SR Homecare

SR Homecare

Inspection report

Unit 3, Fedden Builidings
Gainsborough Square, Lockleaze
Bristol
BS7 9FB

Tel: 07982101585

Date of inspection visit:
19 July 2016

Date of publication:
29 July 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We undertook an announced inspection of SR Homecare on 19 July 2016. This was the first inspection we have completed at the service since their initial registration in October 2014.

SR Homecare provides personal care to people living in their own homes within the Bristol area. At the time of our inspection the service was providing personal care and support to 45 people.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had failed to notify the Commission, as required, of multiple safeguarding referrals.

The provider had undertaken an assessment of people's risks, and where required, risk management guidance was recorded. People and their relatives spoke positively about the staff. People told us they were confident care would be delivered as arranged. All of the surveys we sent prior to the inspection that were returned by people and their relatives spoke positively about feeling safe. Staff had received training in how to identify and respond to suspected abuse and policies to guide staff on how to report concerns were available.

There was sufficient staff on duty to meet people's needs and to complete the required number of scheduled care appointments. Recruitment processes were safe. The service had systems to ensure care appointments would still be met in the event of unforeseen circumstances arising, such as staff illness. Staff felt they had time to meet people's needs and said appointments were not rushed. Medicines were managed in a way that ensured people received them when they needed them.

People felt that staff were competent and provided effective care. The surveys we sent prior to the inspection that were returned by people and their relatives contained positive feedback about the effectiveness of staff. All of the surveys said they would recommend the service to others. The provider had an induction and training programme available for staff. This supported staff to provide effective care and to develop their knowledge and skills. Additionally, nationally recognised training in health and social care was available to staff to enhance their knowledge. The provider supported staff through a regular supervision programme.

Staff understood the principles of the Mental Capacity Act 2005 and gave examples of how they empowered people by supporting them to make decisions about their care and daily lives. People were independent when arranging medical appointments, but where required the service liaised with relevant healthcare professionals to meet people's needs. People were supported with their meals and drinks when required.

The provider had ensured continuity in care and staff told us this had enabled them to build a relationship with people and their relatives. We received positive feedback from people about the caring nature of the staff. The surveys we sent before the inspection were positive, with all respondents saying their care and support workers always treated them with respect and dignity and that the care and support workers were caring and kind. There was a compliments book that reflected the feedback given to us during our conversations with people. Staff had ensured they were aware of people's individual needs and understood their preferences. People were given important information about the service.

People felt staff were responsive to their needs and the survey results contained positive information about people's views on the responsiveness of the service. A small number of people did feel they were not consistently involved in decision-making about their care and support needs. People's care records were personalised and most people we spoke with confirmed they were involved in making choices and decisions in relation to their care.

The service had a system that ensured regular care reviews were completed every six months or sooner if required, for example following a hospital admission. There were examples of how the service had been responsive to support people. The provider had a complaints procedure and people were given the required information they needed on how to complain if they wished to.

People and their relatives spoke positively about the management of the service. Staff felt supported by the registered manager and senior managers at the service. The results of the survey we sent showed that people answered mostly positively when asked if they knew who to contact in the care agency if they needed to. There were systems to obtain the views of staff and key messages were communicated to staff. There were recently launched staff incentive schemes.

There were auditing systems to monitor the quality of care provided and the accuracy of records and documentation used by staff. Observations of care provision were completed that ensured people received care in line with their assessed needs and reflective learning would be completed if required. The service had developed links with the local community centre and was working towards this having a positive impact for people to avoid them feeling isolated.

We found one breach of the Care Quality Commission (Registration) Regulations 2009. 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?

Good

The service was safe

People told us they felt safe and spoke positively about care delivery

Staff understood the identifying and reporting of safeguarding concerns

There were sufficient numbers of staff to meet people's needs

People received support with their medicines as required

People's risks were managed and recruitment was safe

Is the service effective?

Good

The service was effective

Staff were trained to meet the needs of the people they cared for

Staff received regular support with induction and supervision

Staff understood the Mental Capacity Act 2005

People received the required support with food and drink

The service communicated with healthcare professionals where required

Is the service caring?

Good

The service was caring

People said the care they received was in line with their wishes

People gave positive feedback about staff at the service

The service had received compliments about the caring nature of staff

Staff were knowledgeable about people's needs

People were given information about the service

Is the service responsive?

Good

The service was responsive to people's needs

People's records were personalised and detailed their care needs

Care reviews ensured people's changing needs were identified

There was a complaints procedure and people felt able to complain

There were systems to obtain the views and opinions of people

Is the service well-led?

Requires Improvement

The service was not consistently well-led

Notifications had not been sent as required

People and staff spoke positively about the leadership of the service

The provider communicated with staff and staff were asked for their views of the service

There were systems to monitor the quality of the service provided

Links with the local community had been formed

SR Homecare

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 19 July 2016 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure senior staff would be available in the office to assist with the inspection. This was the first inspection we have completed at the service since their initial registration in October 2014.

This inspection was carried out by one 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

On the day of the inspection, we spoke with 15 people who either received care from the service or were relatives of people who received care from the service. We also spoke with a healthcare professional. We spoke with the registered manager and three members of care staff.

We looked at four people's care and support records. We also looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Good

Is the service safe?

Our findings

People and their relatives spoke positively about staff and told us the service made them feel safe. All of the feedback we received praised the staff at the service. For example, one person we spoke with told us, "[It] works like clockwork, they arrive on time, regular two ladies, all my needs are met within the provision of the time allowed." Another person said, "[The] timekeeping is good, we are kept informed by phone if there are changes, always the same carers." One person's relative said, "I couldn't fault them at all." Another relative told us, "[I]feel Mum is very safe, usually the same staff who attend at a time to suit her."

Prior to our inspection, we sent a survey to a sample of people who received care and support from SR Homecare. The results of the survey showed that all of the people answered positively when asked if they felt safe from harm and abuse from the staff that supported them. People also answered positively when asked if staff supported them in controlling infection, for example by using hand gels, gloves and aprons. All of the relatives or friends that answered the survey said they felt people were safe and that appropriate cross infection reduction procedures were taken.

The provider operated safe recruitment procedures and ensured all pre-employment requirements were completed. Staff files had completed initial application forms together with the staff member's previous employment history and employment or character references. Photographic proof of the staff member's identity and address had been obtained. An enhanced Disclosure and Barring Service (DBS) check that ensured the applicant was not barred from working with certain groups such as, vulnerable adults had been completed.

An assessment of people's individual needs and risks had been completed and identified risks were managed through detailed guidance for staff to follow. For example, within people's records there were completed assessments for people's mobility risks. Where a risk was identified, or people required specific mobility equipment to keep them safe, guidance for staff on the use of this equipment was recorded. A record showed how the person preferred to transfer for certain tasks, for example getting in and out of bed, on and off of chairs and the toilet. The assessment also showed any actions that could be taken to reduce any risks of slips, trips or falls in the person's home environment.

The service had produced an overall service delivery risk assessment and risk management guidance where required. This assessment covered all aspects of risk associated with the care provision to people. For example, the assessment showed the type of accommodation the person lived in and if this created any risks in relation to moving and handling processes, such as impaired vision or hearing. It showed if the person was at risk of falls, if there were any risks associated with the person's continence level and if they used any medical equipment such as a catheter or oxygen. Where risks were identified this was recorded, for example if a person was at risk of falling when dressing, slipping when bathing or burning themselves in the kitchen.

Environmental risks had been assessed and risk management guidance produced where required. This assessment highlighted areas within the house that may present a risk to staff or the people they were

supporting. For example, the environmental assessment showed if the home was fitted with smoke or carbon monoxide alarms, where the entrances or exits were, if the person smoked and if there were stairs fitted with handrails or supports. The assessment covered any risks associated with mobility equipment within the home and also informed staff where the utility supplies such as gas and water were located in the house should they need to be isolated in the event of an emergency. Highlighted risks showed how to reduce the risk of harm to staff and people, for example drying wet floors and wearing gloves and aprons to reduce cross infection risks.

Staff had received appropriate training to safeguard people from suspected or actual abuse. Staff we spoke with knew the safeguarding procedures within the service and explained the process they would undertake to report concerns. Staff knew they could report safeguarding concerns to the management of the service, but also that they could report concerns to external agencies such as the Commission or local safeguarding team. Staff understood the different types of abuse people could be subject to and the provider had appropriate policies for safeguarding and whistleblowing available. We did highlight to the registered manager that although staff knew they could contact the Commission to whistleblow, within the current policy there was no details of how staff could contact the Commission. The registered manager told us they would address this.

The service had ensured the safety and welfare of staff was monitored and where necessary action had been taken. In addition to the risk assessments within the different working environments for staff, equipment was provided as needed to further reduce evident risks. For example, staff were supplied with gloves, shoe covers and aprons to reduce cross infection risks. Staff were also supplied with kneeling pads, an RCD adapter [to reduce risk of electric shocks], a torch and a personal attack alarm. Staff had access to the 'on-call' number for out of office hours appointments should they require assistance from senior staff. We also found that where staff had become concerned about the behaviour of a person they supported, the registered manager had increased the number of staff attending the appointment as a safety measure. This showed that risks presented when lone working had been reviewed and acted upon when identified.

There were sufficient numbers of staff to support people safely. No concerns were raised by people or their relatives in relation to care appointments being completed. Staff felt they had sufficient time to complete their appointments. The registered manager told us that whenever possible, care continuity was achieved by ensuring that the same staff supported the same people. This meant that staff could get to know the people they supported well. Staff we spoke with told us this was achieved and said that it helped to build a relationship with the people they supported. One staff member commented, "It's very important to build relationships." The registered manager and staff told us that in the event of unplanned absence or sickness, the team leaders or the registered manager would be actively involved in care provision to ensure people's needs were met.

Medicines were managed in line with people's assessed needs. There were systems to monitor the record completion by staff to ensure accuracy. The level of support people received from staff at the service varied. For example, some people managed their own medicines with no support from staff and others required full support. Each person had medicine dosette boxes delivered from their chosen pharmacy. A list of people's current medicines was with this dosette box and where required, a record was completed by staff that showed people had received their medicines. The registered manager or other senior member of staff completed periodic quality checks within people's homes that included monitoring the accuracy of medicine record keeping by staff. Staff received training in medicines and competency was monitored by senior staff to ensure people were supported safely.

Good

Is the service effective?

Our findings

The people we spoke with and their relatives told us they felt they received effective care from well trained and competent staff. One person we spoke with said, "They are good at their jobs, new one's learn from the others, they all know what to do. I feel comfortable, they treat me well and notice if I need to get the district nurse if they are a bit bothered by my condition, and they will contact my doctor for me if I need him." Another person commented, "Staff are very competent, they are pro-active and will phone and tell the doctor about changes, they also let my family, who trust and value the carer's opinion know. I am very fortunate as I can communicate my needs and have a regular routine. Carers encourage and allow me to maintain my independence."

People's relatives also spoke positively about the care provided to people. One relative told us, "I am confident carers have the right skills to care for my loved one, they know him well, if they are worried they will let the family know. On one occasion they arrived and found him shaken after falling during a dizzy spell, they called the doctor and ambulance." Another said, "The girls are excellent, they are competent and efficient."

Prior to our inspection, we sent a survey to a sample of people who received care and support from the service. The results of the survey showed that people all answered positively when asked if their care and support workers have the skills and knowledge to give the care and support they needed. The majority said staff were punctual and felt they received care that helped them to be as independent as possible and all said they would recommend the service.

The provider had an induction process which encompassed the Care Certificate. This is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The Care Certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. In addition to this, new staff received an internal induction with training. Training was provided in moving and handling, safeguarding, food safety, the Mental Capacity Act 2005 and medicines. Staff were further supported with progressive supervisions and observations through the initial stages of their employment. These were done at one, three and five month intervals to ensure the new staff member understood their role and were competent at providing care.

Staff were supported through a regular training programme. Staff we spoke with told us they felt they received sufficient training to enable them to perform their role effectively. This training was in subjects such as moving and handling, first aid, medication, fire safety and safeguarding. The service had a training room within the registered office. There were different training aids and moving and handling equipment. This allowed staff to be continually trained and frequently practice with the equipment if required. Specific staff at the service had the required accreditation to provide moving and handling training to staff.

Additional training specific to people at the service had been provided. Staff told us that where required, important additional training was provided and staff felt supported by this. For example, training in dementia had been delivered by an accredited person from the local authority and training in person

centred care was completed. This supported staff to understand the needs of some people they cared for. In addition, nationally recognised qualifications or diplomas in health and social care had been completed by some staff and the registered manager told us that all current staff would complete the Care Certificate.

The provider had a system that ensured that staff received regular supervision. Staff supervision was completed every month. Staff we spoke with told us that the supervision was completed and they said the supervision process was useful. Staff told us they felt supported in their roles. We saw from the supporting supervision records that matters such as people's individual needs, training requirements, timesheets, record keeping, uniform and company policies were discussed. We spoke with the registered manager about the current annual appraisal system in process. They told us this has not yet commenced since the business was formed but was due to commence shortly.

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. We spoke with staff about their understanding of the MCA and particularly on how it impacted on their role. During these conversations staff demonstrated a good level of knowledge about the MCA and told us how they empowered people to make decisions. One member of staff explained how they ensured people had daily choices in their clothing and meals. They told us, "I always give choices. I wouldn't like somebody making choices for me. I always make sure people choose." Other staff we spoke with explained how best interest decisions may need to be made for people who lacked the capacity to make a certain decision at a certain time.

Staff provided people with different levels of assistance in the preparation of their meals and drinks. The registered manager told us that there were no people at risk of malnutrition being cared for by the service at the time of our inspection. From our conversations with people and when reviewing people's care and support records, it was evident that people's needs varied with the support given by staff. Some people told us they had different meals prepared by staff and within people's records we saw that staff supported some people by heating microwave meals for them. The staff we spoke with explained how they ensured people had sufficient drinks when they left them, especially in times of hot weather. This ensured that people had access to drinks during the times staff were not present to support them.

The service liaised with healthcare professionals when needed. People were independent when arranging appointments with their GP, however there were examples of how the service worked with other healthcare professionals. The registered manager told us they had a good working relationship with the community nursing team. Where required, staff would support a person if they were receiving care for skin damage and complete the associated records when providing care. If the need was identified, a person's fluid intake was recorded to monitor how much they drank. We saw the service had records to use in the event this was required.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the caring nature of staff at the service. One person we spoke with said, "My carers are kind, caring and considerate, we have a good relationship, I call them 'my girls'." Another person told us, "They are very friendly and helpful, they do things as I like them, when I have new ones [staff] I tell them about me and what I like, this works well." People we spoke with described the staff as, "Very kind," "Excellent," "Marvellous," "Understanding," "Helpful," "Competent," and, "Lovely people."

Comments we received from people's relatives were also positive towards the staff at the service. One relative said, "The carers know my loved one well and they have a good relationship, they make her happy. I wish people could hear the fun and laughter she has when they are here." Another relative commented, "My loved one is happy with their carer, they have a good relationship and have a laugh and banter, the carer is so lovely to them. They do what they have to do and all needs are met. They chat with the family and keep us involved."

Prior to our inspection, we sent a survey to a sample of people who received care and support from the service. The results of the survey showed that people answered very positively when asked if they were happy with the care and support they received from the service. For example, all of the people who responded said they were happy with the care and support they received. All said the care and support workers always treated them with respect and dignity and all said the care and support workers were caring and kind. The only minor area of less positive answers were that a very small number of people said they were not always introduced to their care and support workers before they provided care or support.

The service maintained a log of compliments received from people. The compliments reflected the positive feedback we had received from people and their relatives over the course of our inspection and within the returned surveys. The compliments were from people who received care directly from the service and people's relatives. A sample of the recent comments included, "[The staff are] always caring and polite and cheerful, pleasure to have them caring for Mother." Another comment read, "I would just like to thank your company and all your wonderful staff for all your help." We saw that additional records had been made during a care review or a phone call when staff had been personally thanked for the care they had provided to people. For example one read, "A very caring person and does her job very well."

Staff understood people's care and support needs and demonstrated they knew how people preferred to be cared for. Staff we spoke with gave clear and detailed explanations about the people they supported. This meant that people received the care they needed from staff who understood them in the way they wanted. Staff were able to explain people's needs for their mobility, what risks the person had and how those risks were reduced. The staff told us this knowledge of people had been developed over time and attributed their knowledge to the fact they provide care consistently to the same people.

People were given important information about the service. People were given a 'service user guide' when they commenced a care package. The guide contained information about the service, for example the main

contact number and the out of hour's emergency number so they could contact the service at any time. People received other information promptly such as their scheduled care appointment times and information on who would be providing their care. Within the service user pack we saw the service also communicated how they aimed to achieve their mission statement, how they would provide care continuity, how to identify that a care worker was a genuine member of staff and information about the Commission and regulation. Also included was a suggestion form where people or their relatives were invited to make suggestions on how they feel the service could be improved. Useful contact numbers for the police, Age UK, the Alzheimer's Society and local transport services were also given to people.

Additional information within people's records reflected the caring nature of the service and demonstrated how they tried to promote awareness of external risks people could be exposed to. For example, people were given information about safeguarding adults and actions they could take if they were concerned. A copy of the local multi agency policy was given to people with relevant contact numbers. In addition to this, people were given leaflets and information with details about current criminal 'doorstep scams' and 'rogue traders'. Further information on telephone scams and scams that people may receive in the mail was provided. This may prevent a person who received support from the service becoming victim of a scam and suffering property or financial loss.

Good

Is the service responsive?

Our findings

People and their relatives spoke positively about the responsiveness of staff. Both people and their relatives confirmed they were involved in decisions about their care provision. They told us that care reviews were either completed at a scheduled review or as and when there is a change in their circumstances. This was usually done with one of the service management. In general, people spoken with said they had their care delivered in the way they wished and felt their carers understood their needs. All of the people we spoke with and their relatives agreed they would have no hesitation in making a complaint or reporting any concern to the registered manager.

We did receive some comments of a less positive nature, however when we had reviewed records during the inspection and saw these matters had been addressed and resolved by the provider and a resolution had been reached. One person we spoke with raised a new concern about the length of time a staff member had spent providing care to their relative. They informed us that the time the staff member was at their relatives property was less than the agreed care package. We raised this with the provider following the inspection who informed us that all parties involved, including the relative and the staff member, had been spoken with and the matter was investigated. The results of the investigation and the circumstances leading to the incident were communicated to the relative. This showed the provider was quick to respond to issues raised.

Prior to our inspection, we sent a survey to a sample of people who received care and support from the service. The results of the survey showed that people answered mainly positively when asked if their care and support workers responded well to any complaints or concerns they raised. A small number of people felt they weren't consistently involved in decision-making about their care and support needs. A small number of people also highlighted to us they didn't know how to make a complaint about the service. We did however note that this information was contained within people's service user packs in their homes.

The provider's complaints procedure was communicated to people through their service user packs. It was also asked during a recent quality assurance survey if people knew how to complain. The complaints procedure detailed how to raise a complaint and what people should expect from the service. It also contained information on how to escalate the complaint, for example to the ombudsman or how to report alleged poor care to the Commission.

The service had not received any formal complaints in 2016 but had systems to be responsive to informally raised concerns. These concerns could be raised by either people, their relatives or staff members and we saw that action had been taken where needed. For example, where a concern had been raised by someone over the use of gloves when administering eye drops, action had been taken with the staff member and the matter resolved. Matters over staff communication or staff attendance had been resolved quickly. Where staff had raised concerns, for example over the condition in which some people were living, action had been taken by contacting the local authority and making a safeguarding referral. This showed that where needed, the service had responded to meet people's needs.

Personalised care records demonstrated that care provision and preferences had been discussed and completed with people. This showed the service had a personalised approach to care provision and people's assessed needs were met in accordance with their preferences. For example, people's records contained detailed step by step information and guidance for staff about the level of support people needed during different appointments. If a person had multiple care appointments during the day, their individual appointments were separately detailed within their plan. There was guidance for staff on how to provide personal care to people in accordance with their preferences. Staff we spoke with told us they felt the records were easy to use and the detail within them allowed them to quickly understand the person's needs and support them as they wished. The registered manager told us that care needs were reviewed at least every six months or earlier should the need be identified. People we spoke with and their relatives confirmed that these reviews happened and people's care records also supported this.

Unique information to support staff in communicating and providing care to people was within their records. For example, people's records had a section entitled, 'What would you like to tell us about your past.' Where people wished, they communicated personal information such as where they were born, who they lived with, their immediate family, their employment, their memories or significant life events. This would aid staff in communicating with people, particularly those living with dementia. Other information included people's favourite drinks, past times and books or TV programmes. People's goals and outcomes were recorded, for example what was important to them and what their future goals were. This showed the service took an active interest in people's aims and aspirations.

We saw examples of where the service had had been responsive and had worked in conjunction with people and their families. It was identified that a person living with dementia would have progressively worse memory loss throughout the day. The registered manager explained how staff were using the training they have received so far with this person. For example with the relevant people involved, the person receiving care had been left written and visual instructions within the house. This has had a positive outcome for the person as it has been effective in reminding them to get into their nightclothes for bed.

Another example of responsiveness was in relation to infection control when a person's relative was diagnosed with a contagious virus. In order to ensure staff and the person were protected as much as possible, medical advice was sought in relation to this illness and the risk it posed to staff at the service. The guidance given was recorded and relayed to staff to ensure they reduced and contained the associated risk of spreading the virus. This demonstrated the services responsiveness to reduce risks to the person, the staff and other people using the service that may also come into contact with the staff member.

The provider had a system to encourage feedback about the service and to ensure people's views and opinions were captured. A survey had been sent out to all people using the service or their representatives during March and April 2016. The survey asked if people were happy with their care, if they felt they had choices in their care, if their care needs were met and if their independence was promoted. Additionally, people were asked if they would recommend the service to others and if they would provide an overall rating. The results of the survey were positive, with all who completed the survey saying they would recommend it and all giving the service either an 'Excellent' or 'Good' overall rating. One comment on a survey said, 'I can't think of anything to improve the service.' Another person wrote, 'I don't know what I would have done without you.'

Requires Improvement

Is the service well-led?

Our findings

The service had failed to notify the Commission of multiple safeguarding referrals made by them as required by law. During our inspection, it was apparent the registered manager was not fully aware of their responsibilities in relation to legal notifications. We requested information on all of the safeguarding referrals made by the service during 2016. The information supplied showed that 15 safeguarding referrals were made. A notification was required by law to be sent to the Commission for each referral to advise us of this and these had not been sent.

The failure to send these notifications was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People and their relatives were positive about the leadership of the service and no concerns were raised. People and their relatives told us they had a good relationship with the office staff who they said were very approachable. They also described the office staff as, "Lovely" and felt they understood matters because they had previously been carers themselves. All told us they would have no hesitation in raising concerns or complaints. One relative we spoke with said, "We [service and relative] have a really good working relationship. We've worked together to make things work for Mum. It's been absolutely brilliant."

Prior to our inspection, we sent a survey to a sample of people who received care and support from the service. The results of the survey showed that people answered mostly positively when asked if they knew who to contact in the care agency if they needed to. All said the information they received from the service was clear and easy to understand. A very small number of people gave less positive responses when asked if the service had asked what they thought about the service they provided.

Staff felt they were well supported and felt valued by the management team. All of the staff we spoke with gave positive feedback on their employment and on the leadership of the service. One member of staff said, "Its brilliant, fantastic - I love it." Another commented, "It's the best thing I've done coming here." Another staff member we spoke with was also very happy in their employment. They said to us, "I enjoy my role – [registered manager name] is very easy to talk to. You can talk about a lot of things."

A staff survey completed in March and April 2016 showed staff responded positively when asked about their employment. The survey results reflected the comments we received from staff during the inspection. Staff were asked about their job role and if they understood why things were in place for them, such as care plans and safeguarding procedures. It also asked staff if they understood their role, if they had enough time to travel and complete tasks and if they felt supported and received supervision. It also asked staff to rate their overall employment experience. Nearly all of the respondents answered, 'Excellent' to this question with another answering 'Good.' Comments on the survey included, 'I am happy with the job I do and the people I work with.' We did highlight to the registered manager that making the staff surveys anonymous may encourage further feedback.

The registered manager also sought feedback on different aspects of the service with new staff. For example,

a survey into the recruitment and induction process was completed with new staff. This asked the staff member about how they rated the quality of the recruitment process.. It also asked about the induction, and if all aspects of it were covered and if the induction checklist was completed. The feedback received was positive, with one comment saying, 'Feedback and quality of information provided within induction was excellent.'

There were staff incentive schemes and social events organised for staff. For example, the registered manager had just launched an 'Employee of the Month' incentive. People who received care and staff were encouraged to make nominations for a staff member who was performing well or who had gone above the call of duty. At the end of every four week period the staff member with the most nominations would receive a financial reward. In addition to this, a 'Pay day bingo' event was organised for staff for those who wished to socialise with their team members.

The management communicated with staff about the service. There were periodic meetings for staff to communicate information about the service. The minutes from the staff meetings showed that matters such as people's personal care needs, changes to the roles of the management at the service, record keeping and care plans were discussed. Additional, more frequently held business meetings discussed finances, training needs, recruitment, sickness and staff rotas. The registered manager told us they were currently in the process of launching regular, smaller meetings for staff groups that provided care to the same people.

There were management systems that monitored the quality of care provision at the service. The management at the service completed spot checks and observations in the community and observed staff practice during care appointments. This ensured that staff were meeting people's needs and that care was provided at the required standard. Following the observation, a record would be completed that identified if the person's needs were met by the staff member and if any training needs were identified. Additional quality assurance checks were completed on care records and medicine records. Any shortfalls identified, for example recording errors or incorrect use of paperwork, were communicated to staff as required. This ensured that issues were highlighted quickly to staff to reduce the risk of reoccurrence.

The registered manager was creating links with the local community to have a positive outcome on people who used the service. For example, the service was currently working with a local community service to arrange transport for people unable to access different sessions at the community centre, for example bingo and keep fit classes. Some members of staff, including the registered manager, were members of the national 'Dementia Friends' programme. Currently, two members of staff enrolled on the 'Dementia Friends' champion course so they will be able to cascade their learning to all staff. The service also currently ran coffee mornings for Macmillan Cancer Support and some staff had completed other fundraising events as part of a team such as a 24 hour walk for the Alzheimer's Society.

The service was a member of Care and Support West and the registered manager attended meetings and training days provided by the organisation. The meetings ensured the registered manager was aware of current guidance, legislation and best practice. Management meetings were held in the service and the provider completed periodic quality assurance visits. The Provider Information Return (PIR) we requested was completed well by the registered manager and returned within the specified time frame.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had not notified the Commission of multiple safeguarding referrals. Regulation 18(2)(e)