Active Social Care Limited

Active Social Care Limited (Kirklees, Calderdale and Bradford)

Inspection report

8 Cartwright Court, Dyson Wood Way
Bradley Business Park, Bradley
Huddersfield
West Yorkshire
HD2 1GN

Tel: 01484544100

Date of inspection visit:
04 October 2016
05 October 2016

Date of publication:
28 November 2016

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

This inspection took place on 4 and 5 October 2016 and was announced. We announced the inspection because the provider is a domiciliary care service and we wanted to be sure there would be someone at the provider's office to speak with us. A previous inspection of the service was undertaken in November 2013 when we found no breaches of regulations.

Active Social Care Limited provides a variety of services to support adults and children with disabilities in the Bradford, Kirklees and Calderdale area. Support is given to people with physical disabilities, learning disabilities, and behaviours that challenge, especially autism. In addition to supporting people in their own homes the provider offers services through day centres. Day centre services are not regulated by the CQC. Active Social Care Limited is the main provider for children's services in Kirklees and Calderdale. Children's services are monitored and inspected by OFSTED. At the time of the inspection the registered manager told us they were delivering around 3,000 personal care hours a week to approximately 26 individuals, some of whom had 24 hours care packages.

At the time of our inspection there was a registered manager in place, who was also a director of the provider company. Our records showed she had been formally registered with the Commission since October 2010. 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.

People and relatives told us they felt safe when receiving care and that they trusted the care staff. Staff told us they had received training in relation to safeguarding adults and would report any concerns. The provider had failed to identify one incident as a potentially serious safeguarding matter and had not reported the matter to the local authority. Extensive processes were in place to recruit staff and to carry out checks to ensure they were suitably experienced to support people.

People and relatives felt involved in determining their staff team. People's care was delivered through the provision of individual teams. People and relatives said they had consistent team members for support and there were no instances where support was not provided. Staff told us there were enough staff to deliver care.

The provider had in place plans to deal with emergency situations through the use of an on call out of hours system, manned by senior staff. People's care needs had been risk assessed to ensure those most vulnerable would receive prioritised support in the event of adverse weather.

Medicines were well managed and appropriately supported. Extensive details of the various medicines people were taking were available and medicine administration records were clear and well kept. Checks were undertaken on medicines administration.

People told us they felt well supported by staff. The provider had a detailed system in place to ensure that all staff had completed a detailed induction process, linked to the Care Certificate, before they were allowed to support people on their own. Checks were made to ensure appropriate training had been completed and updated and all care staff were automatically enrolled on level 2 of the care diploma once they had successfully completed their induction. Senior staff had also completed all the elements of the Care Certificate. Staff told us they could request additional training at any time and external or specialist advice was available to train staff in exceptional practices. Records showed staff received regular and detailed supervision. Annual appraisals or reviews were also undertaken and covered a range of work related issues. The manager was aware of the Mental Capacity Act (2005) and worked with local authority staff to assess if people needed protecting under the Act. Consent was sought and where people did not have capacity, best interests decisions were taken. People were supported by care staff to maintain appropriate intake of food and drinks.

People told us that they found staff very caring and supportive and talked about their relationships with care staff in very positive ways. People and relatives both said they felt involved in determining and reviewing care. Staff were aware of the need to protect people's privacy and dignity during the delivery of personal care and support. People's well-being was supported with individuals assisted to attend hospital or health appointments and staff worked with community professionals

Broad ranging assessments had been undertaken of people's care needs and care plans contained detailed and comprehensive risks assessments and instruction for care staff to follow, to deliver highly personalised care. Care plans and risk assessments were regularly reviewed and people and relatives said they were involved in these reviews. People were supported to maintain as active a lifestyle as possible and staff were selected to match people's particular needs or interests. The provider had in place a complaints procedure and dealt appropriately with any concerns raised. People told us they had few complaints and any issues raised were dealt with.

The provider had in place systems to manage the service and monitor quality. The provider had failed to notify the CQC of a limited number of incidents that they were required to do so. Senior staff undertook regular spot checks on care workers to ensure they were providing appropriate levels of care. People told us they were contacted and asked their views on the service and discuss any concerns. Daily care records were up to date and contained good details.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This related to Safeguarding. You can see what action we told the provider to take at the back of the full version of this 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

Not all aspects of the service were safe.

The provider had failed to identify a safeguarding issue and report the matter appropriately. People felt safe when supported by staff with care needs. Staff told us they had received training in relation to safeguarding adults and would report any concerns. Risk assessments were in place regarding the delivery of care in people's own homes and plans were in place to deal with unforeseen events.

Extensive recruitment systems were in place to ensure staff were suitably experienced and qualified to support care. New staff employed by the service were required to complete a detailed induction, encompassing all elements of the Care Certificate and be subject to an observed session before supporting people independently.

Effective systems were in place to ensure medicines were managed safely and appropriately.

Is the service effective?

Good

The service was effective.

People told us they felt staff cared for them well. The provider had a wide ranging programme to deliver care and refresher training to staff. Additional training could also be accessed from outside professionals. Staff could access online support for training and information. Staff received regular and detailed supervision and appraisals.

The provider was working in line with the Mental Capacity Act 2005 (MCA) and was cooperating with local authorities to assess if people needed to be supported through legal decisions from the Court of Protection. Where people had capacity to make their own decisions they had signed consent forms to agree to the delivery of care.

People were supported by staff to access appropriate health care appointments and services. They or their relatives told us they were supported to access sufficient food and drink.

Is the service caring?

Good

The service was caring.

People told us they were extremely happy with the care they received and were well supported by staff. Staff were aware of people's individual responses and choices and were adept at recognising non-verbal signals that indicated people's feelings.

People or relatives felt involved in determining their care needs and the provider had a good understanding of supporting people's diverse needs.

Staff understood about supporting people with dignity and respect and were proactive in supporting people to maintain and develop their independence.

Is the service responsive?

Good

The service was responsive.

Care records were person centred, contained information about people as individuals and demonstrated that an assessment of people's needs had been undertaken. Care plans, developed from people's assessed needs, contained good detail and appropriate instructions for staff to follow. Information about people's particular preferences was also available.

People were supported in a range of activities that were personal to them and the provider tried to ensure that staff team members had similar interests or skills, to help support people.

Complaints were logged and dealt with using the provider's complaints process. The majority of people told us they had few, if any, complaints and any concerns were quickly dealt with.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

The registered manager and senior staff undertook a range of checks to ensure people's care and delivery systems were effectively monitored. The provider had failed to notify the CQC of a limited number of events they were legally required to do so. Spot checks were regularly undertaken and people asked for their views on the care they received.

Staff talked positively and enthusiastically about the support they received from the registered manager and other senior staff.

Quality assurance questionnaires were regularly sent to people and relatives to check their views on the service they received. Daily records were of good quality and contained good detail of the support offered.

Active Social Care Limited (Kirklees, Calderdale and Bradford)

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 4 and 5 October 2016 and was announced. We announced the inspection because the service is a domiciliary care service and we wanted to be sure there would be someone at the registered office to speak with us.

The inspection team consisted of one inspector.

Before the inspection, the registered provider completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, in particular notifications about incidents, accidents, safeguarding matters and any deaths.

We spoke with four people who used the service to obtain their views on the care and support they received. We also spoke with five relatives of people who used the service. Additionally, we spoke with the registered manager, a care manager (employed by the service), a service development manager, two members of the provider's HR/ training department and four support workers. Following the inspection we contacted members of the local authority commissioning teams, who contract with the provider to deliver care, and local health and social care staff, to solicit their views of the organisation.

We visited three locations where a total of six people were being supported by care staff and observed care and support being delivered. We reviewed a range of documents and records including; three care records for people who used the service along with associated medicine administration records (MARs), six records of staff employed by the service, complaints records, accidents and incident records, minutes of meetings and a range of other quality audits and management records.

Requires Improvement

Is the service safe?

Our findings

The provider had in place a safeguarding policy detailing how safeguarding issues at the service should be dealt with and action staff should take if they were concerned individuals were at risk. The policy highlighted the appropriate local authority safeguarding team should be informed of any concerns. The registered manager maintained a safeguarding file of any issues that were potential safeguarding matters and the action taken to address them. However, we noted in the provider's accident and incidents records an event that was a clear and potentially serious safeguarding concern, from a number of months previous, and was not recorded as a safeguarding matter. We asked the registered manager about this incident and whether it had been referred to the local safeguarding adults team. The registered manager told us she would clarify the situation and said a note on their system suggested the incident had been reported. However, she subsequently told us that due to an administrative oversight the incident had not been referred to the local authority safeguarding adults team and was being reported immediately. She agreed their internal checking processes had not identified this error. The registered manager said she would immediately review the processes in place to ensure that should events were doubly checked to safeguard future errors did not occur. This meant there was a potential risk to people who used the service because the provider's and local safeguarding procedures had not been followed.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 13. Safeguarding service users from abuse and improper treatment.

Staff we spoke with told they had received training with regard to safeguarding vulnerable adults and training records confirmed this. Staff we spoke with told us the training was very comprehensive and they were able to describe the action they would take if they had concerns about potential abuse. People and their relatives told us they felt safe with care staff when receiving care and support. Comments from people and relatives included, "They are all good carers; I feel safe with them"; "I totally feel he is safe. I couldn't sleep at night before, but now feel much more settled"; "If I want to go out I don't feel concerned at all; the carers are good" and "I absolutely feel (relative) is safe; absolutely."

Staff we spoke with told us they were able to raise concerns and were aware of the provider's whistle-blowing policy. The registered manager told us they encouraged staff to raise concerns, not in a non-blame manner, in order to ensure the best possible care was given and deal with any matters early. We saw from records that some staff had spoken to managers about minor concerns around care issues and action had been taken to review events.

We examined the provider's accidents and incident records. We saw such events were recorded and where necessary investigated. We also saw the provider produced an annual report on accident and incidents, reviewing the type and number of incidents that had occurred over the previous 12 months. Whilst there was good detail in the investigation of untoward events that merited further enquiry it was not possible in all cases to see what actions, if any, had been taken to limit further occurrences. We spoke with the registered manager about this who agreed to review the procedures related to monitoring of accidents.

Risk assessments contained within people's care records were comprehensive and highly detailed to ensure people were supported safely during care delivery. There were environmental risk assessments for each room in people's houses where care may be delivered including kitchens, bathroom and bedrooms. Environmental risk reviews also covered items such as where emergency stop valves for gas and water were situated in the home. Risks were also assessed for the activities that care staff would perform, such as risks associated with supporting personal care, moving and handling or cleaning tasks. In addition to risks linked to the home environment there were risk assessments linked to activities outside the home. Locations where people regularly went with staff, such as sport centres, shopping centres, parks or other venues all had individual risk assessments identifying any concerns or issues associated with these venues. There were also detailed risk reviews around staff loading wheel chairs or other equipment into cars. Where people had been identified as being at risk from not eating or failing to drink sufficient fluids, then the risks associated with this had been considered and actions to limit concerns noted. Assessments linked to nutrition had also considered if there were any religious or background issues to be taken into account.

The registered manager told us that all people who used the service had been subject to an assessment in relation to unforeseen disruption to the service, such as severe weather, and records confirmed this. People's immediate needs were rated as green, amber and red as to the support they would need. She said those people with the highest need, graded as 'red', were prioritised in ensuring continuity of service. She said many people had 24 support and so existing care staff would remain at the home. Where possible, staff within walking distance had already been introduced to people, so they were familiar with staff who may provide emergency cover. She said they also had agreements with families to support people in such circumstances. People and relatives we spoke with confirmed that such contingency plans had been discussed with them and support plans were in place. The registered manager and staff also confirmed there was a senior staff member on call at all times. Staff said they could easily contact a manger for support, if required. This meant the provider had in place very detailed risk assessments to deal with the majority of regular events that may occur during the delivery of individual support. Plans were also in place to deal with emergency situations, such as adverse weather.

The manager told us that for the majority of people they supported they developed teams around the individual. She said this helped to deliver personalised care and ensured staff were able to have an in-depth knowledge of people's needs. She said this was the most effective process when people required 24 hour support. We spoke with the provider's scheduling manager who demonstrated how she organised support and developed specific teams for people. She said that whilst they developed identified teams, there were also sufficient resources and flexibility to deal with any urgent requests for care delivery. The manager told us they had also recently developed a floating support worker post who could help deal with any short term deficits. People and relatives we spoke with told us there were always enough staff and it was very rare for staff not to attend shifts without good excuse. They said in most cases they were supported by a small team of care staff, although one person said that a more settled staff group was still being arranged. We spoke to one staff member who carried out more traditional domiciliary care, visiting a number of people's homes. They said they had enough time at each location and was allocated travelling time between visits. They said they were in the main, a second care worker supporting an existing care worker already in people's home. This meant there were sufficient staff employed to support people's care needs.

We looked at personnel files for staff currently employed by the service and spoke with staff from the provider's HR department. They explained the detailed process they went through to ensure appropriate staff were recruited. They explained they carried out a scrutiny of their suitability when they first contacted the service and again at interview. Records confirmed an appropriate recruitment process had been followed including the checking of at least two references. The HR manager told us that where an individual had worked previously in the care arena they would seek references from all their previous care employers, if

possible. Personnel files also contained evidence of identity checks, interview assessments and Disclosure and Barring Service (DBS) checks undertaken. DBS reviews ensure staff working at the service have not been subject to any actions that would bar them from working with vulnerable people. The registered manager told us all staff were required to update their DBS every two years.

There was a formal induction process, which included staff completing work modules on all the aspects of the Care Certificate. The Care Certificate is a set of standards that all staff in the care sector are expected to complete and satisfy. Before staff were able to work independently they were subject to an extensive observed care session to ensure they worked appropriately and effectively. We saw staff were also subject to a three month period of probation to ensure the standard of their work was acceptable. The registered manager told us people and relatives were not always formally involved in recruitment processes, but were able to express their views on how well new staff members fitted into their team and with their needs. One relative told us, "I'm very happy with everyone at the moment. I get to meet the support workers before I decide if they are okay." HR staff explained how they looked to match staff with the needs and interests of people they were supporting. For example, one person was very interested in sport and the outdoors and so staff with similar interests were allocated to this team of carers, if at all possible. This meant the provider had appropriate procedures in place to recruit staff and additional efforts were made to ensure staff skills matched the individual needs of people being supported.

Where people were supported with medicines this was managed appropriately. People's care plans contained a medicine profile which detailed the medicines they were taking, including the strength or dose, route that the medicine should be given, whether it was a liquid, tablet or cream and how it should be taken or applied. There were also details of any common side-effects that staff should be aware of. Some people were prescribed "as required" medicines. "As required" medicines are those given only when needed, such as for pain relief. There was a separate inventory for these with details of when such medicines should be given and whether people could verbally indicate if they were in pain. There was also a third section for details of short term medicines, such as antibiotics, that are often given for just a few days. Staff told us, and records showed they had received training on effective medicines management. Relatives we spoke with told us that staff supported people appropriately with their medicines and medicine administration records (MARs) we looked at were up to date and completed appropriately. This meant systems were in place to effectively and safely manage and support people with medicines.

Good

Is the service effective?

Our findings

People told us they felt well cared for by the staff who supported them. Relatives we spoke with told us that staff were well trained and had a good understanding of people's needs. Comments from relatives included, "There are lots of well trained staff. All the staff know him well"; "All the staff seem to have had really good training" and "Care workers are very good. I am comfortable and confident with what they do."

The registered manager and the HR staff explained about the training programmes they had developed at the service. They told us they had taken all the elements contained in the skills for care modules / Care Certificate programme and used this as a benchmark of best practice. They had further expanded on the contents to develop training that was specific to the needs of the organisation. They said that the Skills for Care programme had shown an interest in the work they had done to further develop the programme. New staff were allocated 12 weeks to complete the initial training programme and there was regular tracking of how well they were progressing. If additional support was required, then this was arranged. All work had to be signed off by a supervisor to confirm an acceptable standard had been reached. They told us they had recently reached agreement with local training establishments that the work undertaken as part of the training programme could also be used by staff as evidence towards them achieving the diploma in care. They said that all staff who completed the induction training were enrolled on level 2 diploma and management staff were enrolled onto the level 3 programme.

The registered manager told us the final part of the Care Certificate training involved an observed session by a supervisor. She said they had expanded the observed session to ensure it encompassed all the key elements they required. She also said they had trained all supervisors to carry out effective observations and had developed detailed checking documents for supervisors to follow, with information about the types of actions/behaviours they should observe for.

The team described how the information contained within the work books had been developed and uploaded onto the provider's intranet site. This meant that all the Skills for Care information was available to all staff on-line. The registered manager said the programme was being rolled out to all existing staff and managers, to ensure that there was a consistent knowledge base within the organisation. She said that many of the managers had found the programme a useful refresher of knowledge. Having the programmes on line also meant that any updates or changes to programmes could be immediately actioned in a way that was not possible with work books. The system also meant that staff could access the system as a refresher resource at any time.

The provider had a qualified nurse employed on a sessional basis to provide more specialised training and advice on learning disability or mental health issues. They could also to deliver training in relation to medicines management, epilepsy and other specialist areas. The provider also had access to a range out outside agencies for specialist training, should they need to provide specific care. They said that all outside trainers used by the service were accredited and their training practice was often observed by outside assessors, to help ensure training was delivered to an appropriate level.

HR staff told us that training needs were monitored through the provider's supervision process. They said that when supervision sessions were booked in they would pull up the staff member's current training records and this was then reviewed as part of the supervision process. They said that training sessions were programmed to run throughout the year, so if a staff member needed additional or refresher training they could be automatically booked on the next available course. If there was an immediate need or a number of staff requested training in a certain area, then additional courses could be organised. Training was also delivered at a time that was supportive to staff, which could include training delivered at weekends. Staff we spoke with said they were very impressed with the levels and range of training available to them. Comments from staff included, "The new 'skills for care' training is very good. It's really good for updating your knowledge. It also perhaps helps identify early those staff members who may not be best suited to working in care. All staff are subject to detailed observation at least once a year, if not more" and "I really can't commend the training and approach to training highly enough. They'll give you any training you need. You only have to ask." This meant there were extensive systems in place to ensure that staff had the right skills and knowledge to support people with their individual care needs.

Staff told us, and records showed that there were regular supervision meetings between staff and managers and an annual appraisal. Supervision meetings took place approximately every two months. One staff member told us they felt supervision could slip at times, but they did take place. Records in staff personnel files showed that supervision sessions were a two way process with both staff and managers able to raise and discuss items, both professional and personal. Short actions plans were produced following each supervision or appraisal meeting and there was evidence that these were reviewed. Records showed that any incidents or concerns were discussed as part of the supervision process, such as staff members not always adhering to the provider policies. Equally, where compliments had been received about a staff member's approach these had also been raised and passed on to the individual. Annual appraisals also contained details of the staff member's future annual training and development plan. This demonstrated there were robust systems in place to provide regular supervision to staff members and confirmed that annual appraisals or reviews took place.

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 to 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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us that a small number of people being supported by the service were currently being assessed by care managers or mental health staff to determine if applications to the Court of Protection were required to help maintain their safety. The Court of Protection is a court established under the MCA and makes decisions on financial or welfare matters for people who can't make decisions at the time they need to be made, because they may lack capacity to do so. She said the service was working with the respective professionals on these matters and awaiting further information as to the outcome. Where people did not always have the capacity to make decisions for themselves then there was evidence that best interests decisions had been made and that professionals and family members had been consulted. Whilst the documentation was detailed it was not always clearly recorded that the least restricted option had been considered. The registered manager told us that effective recording of best interests decision had been a frequent topic at the local providers' meeting. She said they would review their documentation to ensure this was effectively recorded.

People who had the capacity to make their own decisions had signed consent booklets to say they agreed with the care plans developed and to the care being delivered. They had also signed consent forms to say they were in agreement with the provider sharing information with other organisations involved in delivering or monitoring their care, such as the CQC. People and relatives we spoke with confirmed that staff sought permission on a day to day basis before taking action or delivering care. One relative told us, "Everything has to be done in a certain way and staff are doing things in the right way. They listen to him; very much." This meant that appropriate systems were in place to obtain people's consent to care. Where people did not have the capacity to consent then processes were in place to make decisions in line with legal requirements.

People and relatives told us they were supported to access appropriate health care and support. There was evidence in people's care records that the service supported people to attend hospital or out-patient appointments. People we spoke with told us staff accompanied them to appointments and, where appropriate, worked with community professionals such as district nurses or occupational therapists, to ensure their health needs were met. Where people had a specific health condition, such as epilepsy then care records contained detailed plans to support care staff managing these events. Care plans indicated when a seizure was most likely to happen, triggers or signs that staff should be aware of and action staff should take in the events of a seizure occurring, including how the person should be supported after the event. People's psychological wellbeing was also supported. People were supported to engage in hobbies and activities and access the countryside. One person's aim was to improve their athletic strength and ability because part of their aim was to take part in para-athletic events. We saw from records and photographs they were supported to do this. This meant systems were in place to ensure people could access appropriate health care and where supported to maintain psychological as well as physical health.

People were supported to maintain adequate intake levels of food and fluids. People's care files contained assessments of their nutritional and hydration needs, including highlighting any risk such as the person living alone and not being able to access the shops. Assessments covered people's dietary likes and dislikes, any particular allergies or sensitivities to food that they may have and consideration of special diets based on religion and ethnicity. When we visited people's homes we saw that, where appropriate, weekly meal plans had been developed, based on people's choices or known likes and dislikes. At one home, a person was taken to the fridge/ freezer by staff and supported to choose the meal they would like for their tea. In another home we visited, staff kept a regular food diary, both to show that types of meals the person was eating but also to avoid over repartition of meals. They also kept an up to date a detailed fluid chart to ensure the person was supported with sufficient drinks. People we spoke with, who had capacity, confirmed staff supported them to go shopping for food and that they were able to make choices. This meant the provider had in place appropriate systems to support and monitor people's food and fluid intake. Systems accounted of personal choice or specialist dietary requirements.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were very caring and supported them well. Comments included, "The care workers are absolutely brilliant. They pick the right sort of care workers for (name) and they have a really good relationship. It's fun for him. It's not just personal care – it's a Godsend for him"; "They care about me, it's not just (name), they think about mum as well"; "I'm really pleased with how he gets cared for"; "The care workers are very good, I feel comfortable and confident with what they do"; "They are all pretty damn good"; "I think they go above and beyond at times. They are very good" and "It's not just a care package, it's about them as an individual. I am very lucky to have found them; as a company I think they are excellent." One staff member told us, "It's the little things that matter. What might be little things to us could be important to people. It matters we do the little things."

We visited three locations where staff were supporting people in their own homes or a supported living arrangement. We saw there were very good relationships between people and staff and there was very much a relaxed and "family" atmosphere to the situation. One person was enjoying a joke with staff and some light hearted banter. They told us, "I'm very happy with the care. I have a good relationship with the carers. They are cheeky to me - I'm only joking; it is good fun."

Staff had a good understanding of people's needs and, where people did not have obvious verbal skills, where able to recognise people's requirements through gestures, sounds and their behaviour. Staff talked about how they knew whether people were content or upset by both the sounds they made and the tone of the sounds, as well as their reactions to situations. Staff supported one person who had some hearing loss by taking time to ensure they understood questions. They also wrote more complex questions down for them; to both help them understand what was asked, but also to allow them to refer back to the question if they forgot what they were discussing. One relative told us, "It's a family atmosphere; it is their home after all and the carers help keep it that way." Another relative told us, "He needs to feel loved; needs to feel that people are there for him. That's what he gets from the staff here." One staff member told us that they had been in a similar situation to some of the families they helped and so understood the need for good care. They told us, "It's what gets me out of bed in the morning; knowing that I'm helping people and making their lives better."

People and relatives told us they were actively involved in determining their care initially and reviewing care at regular intervals. Care records showed that there were regular reviews of care and reviews and updates of risk assessments. People told us that when they first started using the service someone spoke with them about the sort of care they wanted and what they wanted to achieve. They said that staff went through care with them quite frequently to ensure that their care plans were appropriate and up to date. Comments from relatives included, "I'm fully involved in any reviews of care"; "Reviews of care are an ongoing thing, we discuss it and review it all the time"; "They always listen to me. They will ring me up and ask my advice or views. We always make sure we are working of the same page" and "They are very good at listening. If he says he doesn't like something then they try and sort things out."

The provider delivered care to a region where there was a high diversity of people from different religions

and ethnic backgrounds. We asked the registered manager how they supported people from such diverse populations and how they communicated with people if their first language was not English. The manager told us that the workforce reflected the diversity of the local community. She said there were staff employed who had a good understanding the needs of different cultures and were able to speak languages other than English. She said that as part of the process of matching care staff to people's need then account was always taken of such diverse needs and staff with appropriate skills or backgrounds allocated. People told us such needs were well supported by staff and they were assisted to attend religious or other events as part of their care support.

We saw that as part of an overall project run by the provider some people who had cognitive difficulties had been asked to help redesign forms to offer compliments about the staff or raise concerns or complaints. The group had been supported to help choose pictures or visual prompts to questions about their care or staff approaches and also help to frame questions in a way that was accessible for people who may have a learning difficulty. We saw they had voted on the most appropriate pictures, renamed the compliments form as a "Well done" form and redesigned the form to include phrases that most people would understand. For example, one of the options for their opinion of the service had originally been "satisfactory", but the group had said they were unsure about this word and so it had been removed from the form. This demonstrated that the provider was aware of the diverse needs of the population they served and took action to ensure the care they provided was done so in an accessible and inclusive way.

People and their relatives told us that staff respected their privacy, dignity and individuality. Staff talked knowledgably and sensitively about how they supported people with personal care and the methods they employed to limit any embarrassment that people may feel. One person told us, "I feel really comfortable with the staff. I feel like they are friends. They really do treat me with respect."
People's independence was also supported and promoted. The registered manager and care manager told us that part of the ethos of the service was doing "just enough" for people, in that they wanted to help people to develop or regain skills, rather than take over all the care. This ethos was echoed by staff. One staff member explained to us how they had employed a step approach to support a person learn the skills for making a cup of tea or coffee. They said they had broken the event down into a series of steps which they had encouraged the person to tackle over time. They said that the only step the person was now not undertaking was the actual pouring of the boiling water into the cup, but that they would look at ways of safely introducing this over time. A relative told how staff had also supported their relation to develop new skills around meal times. This meant people were supported to maintain their privacy and dignity and staff actively encouraged people's independence or skills development.

Good

Is the service responsive?

Our findings

People and their relatives told us that the service and staff were exceedingly responsive to their needs. Comments included, "We don't stick to one thing. They find out what they want to do and we go with that"; "The staff know him well. It makes a difference having the same staff"; "It's the fact that staff do a lot of the little things like answer the phone, change the television over. I don't have to worry"; "They try and adjust his care, if necessary. They all seem so flexible" and "I can get extra hours if I need to go out; it's just brilliant."

People told us how staff had promptly responded in a practical way to help them or their relatives with their care. One relative told us how staff had supported a change in diet, after the person was diagnosed as being anaemic, by encouraging iron rich foods in their diet. They also told us how staff had worked incredibly hard to support the person when going into hospital, despite only having known the person for a few days. They said they kept them calm and supported them after an operation. Photographs in the person's personal files showed them attending hospital and looking relaxed and at ease. A care manager told us how staff had noted that one person had shown excessive sensitivity when they were being dried with a towel and so the care staff had changed the care plans to pat the person dry, to try any minimise any discomfort.

People had wide-ranging and comprehensive care plans. There was evidence of a detailed assessment of need being undertaken prior to care being delivered, although the registered manager told us they could also respond to more urgent requests, if required to do so. People and relatives confirmed that they had been involved in an assessment process, as part of determining the care needs. Copies of people's care reviews, carried out by the local authority, were also available in people care records for reference.

Care plans were very person centred and contained personal details about the individual, family, interests or hobbies and background. Records also contained an agreed set of outcomes or goals that the individual wished to achieve from receiving care. These goals were very personal and individual and included such areas as improving health, increasing fitness or developing social activities. Along with daily records, staff wrote about how they had supported people to achieve these goals during each shift. The registered manager told us this was to make sure that people's needs were met through support for the goals and ensure that staff kept them at the forefront when caring for the individual.

From people's assessed needs, risks had been identified and risk assessments had been developed. Very detailed care plans had also been developed to support people achieve their needs and meet their goals. A comprehensive set of actions or instruction were included for staff to follow, including how to support people with personal care, support with mobility and moving and handling, planning for trips out into the community, supporting meals and drinks, assisting people with their medicines and supporting people who may have behaviours that could be described as challenging. Where the service was supporting a person who may have a learning disability or autistic condition there was information about their particular methods of communication or particular behaviours that they needed staff help to minimise. Staff told us that care plans contained sufficient information for them to follow and deliver the required care.

Records showed, and people and relatives told us that care needs and care plans were regularly reviewed

and updated. Where people's care included support to individuals with behaviour that may be challenging, this included a review of any incidents within the previous month. Issues were reviewed for any change in behaviour, increase in events or identification of potential new triggers. We saw that a recent review had identified a change in behaviours for one person as possibly being connected to new staff within the staff team and the person starting to visit new and unfamiliar venues. The registered manager told us that they had recently revised their staffing structure and were in the process of appointing supervisors within each care delivery team. One of the roles of supervisors was to review care and care documentation to ensure it was correct and up to date and that people's needs were being met.

Care plans also contained a list of practical tasks that staff were required to undertake on each shift. This was predominantly included where care staff also supported people with shopping and cleaning tasks. One person's care file contained a list of 'house protocols' that had been agreed with the individual. This was an explicit list of things the person did not want staff to do when caring for them, that would not normally be included in a wider care plan, such as not feeding their pet titbits, not to do their own shopping when supporting the individual to shop and asking staff to talk openly at handover meetings with new shifts, so the individual was aware of what was being said. The registered manager also told us that they had developed a 'trade' with one person to include walking their dog within the care package. The individual had a particular skill that the service could utilise and so in exchange for a small amount of work in this area the registered manager had agreed that staff could walk the person's dog during the shift handover period.

People and relatives told us there was good support to assist them to participate in activities or maintain social contact. When we asked one person if they were supported to get out and about they told us, "We are never in!" People told us they were supported to attend day centres, social events, church events, go swimming and a range of other activities. One relative told us that staff supported their relations to go out for walks, visit local parks and took them ice skating in a wheelchair, which they really enjoyed. They said that during the summer staff supported the individual to grow vegetables and flowers in the garden and a greenhouse area. Staff and relative told us that one person really enjoyed going to a local night club to listen to the music and watch people dancing. Staff told us they managed these events carefully, ensuring the individual could observe what was going on without finding the atmosphere to over stimulating. Another relative told us that when their relation had to return from an event early, because they felt unwell, the staff member allocated to accompany them had offered to complete their shift at the home to support the relative care for them.

The provider had a complaints policy and copies of the policy and details of how to raise a concern or complaint were contained in individual care files maintained at people's homes. The registered manager maintained a log of complaints or concerns. We saw there had been two formal complaints and one concern raised in 2016. Issues included the response of office staff to a phone call, not receiving a list of care staff for the forthcoming week and concern about how staff supported a person at an external event. We saw that each issue had been investigated and a response made in a timely manner. Where necessary the provider had offered an apology. People we spoke with told us they knew how to make a complaint or raise a concern. They said that where they had done in the past these had been dealt with swiftly and appropriately. Comments included, "I can't think the last time there was a problem" and "I've never had to make a complaint. I can't think of anything that would improve my care - only some better weather!" Easy read complaint forms, developed by people who used the service, were available for people to complete, although we noted that none had been returned. This meant the provider had in place a system to effectively deal with complaints and concerns and responded to such issues appropriately.

The service had also received a number of compliments. We saw there had been 66 written positive comments or easy read "well done" forms received in 2016 to date. Frequently used words and phrases

included: "Wonderful"; "Compassionate"; "Excellent"; "Fantastic job"; "Work hard"; "Goes above and beyond" and "Very impressed."

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place, who was also a director of the provider company. Our records showed she had been formally registered with the Commission since October 2010. We were supported by the registered manager and a number of other office based staff during both days of the inspection.

The manager demonstrated that a range of audits were undertaken as part of the provider's quality assurance process. We saw evidence of audits on staff files, care files, duty rotas and medicine records. There were regular reviews of complaints, accidents and incidents, safeguarding events and any physical interventions that had occurred. We noted that one event that had been recorded as an accident should have been identified as a safeguarding matter. We also noted that two or three injuries had been recorded over the year that may have required notification to the CQC, including one recent accidental injury resulting in significant bruising. Providers are required by law to notify the CQC of significant events; including safeguarding events, deaths and serious injuries. This is so we can maintain an awareness of how the service is operating and be aware of any concerning information. We spoke to the registered manager about these events. She told us she had been unsure about what matters required reporting but would ensure that all future safeguarding incidents and serious injuries were reported. She said the service would review its procedures to ensure such events and records were fully checked. This meant that whilst there were audit processes and checks in place we could not be entirely sure they were operating effectively at the time of the inspection.

Staff told us, and records showed that managers and supervisors carried out spot checks on care delivery in people's homes. People and relatives we spoke with also confirmed that checks were carried out by supervisors. We saw spot check audit forms were detailed and covered a range of elements related to care delivery, including the presentation of the care staff, the effective and appropriate delivery of care and the sensitivity of staff in their approach. Supervisors confirmed they had received training in undertaking effective spot check supervisions. Supervisors also told us they were required to carry out regular audits of their team's work and that these audit processes were further checked by a care manager. This meant that day to day local audit processes were in place.

The registered manager demonstrated that the service carried out quarterly quality assurance checks as part of an overall quality assurance programme within the service. People and relatives we spoke with confirmed that they had completed questionnaires and received regular telephone contact from the service to check that they remained happy with the service. One relative told us, "They ring quite often. I can't tell you how often but it seems they are on the phone every month." The most recent quality assurance check had been undertaken for the period April to June 2016. There had been a total of 94 responses. 58 respondents had rated the service as excellent, 26 as good and ten as satisfactory. Quality assurance documents indicated that in the four quarterly quality audits from July 2015 there had only been one person who had rated the service as poor from a total of 388 returned questionnaires. Free text responses also indicated a high level of satisfaction with the service and praised the approach of the staff.

The service had recently been subject to monitoring inspection by two of the local authorities that they worked with. We saw the reports from both inspections were extremely positive about the service and where any recommendations had been made, these had been acted on. We contacted both local authorities following the inspection and both confirmed they were happy with the service provided. One local authority responded, telling us, "Excellent service, well run, well led, effective, caring and responsive. Very little in way of safeguarding and no recent complaints. They are one of the better providers."

Staff told us they felt well supported by the registered manager and the management team. Comments included, "Staff are happy working at the service. They feel they are very supported by management. The manager is very flexible and approachable"; "All the managers are pretty approachable. If I ask anything I'm pretty confident of getting an answer" and "If I have any queries I can just ask the question of my manager; it's never a problem. The manager is very approachable; no problems there. I'm really happy in my job."

The registered manager told us that she was involved in a range of local networks and groups aimed at sharing good practice across the local care sector and developing improved processes. She said as part of the move to improve the delivery of care overall in the community the service had shared a range of documents and policies with these groups and participated discussion about how to improve services. She also told us that the service had supported smaller providers in the area by allowing staff from these organisations to participate in training events run by the service and sharing training materials. She told us one of the key areas being discussed in these local groups at this moment was the effective recording of best interests decisions and compliance with the requirements of the MCA.

With the exception of accident and safeguarding records, where we have previously noted issues, care records were detailed and well kept. Daily care records were very detailed and covered all aspects of care delivery, including personal care deliver, activities, details of meals or other events.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Effective systems were not in place to fully identify and respond to safeguarding concerns to ensure people were protected from abuse. Regulation 13(1)(2)(3).