Lily Mae Homecare Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 21 December 2017 and was announced.

This service 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 adults of all ages, some of who may be living with a physical disability or dementia.

Not everyone using Lily Mae 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.

There was a registered manager in place. 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.

This was the services first inspection since their registration with the Care Quality Commission.

The provider was not meeting the legal requirements in relation to managing people's medicines safely and completing the appropriate checks to ensure that staff were safe to work with people using the service before they started work. You can see the actions we have asked the provider to take at the back of this report.

The provider's policies and procedures reflect the latest best practice guidelines and latest legislation. However, the provider did not ensure they embedded the policies in managing the service. Audits to monitor the quality of care people received had been completed but they had not always been effective in improving the quality of care people received. People's views on the care they received were gathered and reviewed to ensure any concerns were identified.

Most risks to people were identified and care planned to keep people safe. However, the people's ability maintain healthy skin was not assessed and therefore proactive care was not in place. Risks around the environment were identified and any changed needed discussed with people. Infection control processes kept people safe from the risk of cross infection.

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

There were enough staff available to meet people's care needs in a timely manner and people benefitted from having visits from a consistent group of staff who got to know them and their care needs. People told us that the staff were kind, caring and responsive to their needs. Staff received the training needed to enable

them to provide safe care. They also benefitted from regular supervision meeting with the registered manager to discuss any concerns or training needs.

People had been involved in planning their care and care plans contained the relevant information needed so that staff could tailor the care to people's individual needs. Staff worked collaboratively with other agencies to ensure any healthcare concerns were address. People's needs at the end of their lives were identified and compassionate care was put in place.

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.

The check to ensure that staff were safe to work with people using the service were not completed in a timely fashion.

Records around medicines did not support the safe administration of medicines.

Most risks to people were identified and care was planned to keep people safe. However, risks around keeping people's skin healthy were not assessed.

Staff had received training and knew how to keep people safe from abuse.

Staff knew how to keep people safe from the risks of infection.

Learning from incidents was shared with staff to keep people safe.

Is the service effective?

Good

The service was effective.

The provider ensured that staff knew how to access best practice guidance and used it to provide safe care.

Staff received appropriate training and support.

People were supported to maintain a healthy weight.

Staff worked collaboratively with other healthcare professionals to ensure people received appropriate care and support.

The provider ensured that the environment was safe for people to receive care.

Staff had received training in the Mental Capacity act 2005 and knew how to protect people's rights.

Is the service caring?

Good

The service was caring.

The provider tried to ensure that people received care from a consistent team of staff so that they could form a relationship with people.

People were involved in making decisions about their care.

Staff protected people privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People had been involved in planning their care and had reviewed their care plan.

Care plans contained the information staff needed to personalise the care to people's individual needs.

Staff worked with external agencies to help people remain comfortable at the end of their lives.

The provider reviewed complaints in line with their complaints procedure.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Audits were not always effective at ensuring appropriate action was taken when concerns were raised.

There were systems in place to ensure that policies reflected best practice. However, the provider had not always adhered to their own policies.

The provider worked collaboratively with other organisations to improve the quality of care provided.

People's views of the care they received were gathered.

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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.

The inspection took place on 21 December 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because it was a small agency and the registered manager was often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity took place on. It included a visit to the services offices and telephone calls to people using the service and their relatives when people were unable to speak with us on the telephone. We visited the office location on 21 December 2017 to see the registered manager and to speak with staff; and to review care records and policies and procedures. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

In preparation for our visit we reviewed information that we held about the service. This included notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies including the local authority contracting and safeguarding teams. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the nominated individual, the registered manager, the compliance officer and three members of the care staff. We also spoke with four people using the service and three relatives of people using the service.

We looked at a range of documents and written records including four people's care files and two staff recruitment records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.

Requires Improvement

Is the service safe?

Our findings

The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment at the service. For example, people had completed application forms and the registered manager had completed structured interviews. Any gaps in people's employment history had been identified and investigated. We checked the records for three members of staff and saw that the registered manager had completed a disclosure and barring service (DBS) check. However, the DBS check had been completed after the person had started to work for the provider. The registered manager told us that they mitigated the risks to people by ensuring that new staff worked with a colleague until their DBS check was completed. However, this was not in line with the regulations or provider's policy which stated that an offer of employment would not be made until after the DBS check had been received.

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

People told us that staff helped them with their medicines. One person told us, "They make sure I have taken my medicines so I am safe in the knowledge that they check in case I forget." Staff told us that it was clearly recorded in people's their care plan if staff supported the person with their medicines or if this care was provided by family members.

We looked at the Medicine Administration Records (MAR) charts for people and saw that they had not been completed in a way which supported the safe management of medicines. There was no record of people's medicine allergies or of how people preferred to take their medicine. There were gaps in recording therefore we could not be sure that people had received their medicines as prescribed. The dosage of each medicine was not recorded on the MAR chart and the MAR chart had been written by hand and had not been double signed to show that it had been checked for accuracy. Staff had sometimes completed the MAR chart using their own codes to record outcomes such as if a person refused their medicines. This meant that other staff may not be able to understand whether the person had actually taken their medicines or not.

There was a lack of information in how and where staff needed to apply prescribed creams for people. We saw that it was recorded in the provider's policy that it was good practice to include this information in their people's care plans. This meant that the registered manager had not followed the provider's policy when recording information about cream medicines. We discussed this with the registered manager and they told us they would take action to improve the recording of their medicines and to ensure that the worked in line with the provider's policy.

Some people had been prescribed medicines such as pain relief to be taken as required. There was no guidance available to staff to help them understand when the person may need this medicine. For example, if the person was able to tell the staff in they were in pain or not. This meant that we could not be sure that staff were administering medicines consistently.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safe care and treatment.

People told us that staff ensured they were safe while receiving care. One person told us, "I don't get out of bed much but they do ensure it is safe to move me with nothing to obstruct my movements. I have a stand aid and they make sure this is clearly accessible." Another person said, "I am a bit unsteady and have a three wheeled walking frame to help me about. As I'm not good on bending so they make sure everything is clear before they leave."

We found that most risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Care plans recorded risks to people while receiving care and appropriate action had been taken to keep people safe. Equipment such as hoists, walking aids and slide sheets were available for people when needed. One person told us, "They help wash and dress me and help me to my three wheel rollator I have. I also use the stair lift and I feel quite safe when they are supporting me." A relative said, "He is unsafe on his feet and they take a lot of care when supporting him out of bed and getting him washed so that he doesn't fall over."

However, there were no pressure care risk assessments in place. We raised this with the registered manager who told us that the community nurses would prescribe equipment for people to help them maintain a healthy skin. However, without the risk assessments staff could not appropriately refer people to the community nurses before pressure areas developed. Although there were systems in place to ensure people received appropriate concerns once a pressure area was identified. We
Staff told us that the risk assessments in the care plans were clear. When care plans were reviewed the registered manager gather the opinions of staff who provided care to ensure all risks were identified. Care plans noted environmental risks that staff needed to be aware of. For example, one care plan recorded that the floor was uneven and so staff needed to be careful when using the hoist.

People told us they felt safe with the care staff. One person said, "I do feel safe yes with the ones I have. I don't want to change them. I suffer with panic and anxiety attacks and they are aware of this and I am also mostly bed bound but do get out of it a bit. They are most careful when getting me up with a stand aid and getting to shower me and I have a key safe which is good as sometimes I am asleep when they come, so I am safe in the knowledge that they can get in to see me and lock up when they go."

We found that people were safeguarded from situations in which they might experience abuse. Records showed that staff were required to complete training in how to keep people safe from abuse before they started to support people. This meant that staff would be able to identify if there were any concerns about people and would know how to report those concerns so that people could be supported and kept safe. Staff we spoke with were knowledgeable about the different types of abuse and knew how to raise concerns to the registered manager or to external organisations.

The provider had one safeguarding since they had been providing care. They had investigated the concern and taken action such as discussing issues with staff to reduce the risk of similar concerns arising in the future.

The registered manager told us that they had 40 people using their service and that there was a waiting list. However, the registered manager and provider were clear that they would not offer care to people until they were sure that they had the capacity and that the care could be provided without impacting on the people they already supported.

People told us that staff stayed for the correct amount of time and provided all the care needed. One person said, "They are pretty well on time to be fair. [Staff member] the main one is very prompt. They never miss coming and always stay the full time with me." Another person told us, "They are mostly on time but can sometimes get caught up on a previous call. They usually phone me if that happens or the owner does. They always stay the correct length of time." A relative told us, "Yes they are pretty good on times and will call if they are delayed for any reason. Yes as far as I am aware they always stay the allocated time."

The provider had invested in a call monitoring systems which required staff to log in and log out when they arrived and left people's homes. This allowed the registered manager to monitor if staff were staying with people for the correct length of time. Staff told us that they had enough time at each call to provide the care people needed. They said if they could not provide the care in the time allotted they would raise the matter with the registered manager so that more time would be arranged for the call. In addition, the call system alerted office staff if a member of staff was more than 15 minutes late checking in for people's allocated call times. The office staff could contact the member of staff to ensure they were safe and then update people on what time they would receive their care.

Staff told us that they had enough time scheduled in on their round to ensure they had enough time to travel between people's homes so they were there at the scheduled visit time. In addition, staff said that if they had any problems they would ring the office so that people could be informed that they were going to be late. Staff told us that the staffing levels supported them to provide the care that people needed. If they were short of staff due to sickness then the provider was fully trained and would go out and cover the calls.

We found that suitable measures were in place to prevent and control infection. People told us that staff worked to prevent the risk of cross infection. One person told us, "Yes they always wear apron and gloves." Staff were able to tell us how they worked to reduce the risk of spreading infection. This included using the correct protective equipment as well as washing hands before starting and after completing care. The registered manager reviewed staff's adherence to infection control processes when they completed spot checks on staff.

We found that the registered persons had established suitable arrangements to enable lessons to be learned and improvements made if things went wrong. This included the registered manager and carefully analysing accidents and near misses so that they could establish why they had occurred and what needed to be done to help prevent a recurrence. Staff told us that any incidents that had been identified were discussed in staff meetings so that they could share the learning.

Good

Is the service effective?

Our findings

The service had a holistic approach in meeting people's needs. Prior to receiving any care and support people's physical, mental health and social needs were discussed with the person and their relative or representative as appropriate. This followed current legislation and best practice guidelines. Care was provided to achieve effective outcomes.

The provider had used an agency to develop all their policies. The agency was responsible for ensuring that the policies stayed up to date with any changes in legislation and best practice. The provider received and email which notified them if policies changed. Any changes were discussed with staff in the team meetings. This ensured that staff stayed up to date with the most effective way to deliver care. One member of staff told us, "I went through the policies and have my own copy of them to refer to and I have access to up to date information."

People told us that the staff had the skills needed to provide safe care. One person told us, "They are definitely caring and well trained in my opinion. I would say that they only employ the best! They help me around safely and nothing is too much trouble for them to for me." A relative said, "Very good skills they surpass what I expect. In the evening he gets tired and confused easily and they take their time and talk him through things and make him laugh."

All new members of staff received an induction during which they were required to review all the policies and procedures for the provider so that they knew about the standards of care they were expected to provide. In addition, all staff were advised when information in the policies changed so that they could keep up to date with best practice.

New staff were required to complete the provider's training program in the first three months of their role to support them to provide care in line with good practice guidelines. Some of the training, such as moving and handling and safeguarding was prioritised so that staff completed it before they were able to work with people using the service. In addition, new staff shadowed more experienced staff so that they had support available if they were unsure about anything and the quality of the provided could be monitored.

A member of staff who had recently completed their induction told us that the training provided had supported them to provide safe care. They particularly commented on the moving and handling training when they had been hoisted so that they knew how it wold feel for people. They said that they had found this experience helpful when supporting people.

There was refresher training available to all staff so that their skills remained up to date. Records showed that all staff training was up to date. Staff also told us how the provider supported them to undertake extra training so that they could develop their careers. Records showed that staff had been support with supervisions and appraisals. Some of the supervisions had been completed as spot checks where the registered manager would join the member of staff unannounced at a person's home to ensure they completed all care safely. A new member of staff commented on how supportive the registered manager

had been during a supervision. They told us that they had been encouraged to ring the office whenever they needed.

People were happy with the care provided around food and fluids. One person told us, "If I haven't got myself up they prepare my breakfast for me. I normally have porridge or cereal, something simple but that is all. They always ask what I want first." Another person said "They get me my breakfast; I have cereal or bread and butter with a banana with a drink."

People's abilities to eat and drink safely were recorded in their care plans. Where concerns were identified that a person might not be eating safely appropriate action such as a referral to the person's doctor was taken. Where people were struggling to maintain a healthy weight, staff monitored their food and fluid intake and reported all concerns to healthcare professionals for advice and support. Action was taken when concerns were identified and learning was shared with all the staff. For example, it was discussed in a staff meeting that staff needed to stay with one person to ensure that they ate their lunch instead of just putting gin in front of them and leaving. This was because the person needed encouraging to eat.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. Staff told us how they worked with other health and social care agencies to support people's needs. For example, they had recently attended a meeting with the district nurse and other healthcare professionals to discuss the needs of one person so that all the agencies could be sure the person was receiving the correct care.

A member of staff told us how they would contact the occupational therapist team for advice and support or if they felt people needed equipment to support them to be safe in their home. They said the provider supported them to do this rather than going through the office. The member of staff explained how they found this helpful as they could give a first-hand account of the problem and this supported the occupational therapist to resolve the issues in a timely manner.

All the staff we spoke with said that if they had any concerns for the health of a person they were supporting they would ring a healthcare professional for support. They told us that all the relevant information regarding who to contact and telephone numbers were listed in the person's care file. Records showed that concerns had been raised with appropriate professionals when needed.

People received an assessment before they started to use the service. At this assessment staff considered the person's home environment and if this posed any risks to safety of the care provided. Where risks were identified they worked with people to keep the environment safe. For example, by moving a rug when the hoist is being used.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. We checked whether the service was working within the principles of the MCA. People told us that staff always asked for their consent before providing any care. One person told us, "Yes they always ask how I am and don't start anything without asking me if it is ok first." A relative said, "They always ask how he is first and any preference of things to do before starting his care."

Staff had received training in the MCA and understood that they needed to start with the assumption that people had the capacity to make decisions. The provider had recorded where people had legally arranged for someone to make decisions on their behalf when they were no longer able to do so for themselves. Staff told us that they would always ask for a person's consent before providing any care. In addition, staff explained how they gave people choices about their lives. Where people had been able to give consent to their care this was recorded in their care plan.

Good

Is the service caring?

Our findings

People told us that they received a good service from staff who were kind and caring. One person told us staff were, "Very caring, like I say in my opinion they only employ the best." another person said, "They all treat me with care and compassion what more can I say." A relative told us, "They are all very caring toward him. They chat have a joke with him, he likes them all. I am very happy with them and their caring approach."

A member of staff told us how they were normally introduced to all the people they were providing care for. They told us that the only exception to this was if people required care to be put into place quickly, for example, so that someone could come out of hospital. People using the service also confirmed that they were introduced to staff. One person said, "[The Provider] brings them round, even if they are not going to start coming to me, so I can see who they are." Another person told us, "Any new ones always come doubled up and are introduced."

The registered manager told us that staff had set rounds so that they could get to know the people they were caring for. Staff also commented how they regularly provided care for the same people. They told us that this meant that they knew people well so noted any changes and when they were not well. A member of staff told us, "I love caring as I get to spend one to one time with people and get to know them." People using the service said that they had regular staff supporting them. One person told us, "We have three main carers that come so that is good. We know all of them now. [The provider] brings any new starters and introduces them to us."

The registered manager and provider produced a regular newsletter for people using the service to keep them up to date with information. For example, it contained information on how many people were using the service. In addition, the provider had recently hosted a Christmas party for people using the service. A family member commented "We were told about them having a Christmas get together at the local community hall with all the carers. We took dad and he loved it with singers and activities. They are excellent on communication." The provider was also looking at creating a regular coffee morning for people using the service so that they could socialise with other people using the service.

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. People told us that staff supported them to express their views and to be involved in decisions about their care. One person told us, ""I am very happy with them all. They treat me very kindly and know my likes and dislikes and take time to chat with me which I like as well." Another person said, "I would not be without them. They are so friendly and nice and know my favourite thing."

The registered manager told us that if a person did not get on well with a member of staff then they would ensure that member of staff was never scheduled to completed the care for the person. People told us that they were able to say if they had any preferences of which staff supported them. One person told us, "I only insist of having the ones that I now have due to my condition and they ensure that they don't send any new

ones to me."

People's privacy, dignity and independence were respected and promoted. People told us that the staff treated them as individuals and that they had never experienced any discrimination. One person told us, ""I would say they all treat me fairly and although I suffer with panic and anxiety attacks and have diabetes they have never discriminated against me." A relative told us, ""With his condition and other issues they all treat him the same and certainly no discrimination in relation to his condition"

People told us that staff respected their dignity when providing care by ensuring they shut doors and pulled curtains. People confirmed that their dignity was respected. One person told us, "They ensure I am covered and warm when washing me and also when creaming my legs after washing finished. They are very good about this." Another person said, "I am able to wash and shower myself but they will wait outside the bathroom if I am doing that when they call and do ask if I require anything." A third person commented, "They are most respectful when washing and drying me making sure my front is covered. When undressing me for bed they always ensure a towel or sheet or something is wrapped around me."

Staff told us how they protected people's privacy when providing care. For example, by ensuring doors and curtains were closed. In addition, staff told us how they would not discuss people's care with their family members unless the person had given them permission to do so. To further protect people's privacy care plans were kept in drawers so that visitors would not be able to see them.

Good

Is the service responsive?

Our findings

Records showed that people had received an assessment before they started to use the service. This allowed the registered manager to be sure that they could meet people's needs.

People had been involved in planning their care. One person told us, "I do this between me and my daughter with them and they do check regularly to see all is ok." Another person told us, "My eldest daughter arranged all my care for me before I came back home after my fall. They call to check if anything has changed." A relative told us, "We have full input into it for him. He wouldn't be able to due to his condition. I do talk to them on a regular basis."

Care was personalised to people's needs for example, care plans recorded individual concerns that the staff needed to be aware of. One person's care plan noted that they were unable to lift their arms high and that they were unsteady on their feet first thing in the morning. Staff received a detailed handover when they first started caring for people so that they understood their needs and how to provide safe care. In addition, there were systems in place to support changes in people's care to be passed on to all the care staff who provided support for that person. Records showed care plans were reviewed at regular intervals or more frequently if people's needs changed.

People's choices and abilities were recorded in their care plan and care was tailored to meet people's individual needs. For example, one care plan recorded that a person might choose to spend the day in bed as they found using the hoist painful.

Care plan recorded people's mental abilities. For example, one care plan recorded that the person could be confused and may not remember the care workers names. In addition, care plans recorded the support people needed around confusion. For example, one person had an alert button that they could use to call for help in an emergency. The care plan noted that staff needed to remind the person that they could use this at any time if needed.

Care plans also recorded people's emotional needs and the care they may need to support them to be happy. For example, one care plan recorded that the person liked to chat and enjoyed talking about their family. While no one we spoke with was receiving support for social activities care staff told us how they made sure people had access to everything they needed to spend their time pleasurably. For example, they made sure that the television remote was in reach for people.

Care plans recorded people's needs around accessing information. For example, they recorded people's first language and if they had any conditions that might impact on their ability to communicate like issues with their sight. The registered manager used this information when communicating with people to ensure that they understood the care provided.

Suitable provision had been made so that people could be supported at the end of their life to have a comfortable, dignified and pain-free death. Staff had supported some people at the end of their life. They

told us how they worked with external agencies such as Marie Curie to help people be pain free at this critical time. People's wishes at the end of their life were recorded and the registered manager and staff worked with external agencies when required to keep people pain free and to support them to stay in their own home. The registered manager ensure that the rotas were flexible and so when one person requested a certain member of staff to support them at the end of their life the registered manager was able to accommodate this.

People told us that they knew how to complain. One person told us, "I have no complaints. I like them coming, we have a natter about things with a joke or two and we get on well." Another person told us, "I have all the numbers here in a book but haven't needed to call them for anything." Staff told us that if a person raised a complaint with them they would record it in the daily notes and raise it with the provider and registered manager.

There were arrangements in place to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. The provider had received four complaints. The provider had investigated each complaint in line with their complaints policy. In addition, they had shared the outcomes with staff to reduce the risk of the came complaint reoccurring.

Requires Improvement

Is the service well-led?

Our findings

The provider had a number of audits in place to monitor the quality of care provided. For example they monitored the call systems to ensure staff were arriving at calls in a timely fashion. However, we found two audits had not fully supported the registered manager to identify concerns with the recruitment process and the management of medicines. In addition, we found in these two areas the provider was working outside their own policies. We discussed these areas with the registered manager, told us that they would be reviewing all their procedures in line with their policies to ensure that these issues were resolved.

The provider told us that the business was family owned and that the quality of care provided was important to them. People using the service and their relatives told us that they were happy with the care they received. One person told us, "I am very happy. They are all very caring and well trained, nothing is too much trouble for any of them, they are approachable and polite, I am very happy with it all." another person told us, "I am very happy with everything. Whoever they send are nice caring and friendly with me I am happy with everything." A relative told us, "I am very happy with all of it. [The provider] is very much hands on and even was out fetching clients for that Christmas get together. Dad is very happy with the caring he gets and I am too. The carers are all lovely and friendly and appear happy. I have no complaints at all."

People also told us that the systems in place ensured that the service was well led. One person told us, "They are always in touch to see how things are, the carers are all lovely and as far as I am concerned it runs well and is well managed." A relative said. "It is an excellent service. We have had them since June and are very happy with everything and everyone is so approachable and friendly. I have heard their reputation is growing and that they are having to expand so that says a lot." Everyone we spoke with had positive feedback about the provider and registered manager.

We noted that the provider had taken a number of steps to ensure the service's ability to comply with regulatory requirements. For example there was a registered manager in post and the service had submitted notifications about incidents they were required to tell us about by law.

We found that a number of systems were in place to help care staff to be clear about their responsibilities. Staff told us that they felt supported by the registered manager and provider. A senior care worker explained how they visited the office weekly to discuss how things were going. They told us that if they had any problems while out in the community the registered manager was always at the end of a phone and would support them. Staff told us they had regular team meetings. In addition, they told us that the team leaders would support them on calls if needed. One member of staff told us, "The support from the provider and registered manager is fantastic. They are always at the end of the telephone. They have such trust in us."

The staff in the office knew people's needs well and were able to support people or their family members when they rang. For example, we heard staff discussing how one person was poorly and that they felt they would be better having two staff to support them to move at their lunch time call.

We found that people who used the service and their relatives had been engaged and involved in making

improvements. People's views of the care they received were gathered and used to drive improvements. As part of staff supervisions the registered manager completed spot checks on staff in people's homes. After the member of staff left, the provider stayed to speak with the person to find out their views on the care provided. The provider and registered manager would both go out and deliver care to people on a regular basis and this helped them to keep in touch with people and what they thought about the care they received. Additionally a quality survey had been completed to gather the views of people using the service. The results showed that people were happy with the care they received.

We found that the registered persons had made a number of arrangements that were designed to enable the service to learn and innovate. This included members of care staff being provided with written policies and procedures that were designed to give them up to date guidance about their respective roles. The registered manager told us that they recognised that they were unable to give the quality of care without a dedicated staff team. Systems were in place to support staff to have the information needed to provider quality care and the time to enjoy their role as a carer and to develop relationships with people.

Staff told us that the service was organised and provided information to support them to have a good work life balance. They said that they received their rotas a week in advance and that his allowed them to plan their lives. Staff told us that they worked set days; unless they needed to cover for colleagues and that they liked this structure to their work. In addition, the registered manager ensured that staff only worked every other weekend so that staff would have time with their families. The registered manager told us that staff worked as a team and would make themselves available to cover sickness if needed. They recognised the level of support they received from staff which supported them to provide high quality care.

We found that the service worked in partnership with other agencies to enable people to receive 'joined-up' care. In addition, the provider was looking to build further relationships with local charities and support groups. For example, the local dementia support groups. The registered manager explained that they were able to offer support to such groups in providing training and that in return they were able to advise people who used the service and their relative where they may find additional support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that medicines were managed safely. Regulation 12 (1)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not completed the required checks before people started to work at the service. Regulation 19 (1).