency, but they always have an excuse as to the lateness such as traffic or we had an emergency." We highlighted these concerns to the registered manager who assured us that they would try to address these concerns to make improvements immediately.

Rotas confirmed that there were sufficient numbers of staff to meet people's needs safely. Care staff told us and records confirmed that they were always allocated sufficient travel time between each care visit.

The service had electronic call monitoring systems in place where care staff were required to log in when they arrived for the care call and log out when they had finished. Where care staff had not logged in, within a timeframe of 30 minutes, the office would receive an alert informing them so that the person could be called to check whether the care staff had arrived. The office would also contact the care staff member to confirm their location and the expected time of arrival so that the person receiving the call could be updated. The service tried to ensure that care staff were allocated care visits in clusters within a specific area to reduce lateness and the possibilities of missed visits.

We recommend that the provider implements safe and robust systems to monitor the electronic care plan and recording system to ensure that people receive their medicines safely and as prescribed and that where alerts for lateness or missed visits are raised, specific details of the actions taken are recorded.

All care staff had full access to personal protective equipment (PPE). We observed that care staff came to the office and collected the equipment that they required such as gloves and aprons. Alternatively, the service arranged for delivery of PPE at each person's home where required.

Good

Is the service effective?

Our findings

People and relatives confirmed that the care staff that supported them and their relatives were appropriately skilled and knowledgeable to meet their needs. One relative told us, "As far as I can see, yes the two carers both are great."

Care staff told us and records confirmed that they had all undergone an induction and orientation course before they started working with people. The induction covered topics such as moving and handling, first aid, safeguarding and Mental Capacity Act 2005. Care staff also confirmed that they had since received refresher training on a regular basis. However, we did note that where people had specific health care needs that required specialist training, this had not been provided by the service to ensure care staff were effectively equipped to meet the specific need. Although care
staff confirmed that, through previous experience and knowledge, they were aware of how to support the person, the provider had not ensured that care staff were equipped with the skills and knowledge to effectively support the person. On feedback, the registered manager immediately arranged for the required specialist training identified through this inspection.

Care staff were regularly supported through supervision and annual appraisals. Records confirmed that the registered manager used the process effectively to ensure care staff were appropriately supported, good practises were recognised and acknowledged, and poor practises were addressed. Care staff told us that they felt appropriately supported and the registered manager and care coordinator were always available where required. They explained that through supervision they discussed topics such as training, working hours, people's care needs and any issues.

On referral of a care package, the service carried out a needs assessment prior to commencing any package of care. The assessment looked at any allergies, mental capacity, nutrition and personal care needs. People's choices and wishes on how they wished to be supported in each of the assessed areas were recorded. Based on the information obtained, the service made a decision on whether they would be able to effectively meet the needs of person taking into account the staff availability and skill base. A care plan was then formulated from the information gathered for care staff to follow. Information included the timings that staff should go to provide care, the tasks that needed to be completed and any concerns or risks that care staff needed to be aware of. Care plans were reviewed every three months or sooner where changes were noted.

People were only supported with their meals where this was an identified and assessed need. Care plans detailed people's likes and dislikes in relation to food and drink, cultural requirements, the person's assessed needs and support that they required, any allergies and any identified risks. Care staff recorded on the electronic records where support had been provided with people's nutrition and hydration which included detail of the meal they had eaten and where they had been left with enough fluid to support their hydration before they finished their call.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. Services providing domiciliary care are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of Protection with the support of the person's local authority care team. There were no people using the service that were subject to a judicial DoLS. We checked whether the service was working within the principles of the MCA.

People had signed their care plans consenting to the care and support that they received. Where people had been assessed as lacking capacity, the care plan documented relative's or involved individual's or health care professional's involvement in the planning of the person's package of care. A capacity assessment had been completed detailing the areas where people were unable to make specific decisions and how the person was to be supported.

Care staff demonstrated understanding of the principles of the MCA and were able to describe how people were to be supported in line with those principles. One care staff explained, "Everyone has the right to make decisions. We tell our manager when we have any concerns so that decisions can be made." Another care staff said, "People are able to make decisions for themselves. They have freedom of choice. We support them to make decisions. We empower them and we give them control." People also confirmed that care staff always obtained consent when they were supporting them.

For most people receiving a service, family members or their representatives were involved in supporting the person with all of their health care needs. The registered manager explained supporting people with their health care needs was something that the service only did where there was an identified need, where care staff had noted specific observations in relation to people's health or in cases of emergencies. Where the service had been involved in supporting people with their health care needs we saw records confirming appropriate referrals had been made to the relevant health care professional. We saw examples of referrals to the GP and social services where changes had been noted in people's needs.

People and relatives did not express any concerns in relation to people's health care needs and told us that care staff were very observant and vigilant and where a problem area had been identified by care staff, appropriate action had been taken. When asked whether care staff met their healthcare needs, one person told us, "Yes I do; they would call the doctor if needs be." Comments from relatives included, "Normally I'm around, but yes they do" and "Yes they would. A few weeks ago a carer stated she didn't think my mother looked very well. I had already called the doctor, but the carer noticed she wasn't well."

Care staff completed electronic records after each care visit listing the tasks that had been completed. Information recorded included the tasks undertaken, whether the person had been supported with their medicines and what the person had eaten or drank. Care staff were also able to add in any significant information or incidents that had occurred so that information could be passed over to other care staff visiting the person especially where specific actions needed to be followed up. The registered manager also explained that the service worked in partnership with other health care professionals where this was a required need, to ensure people received the appropriate care and support they required taking into account any on-going changes in needs.

Good

Is the service caring?

Our findings

We asked people and relatives about whether they found care staff that supported them to be kind, caring and respectful. One person told us, "Yes I do. They are a lovely bunch of girls. Happy, jolly. Can't speak highly enough of them." Comments from relatives included, "They are pleasant people; I cannot say anything against them at all", "Yes I do. They're very kind, compassionate and understanding. It's not a nice job that they do, but it's always done with such compassion and care" and "Yes, I do. They look after her health, they treat her gently, they talk to her; they're so
kind to her."

One person told us that their care planning had been done by social services with very little input from themselves. However, people did tell us that care staff always involved them with their daily care and support needs. One person told us, "Yes. They accommodate my wishes." Relatives
told us that they were very involved in the planning of care for their relative. One relative stated, "My mum and aunt have been involved. We then all agreed his care package from the beginning. We were fully consulted on the care package and guided by everyone. I was heavily involved in the process such as timings etc." Another relative said, "Yes I was involved and I told them what care I wanted my mother to receive."

People and relatives confirmed that care staff were always respectful and that they always maintained their privacy and dignity when supporting them with personal care. Care staff understood the importance of respect and how to maintain people's privacy and dignity. A variety of examples were given by care staff on how they maintained people's privacy and dignity which included keeping the toilet door closed and covering people to protect their modesty. One care staff told us, "I listen to them. I want to make them feel confident and happy."

Care staff explained that whilst respecting people's privacy and dignity was important, promoting people's independence was equally as important and they tried their best to make this happen. One care staff explained, "I let them be as independent as possible and support them to do what they can." A second care staff described, "I promote their independence by supporting them, encouraging them and their self-esteem. You still have to talk to people, give them actions to do and show them choices."

Staff understood people's needs in relation to equality and diversity and that each person was different and possibly had different needs and requirements due to their religion, culture or sexual orientation. Care plans provided information and preferences related to people's religious and cultural identities to care staff especially where this may have impacted on the care and support that they delivered. One care staff told us, "I am very clear, we treat everyone equally. Equality for everybody."

Good

Is the service responsive?

Our findings

People confirmed that they were offered a choice of receiving care and support from a male or female care staff member. The registered manager explained that care staff were always introduced before any care package commenced so that people knew and recognised the person who was going to support them. Rota's confirmed and people and relatives told us that they received care and support from a regular team of care staff which enabled them to establish and maintain positive working relationships and continuity of care. This also allowed care staff to understand people's needs and provide care that was responsive to those needs.

Care plans included detailed information and were person centred. Each care plan had a one-page profile which recorded what was important to the person, their likes and dislikes, important information about the person, medication needs and who to contact if the person needed help. The care plan also contained background history about the person which included the person's life story, a family tree and information about their goals and aspirations.

Care plans also contained a document which, where required, outlined a person's support and care needs in relation to their dementia. Records outlined the way in which the person's dementia affected their life, their cognitive ability and what they were still able to do and the areas in which they required support. The information within the care plans enabled care staff to gain insight into the person's life to have some understanding of their care needs and wishes.

The service had recently introduced electronic care plans which meant that care staff always had access to people's care plans through their hand-held device. This also meant that all changes or actions would be immediately updated on the system so that care staff had access to the most up to date information about a person to ensure the provision of care that was responsive to the person's needs. In addition to as-required updates taking place the service carried out regular reviews of care plans on a three-monthly basis.

Care staff knew people well and gave us examples of how they delivered care and support in a way which meant that people were at the centre of their care provision. One care staff told us, "We give them their choice to take part in their own care." Another care staff explained, "We need to find a way to care for people that fits the person and what they want. We adopt the package according to the needs of the person."

The provider followed its complaints policy when receiving, dealing with and responding to complaints. Since the last inspection, the service had received six complaints which related to missed visits, lateness and missed medication. Each complaint had been recorded with details of the complaint, corrective action taken, the root cause of the complaint and any improvements that were made as a result. Apology letters were also sent out to each complainant acknowledging the person's complaint, the investigation findings and the improvements made as a result.

People and relatives confirmed that they knew who to speak with if they had any concerns or complaints to raise. Most people and relatives were confident that there concerns and issues would be dealt with

appropriately. However, there were two relatives who felt that even though they had highlighted issues with lateness of care staff when arriving for calls, this had not been adequately addressed and that the issue remained. One person told us, "I would call the manager, but I've never had to complain." Relatives' feedback included, "I would call the manager or social services. I know for definite my concerns would be taken seriously", "I would speak to the manager and she would deal with the matter" and "I would speak to the manager; I have spoken to the manager about the lateness issue, but it doesn't seem to have been dealt with." These concerns were brought to the attention of the registered manager following the inspection who assured us that these would be addressed.

Good

Is the service well-led?

Our findings

At the last inspection in February 2017 we found that although the service had systems and processes to assess, monitor and improve the quality and safety of the care delivery these were not effective. The service had not identified gaps in people's risk assessments, care plans and staff recruitment documents. Medicines records were incomplete and gaps in recording on MAR charts could not be explained. At this inspection we found the service had addressed these issues and had met the breaches in regulations that we found.

The registered manager had a number of systems in place to check and monitor the quality of care people received with a view to learning and implementing improvements. These included audits which looked at medicines records, daily records and care plans. The registered manager also completed regular spot checks on care staff to look at work practises. Monitoring visits were also carried out to check that people receiving care and support were happy and to discuss any identified issues. Where issues and concerns were identified, details of the actions taken were clearly documented and followed through to ensure immediate improvements.

The provider had recently introduced three-monthly audits that the registered manager was required to complete, based on the CQC's key lines of enquiry. The audit covered feedback from people, review of care plans, equality and diversity, and feedback from care staff. Where issues were identified, an action plan was devised with details of the actions taken and when these were completed.

We did highlight to the registered manager some of the minor issues we found regarding health and medical related risk assessments, minor gaps in recording on medicines records and the provision of specialist training where required. The provider and registered manager must ensure that audits and checks are completed robustly to ensure that all issues and concerns are identified and addressed to support continuous improvement and learning. The registered manager was keen to make sure that all necessary improvements were immediately implemented and following the inspection we received an action plan detailing the issues identified and actions to be taken which included revised risk assessments.

People and relatives knew the registered manager and told us that they were approachable and available. People we spoke with said, "Yes I know who the Manager is; I think she's a nice person" and "Yes I do; she's lovely." Relatives told us, "I've spoken to the Manager and the person who
came to the house setting up the care plan. Pleasant person", "Yes I know the Manager; she's lovely; she's been out to us so many times and been involved from the start. If there was problem and a carer couldn't turn up, she'd come and be out there helping" and "Yes I know the Manager
and she's very helpful."

Care staff were complementary of the registered manager and the office staff. Care staff felt appropriately supported in their role and told us that the registered manager was always available to help them. One care staff told us, "The manager is a good person. She has compassion. She is worried about the clients." Another care staff said, "She is a good manager. She knows her stuff." The registered manager explained the importance of the role the care staff employed and in ensuring that they were well supported. The registered

manager told us, "We have to listen to them [care staff] and support them as much as we can. Clients are always commending out staff. We have a good bunch."

Records confirmed that the service tried to organise quarterly staff meetings. Care staff confirmed that these meetings did take place in addition to other supportive mechanisms in place which included supervision, appraisals and spot checks. Topics discussed included medication, lateness, the new electronic care plan system, sharing experiences, improvements and learning. The office also held three-monthly office team meetings and weekly ad-hoc team meetings which looked at a variety of daily operational issues and monitoring.

Care staff told us that staff meetings gave them the opportunity to share experiences and practises with other care staff and the management team which enabled learning and improvements to be implemented. Care staff also felt confident in raising any concerns or making any suggestions and felt that their voice was listened to. One care staff explained, "It is very important to bring up issues and complaints. We learn from each other. We work as a team. The world is about learning." A second care staff said, "We talk about training, issues with lateness, uniform and ID cards. We also share experiences and learning from them."

People and relatives' feedback was obtained through the completion of annual satisfaction surveys. The service also kept a record of compliments that they had received from people and relatives. The most recent survey had been sent to people and relatives in December 2017. Completed surveys received were overall positive and no major issues had been identified. The registered manager had not completed an analysis of the results due to there being very little in terms of issues to be addressed. However, we did feedback that an analysis of the results should be completed and the results of surveys should be shared with customers and stakeholders. This would enable the service to demonstrate an open and transparent approach with details of the actions taken and the necessary improvements made to ensure the delivery of a high-quality service.

The registered manager told us that they worked in partnership with the local authority by attending provider meetings and training sessions where providers from the locality were invited to engage with the local authority and each other in order to learn and share experiences and practises. In addition to this the service also engaged with social workers, district nurses, occupational therapists, day centres and the hospital discharge team to ensure people received the appropriate care and support that they required.