Westwood Care and Support Services Yorkshire Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Westwood Care and Support Services Yorkshire Limited provide care, support and a chaperone service to children and adults who may have a learning disability or may be infirm due to old age, in and from their own homes. The agency provides this service to people whatever their condition or disability and at all times of the day and night. They have contracts with local authorities, continuing care services and privately with people that have 'personal budgets'.

This inspection took place on 17 and 24 March 2016. The inspection was announced. We previously visited the service on 11 December 2013 and we found that the registered provider met the regulations we assessed.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

We found that staff had a good knowledge of how to keep people safe from harm and there were enough staff to meet people's needs. Staff had been employed following appropriate recruitment and selection processes. We found that people's needs were assessed and risk assessments put in place to keep people using the service and staff safe from avoidable harm. We found that the administration of medicines was being audited; however, we identified some inconsistences in the management of one person's medication. We have made a recommendation about this in the report.

We saw that staff completed an induction process and they had received a wide range of training, which covered topics including safeguarding, moving and handling and infection control. Staff told us they felt well supported; they received supervision, appraisals and attended team meetings. Staff were also encouraged to complete an NVQ Level 2 or higher. People were supported to make decisions and choices. Staff received training on the Mental Capacity Act 2005 and had knowledge sufficient for their role.

Some people told us they received support from staff with shopping, cooking and domestic tasks. They were involved in choosing what items they wanted staff to buy or what they wanted making and were generally satisfied with the meals prepared. People were supported to access healthcare support where necessary.

People told us staff were caring and that they had developed positive relationships with people who supported them and they were treated with respect by the agency's staff. People were generally happy with the service they received and told us that the staff usually arrived on time. They told us that they received support from the same member of staff or group of staff and they developed a good rapport with carers. People were supported to access their local community, go for days out and go on holiday.

We saw that people's needs were assessed and care plans put in place to enable staff to provide responsive care and support. People had been involved in the planning of their care and relevant people were included in care plan reviews. However, we found that care plans sometimes lacked sufficient detail in relation to specific care tasks. We made a recommendation about this in the report.

People were supported to make choices and decisions and to feedback any concerns. There were appropriate complaints procedures in place should people need to raise any issues. We saw that these were always investigated; however, the outcome of two investigations had not been signed off due to extenuating circumstances.

People using the service and agency staff told us the service was well-led. We could see there were systems in place to monitor the quality of care and support provided and evidence that action was taken to address any concerns. However, we found shortfall's in the management of one person's medication which could have been detected through increased quality checks. The registered manager decided they would carry these out weekly, instead of monthly, in future.

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.

Staff displayed a good understanding of the different types of abuse and had received training in how to recognise and respond to signs of abuse to keep people safe from harm.

Risk assessments were in place and reviewed regularly which meant they reflected the needs of people receiving a service from the agency.

Recruitment practices were robust and ensured only those people considered suitable to work with vulnerable people were employed. There were sufficient numbers of staff employed to meet people's assessed needs.

Systems were in place to ensure that people received their medication safely and as prescribed by their GP. Medication records were audited monthly to check for accuracy of recording. However, we identified some inconsistences in the management of one person's medication.

Is the service effective?

Good

The service was effective.

Records showed that staff completed training that equipped them with the skills they needed to carry out their role.

Staff received training on the Mental Capacity Act 2005 and understood the importance of seeking peoples consent.

People told us that their nutritional needs were met and that they were happy with the support they received with meal preparation.

People had their health and social care needs assessed and families and health care professionals were contacted if people's health deteriorated.

Is the service caring?

Good

The service was caring.

People told us staff were caring. Staff knew people's preferences and they responded to people in a kind and caring manner.

People were supported to make decisions about the care and support they received and their independence was promoted.

Is the service responsive?

Good

The service was responsive to people's needs.

People's needs were assessed and continually reviewed which meant that staff were aware of their up to date care and support needs. However, some care plans lacked sufficient detail.

People's individual preferences and wishes for care were recorded and these were known and followed by staff.

People told us they were happy to discuss any concerns with the agencies staff and knew how to make a complaint if needed. There was a complaints procedure in place and we saw that complaints received had been investigated appropriately.

Is the service well-led?

Good

The service was well led.

The service had systems in place to monitor and improve the quality of the service.

People told us they were happy with the service they received and staff told us they enjoyed their role.

There were opportunities for people who used the service and staff to express their views about the service that was provided by the agency.

Westwood Care and Support Services Yorkshire Ltd.

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 registered 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 17 March 2016 and home visits to people who received a service took place on 24 March 2016. The inspection was announced; the provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the agency office who could assist us with the inspection. One Adult Social Care (ASC) inspector carried out the inspection.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authorities that commissioned a service from the agency. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also contacted the local authority safeguarding adults and quality monitoring teams to enquire about any recent involvement they had with the agency.

The registered provider was asked to submit a Provider Information Return (PIR) prior to the inspection, as this was a planned inspection. 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. The registered provider submitted their PIR within the agreed timescale.

As part of this inspection we spoke with seven people using the service by telephone and visited four people in their own homes (with permission). We also spoke with four relatives to ask them their views of the

service. We visited the registered provider's office and spoke with four members of staff who provided support in people's homes, one care coordinator who was responsible for arranging rotas and the 'person-centred' co-ordinator. We also spent time with the registered manager. We looked at six people's care records, four staff recruitment and training files and a selection of records used to monitor the quality of the service.

Good

Is the service safe?

Our findings

People who used the service were protected from abuse and avoidable harm by staff who had been trained to recognise the signs of potential abuse. One person who used the service said, "I have confidence in all of the carers who support me…I am in safe hands." Staff we spoke with understood how to report any safeguarding concerns and told us they were confident the registered manager would take the appropriate action if they reported any episodes of poor care. One member of staff told us, "If I had any concerns I would speak with the office, or take it higher if I felt I needed to…I'd go to safeguarding."

The registered provider had policies and procedures in place to guide staff in safeguarding people from abuse. We saw the registered manager used the local authority's safeguarding tool to decide when they needed to inform the safeguarding team of an incident, accident or an allegation of abuse. We saw that historic safeguarding concerns were recorded and submitted to both the local authority's safeguarding team and the Care Quality Commission (CQC) as part of the registered provider's statutory duty to report these types of incidents.

We found the registered provider had systems in place to ensure that risks were minimised. Care plans contained risk assessments to identify potential risks to people using the service and staff. This included risks for the environment, any equipment in situ and potential risks to people using the service and staff. A traffic light system was in place on people's care files and this enabled the office staff to quickly determine which people using the service were at the highest level of risk during an unexpected event such as a staff shortage (due to illness), or an emergency situation such as a flood or severe weather. This enabled the office staff to prioritise calls for those people at the highest risk to ensure their service remained unaffected.

Systems were in place to ensure that people's finances were appropriately managed. Financial records showed us that all items purchased by staff on behalf of a person using the service were documented and a receipt was issued so they were able to check that the amount of money spent was accounted for. People told us they trusted staff with their money, but were happy with the system as it enabled them to check if they wanted to.

We saw some staff were required to drive between calls and take the people they supported out in their own cars. To ensure that people were protected from any risks associated with being a passenger in a staff member's motor vehicle, the agency had ensured that all staff who were required to drive had a current valid driving licence, a valid MOT certificate and the correct insurance to enable them to transport people as part of their occupation. The service also had their own company vehicles that staff over the age of 25 were able to use.

We asked the registered manager how they ensured there was sufficient numbers of staff to meet the needs of the people using the service. We were told that the registered provider recruited between 10 and 12 staff every two months. This enabled them to run group induction sessions, which meant they always, had carers ready to step in when vacancies became available or when new referrals were received for support services. We were told that the number of calls required and the number of staff needed at each call were all taken

into consideration before the package of care was agreed. These steps helped ensure that sufficient numbers of staff were available to meet the needs of the people they supported. One person told us, "Only last week my usual carer was off sick, so they sent someone from the office, they were lovely."

We looked at the recruitment records for three staff members. We found the recruitment process was robust and all employment checks had been completed. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and ensures that people who use the service are not exposed to staff that are barred from working with vulnerable adults. Staff were provided with job descriptions and terms and conditions of employment. This helped to ensure staff knew what was expected of them.

We found that the registered provider used an electronic call monitoring system that enabled them to track the time the call started and finished. Staff were required to log in at the start of the call and then log out at the end of the call using the person's landline. The registered provider was able to set tolerances which would alert the care co-ordinators in the office if a call was more than ten minutes late or had been missed. The care co-ordinators would then contact the member of staff to establish if they were alright and to ask what time they would be attending the call. If they were going to be more than ten minutes late then the person expecting the call would be contacted to reassure them that the member of staff was on their way. We were told that if people did not have a landline then staff would text the office to let them know when they have arrived and left the call. A member of staff told us, "If I am going to be late then I will call the office and they will call the person who I am going to visit and let them know." The registered manager told us that the call monitoring log alerted them if calls were shorter than scheduled, and was reviewed weekly unless issues were flagged up before then.

Staff told us their 'runs' were planned on a geographical basis and this helped to ensure that they were usually able to arrive at people's homes on time. One member of staff told us, "It's usually pretty good; however you can sometimes struggle to get through rush hour traffic in time." People who received a service told us that staff were usually on time and stayed for the required length of time. Comments included, "The staff are spot on. If they are ever going to be late then they always call to let me know", "They generally turn up on time and I always get a call if they are going to be late…it's not the carers fault sometimes things just take longer than expected", "They always stay for the full 30 minutes, unless I tell them they can go early if everything is done" and "The staff are pretty punctual and if they are going to be late I normally get a call." However, one person told us, "Sometimes, you have to wait a little while and you don't know whether they are coming or not, if they would just ring to let me know then I can relax as I am just happy that they are on their way."

The registered provider had a medication policy in place and the registered manager told us that all staff received training in medication management prior to administering any medication in people's homes. Our conversations with staff and the training records we viewed confirmed this. One member of staff who provided daily support for one person using the service told us they had attended additional training to enable them to administer buccal midazolam. This is a sedative used for the treatment of epilepsy. The agency also enabled the person's mother to attend the course so they could also safely administer this emergency medication when required.

To ensure that people received time critical medication at the right time, the care co-ordinators were able to schedule these specific calls on the care planning system in a way that meant the time of the calls could not be moved by mistake. This ensured that these people had their medication needs met.

We looked at Medication Administration Records (MAR) for the three of the four people we visited in their homes and found some inconsistencies in the quality of recording. Two of the records viewed were extremely well maintained, however, one chart had several missing signatures without any explanation for the reason the medication had not be administered. We also found that the persons 'as and when required' (PRN) medication, which in this instance were eye drops, had not been opened in the correct date order and it had not been returned at the end of the monthly medication cycle. The registered manager told us that errors on MAR would usually be identified during the monthly audit. They told us all MAR were returned to the office on a monthly basis and were checked by the deputy manager for accuracy. They were also checked during spot checks that took place in people's homes. Any gaps or anomalies were cross referenced against the diary records to identify an appropriate explanation. If an explanation was not identified then the deputy manager was able to identify the staff member who had attended the call and these issues would be addressed.

We discussed the inconsistencies we had found with the registered manager who told us that they would address this immediately with the staff involved to identify the reason for these gaps. They stated that they would also increase spot checks on the staff involved to ensure that medication was administered in line with the registered provider's policy.

We recommend that the service consider current guidance on medicines management and take action to update their practice accordingly.

Good

Is the service effective?

Our findings

People told us they thought the staff had the necessary skills to support their needs. One person told us, "Yeah, most of the staff appear to know what they are doing, you get the odd one, but a lot of the time it's down to confidence…the more they come the better they get." Another said, "They're not trained nurses, but they do a good job. If they don't know how to do something then they ask, or I tell them."

We looked at the induction, training, supervision and appraisal records for four staff. We saw that staff had completed a ten day induction which included training in a number of key topics, such as, moving and handling, safeguarding adults, safeguarding children, medication and mental health / dementia. We viewed the registered providers training records and saw that periodic refresher training was also completed by staff in these topics and this ensured they maintained their level of knowledge and skills. Discussions with staff confirmed this, with one member of staff telling us, "I completed all my induction training at the Anlaby office. We covered different topics such as the Care Act, medication, first aid, dementia and we did a full day on moving and handling." We also saw that regular quizzes were completed on different topics including safeguarding, infection control and communication to determine a staff member's level of competence.

We were told that training was completed by an accredited trainer who the registered provider booked in advance for the full year and took place at the head office's training room. The registered manager explained that the feedback they had from staff regarding the training was very positive and they felt the facilitator was a 'real asset'. They told us that the trainer provided them with feedback regarding which staff were struggling with some aspects of the induction training and this enabled the management team to offer additional support to the person to ensure they had every opportunity to successfully complete the induction.

Following the induction training, staff were then required to complete a number of shadow shifts where they observed a more experienced member of staff carrying out their role. One member of staff told us, "As part of my induction they buddied me up with another carer, there was no time limit; it was until I felt confident." All new staff were then enrolled on the Care Certificate. The Care Certificate is an identified set of standards which social care and health workers adhere to in their daily working. It covers 15 topics including, for example, understanding your role, duty of care, privacy and dignity and infection control. Following the completion of the Care Certificate staff were then enrolled on the NVQ level 2 or equivalent in care and the registered manager told us that 90% of their staff had completed or were working towards their level 2 or 3 award at the time of this inspection.

We saw staff received on-going support during regular supervisions and annual appraisals. Staff we spoke with confirmed they were supported by their peers and the registered manager. One member of staff said, "The manager is really good and really supportive. I requested to drop a call because it was too far away and they were absolutely fine with it, they are really approachable." We viewed staff supervision records and saw that their workload and priorities, personal development and training, impact of work on the individual and work to be completed were all discussed. Feedback was given and any important information was shared.

Staff also told us that 'spot checks' were completed by the registered manager and other senior staff. The checks were carried out to observe how staff performed their duties in the person's home and checked whether staff turned up on time, were wearing a uniform, stayed for the required length of time and also how they interacted with the person they were supporting. Night time spot checks were also completed unless the person had specifically requested that they did not want to be disturbed at this time. We did note that only 16% of these spot checks included calls to people who needed support with medication. The registered manager told us they would take this into consideration when planning these checks in the future.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For people living in their own home, this would be authorised via an application to the Court of Protection. We checked whether the service was working within the principles of the MCA and found that they did not have any restrictions in place at the time of this inspection and that no applications had been made to the Court of Protection.

We saw that staff completed MCA training as part of their induction and their on-going training. Staff were able to tell us how they requested people's consent before performing any care tasks and enabled people to make their own choices where possible. One member of staff told us, "It doesn't matter whether people have capacity or not I always ask them before carrying out any care task and talk them through everything I am doing so they know what to expect next." We saw that people using the service had been asked to sign a consent form agreeing to the care and support provided by the service. We saw that consent was also gained for the management of finances, medication and to enable the service to take the person's photograph for their 'one page profile'. Where people were unable to consent, their representative had been asked to sign a consent form.

Some people who received a service required support with shopping for food and the preparation of meals and drinks. The amount of support required varied from person to person and most people were satisfied with this aspect of the service. One person told us, "I have ready meals delivered, so the carers just have to put them in the microwave. They always ask which meal I would like." Another said, "The carers prepare most of my meals, it's usually ready meals and every now and again I will ask for something to be cooked from scratch, but I'm fine with that." One person was much more involved in the process and they told us, "I make a list of what meals I would like. If I am feeling well enough we go through the cupboards together and see what I need, then the carer takes me shopping" and "There isn't anything that I can't have, last week we had spaghetti bolognaise, fish and chips and chicken pie."

Staff monitored people's health and ensured risks to their health were minimised. Information about each person's physical health needs was recorded in their care plan, including specific details of any known health care conditions. If staff suspected that a person was unwell this information would be recorded in a daily diary. Staff would contact the office who would in turn speak with the person or their family to determine whether the GP needed to be called. People told us that if they needed a carer to support them to attend health appointments then this could be arranged. These steps helped ensure that people's health was monitored.

Good

Is the service caring?

Our findings

All of the people we spoke with told us that the staff that supported them were kind, caring and attentive. Comments included, "The staff couldn't look after me any better if I was their own mother…I'm very well looked after…I am spoilt", "They are very good, very friendly and they are very caring", "The carers are pretty good, some are better than others" and, "All the carers are pleasant, polite and well turned out…I would definitely recommend them." However, one person stated; "The carers are okay…you take to some people and not to others, but that's just life." Relatives also commented saying, "The staff are great. They keep [Name of person using the service] happy and that's all that matters" and "The carers come and sit with [Name of person], whilst I go out for a few hours, she always tells me that they are pleasant and that she has had a nice chat."

People told us that having a regular member of staff or group of staff attend to their care needs was important to them and when this was happening their care was generally good. We were told that when a member of staff left or was moved to a different care 'round' that this was unsettling and a period of adjustment followed whilst the new member of staff and the person receiving the service got to know each. Most people were satisfied with the group of carers that attended telling us, "I have regular carers, I have a group of five to six", "I have the same carer every day for my social call and then have two or three other carers for the other calls I need" and, "I've had the same core group of carers for the past 18 months." However, we viewed one person's rota and saw there were six different members of staff delivering care across a single week. We discussed this with the person and they told us they would prefer a more settled group of staff. This was fed back to the registered manager who agreed to review the number of people involved in the person's care package.

When there was a planned change of staff for a person due to somebody leaving, the registered manager would try to make sure the person had met the new member of staff before they started working in their home. However, they acknowledged that when it was extremely short notice due to staff sickness, this was not always possible. One person who used the service told us, "Whenever I am getting a new carer, we always have a meet and greet, my dad comes and makes sure they are okay." Another said, "The new carer always shadows a regular carer before they come by themselves, I suppose this is so they know what they need to do."

The registered manager told us that they tried where possible to match people who received a service up with their personal assistant taking into consideration experience, hobbies and interests. If people indicated that they did not want a particular member of staff to attend then they were able to set the call monitoring system to automatically exclude that member of staff from the person's rota. One person using the service told us, "I didn't get on much with one carer and I asked that they didn't come back…I've not seen them since." Another said "I get on great with the carers, one of them plays guitar so we can talk about music…it's like a mate helping a mate out now."

Positive relationships had been developed between staff and people using the service. We overheard one member of staff talking with one of the people using the service at the head office. We found that they had

clearly developed a good rapport as they laughed and shared a joke. The member of staff remained appropriate at all times and showed patience as they repeated themselves several times to ensure that their message was fully understood. We also observed interactions in people's homes and saw that staff knew who they could enjoy 'banter' with and when a more formal approach would be appropriate. One person told us, "A lot of days the carers are the only people I see, but we always have a good laugh and they know how to take my banter…well most do" and "I always get the feeling they enjoy coming here."

One person told us that the support their main carer had provided for them had been, "Amazing" and they told us how they had provided them with, "Support, encouragement, motivation and care" during a particularly difficult period of their life. They said, "If it wasn't for [Name of carer] I wouldn't be out of my bed" and "She was firm and fair with me and has really got me back on my feet and enjoying life again."

Staff told us that they could refer to people's care plan for most of the information that they needed. The care plans we viewed contained one page profiles that included peoples like and dislikes and what was important to the person. This helped staff understand how to provide care in a way that the person was happy with. One carer told us, "I had never heard of the condition before so I did my own research so I had a better understanding of how I could support [Name of person]. I've become a bit of an expert. I always attend [Name of person] health appointments and I have a good understanding of what the consultant is saying so we can discuss it later on."

Staff told us they encouraged people to be as independent as they could be and offered them choices where possible. One member of staff told us, "If I know somebody is capable of doing something for themselves, then I leave them to get on with it, unless they ask me to help…even then I make sure they do at least part of it for themselves." One person who used the service said, "My carers know what I am capable of, so they let me crack on with it" and "We have a good routine now, I do the bits I can do for myself and they help me out with the bits I can't, it works well."

Good

Is the service responsive?

Our findings

People told us they were involved in the development of their care plan and also any reviews. One person said, "We had a meeting before the care package started and we discussed what we wanted and what her needs are." Another told us, "We sat and discussed all of my needs and they went away and created my care plan. I was asked to make sure I was happy with it" and "I had a review recently to make sure everything was going alright." A relative told us, "Yes his care plan is reviewed once a year…I think it was done last May, I was invited and we talked through how things were going and whether we wanted to change anything."

Care plans had been developed to meet people's assessed needs and included guidance for staff to ensure people were supported appropriately and consistently. People we spoke with told us that a copy of their care plan was held in their home and that the agency's staff also wrote in their daily diary after each visit to record the tasks they had completed. Care plans included a 'one page profile' that recorded information under the headings, 'What people like and admire about me', 'What is important to me now and in the future' and 'How best to support me'. People's likes, dislikes, important contacts and 'my conditions' were also recorded and this provided a quick summary for staff without them having to read the full care plan.

We saw care plans included information on how people communicated, personal histories, important people in their life, health needs, hobbies, food, mobility, and also listed what tasks people were able to carry out independently. Information on who was responsible for ordering and managing people' medication and the care tasks required were also recorded. However, we found the description of each care task was sometimes too brief and lacked specific detail in terms of how each task should be carried out or how staff should respond to people's individual needs. For example, one person's care plan stated that during personal care, '[Name of person] nips and lashes out'. However, there was no clear guidance for staff on how to respond to this behaviour or what action they should take to prevent an injury occurring. Staff told us the level of detail in care plans varied, with one member of staff saying the amount of information recorded, "Can be a little hit and miss." We discussed this with the registered manager who acknowledged that a more detailed description of how people's care tasks were carried out could be developed and agreed to address this to ensure a consistent level of detail across all care plans. We recommend that the service seek further guidance and advice, from a reputable source about the recording of information within care plans.

A number of people were still active in the local community and they had care packages in place that enabled them to continue to access the places they liked to visit. One person told us, "The staff are pretty flexible and always ask what I want to do or where I want to go. I banked some of my hours so I could have a few days out. I went to York railway museum and the staff came with me for the full day." Another said, "My sister is in a care home now, the staff come and take me to visit her as I can't get on the bus anymore, so wouldn't get to see her if it wasn't for them. They are angels."

On the first day of our inspection one person who used the service had come to the office with a member of staff to request that the registered manager arrange a holiday for them. They told us they went away every year in a caravan and that staff went along with them which made it more fun. Another person who used the

service said, "They're great [The staff team], they always let me know when any nights out are happening at the red disco or any other events that they think I might like to go to." This showed that staff were aware of the needs of the people they supported and worked to ensure that they had access to new experiences and opportunities to make new friends.

People we spoke with told us they knew how to make a complaint. One person told us, "If I had any issues then I would let them know about it…I'd speak to the office staff, I know them all by name." Another said, "I have seen the number in the care file and it tells you in there how to make a complaint." Some people told us they had complained about the service in the past saying, "I made a complaint about one of the carers, the manager contacted me and was very apologetic and explained the carer would be spoken to and wouldn't be visiting me again" and "I did make a complaint, I called the office and spoke with the manager…they apologised profusely and it was soon resolved."

There was a complaints procedure in place that explained how complaints regarding the agency were received, recorded, investigated and responded to. We saw that a copy of this was included in the persons care file that was located in their home. We looked at the complaints log in the agency office and found the last recorded complaint had been received in March 2016. We saw that when complaints had been received they were thoroughly investigated and a written response was normally sent in a timely manner, usually to the satisfaction of the complainant. The registered manager told us that complaints were audited and this enabled them to check if there were any reoccurring issues that they could then address. However, although we could see that the process had been followed in most cases, some of the documentation lacked clarity in terms of the eventual outcome of all complaints. The registered manager told us, they offered to meet with people to 'sign off' any complaints, although this was not always possible. However, they agreed to ensure that documentation relating to future complaints provided a clear outcome for all people involved in the complaint, including the complainant, staff and also recorded any changes made to policies, procedures or practice.

The agency had also received numerous letters of thanks and compliments from the families of people who used the service. The registered manager told us that this information was shared with the staff as a 'thank you' for their hard work.

Good

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of this inspection and they had been registered with the Care Quality Commission (CQC) since 2007; this meant the registered provider was meeting the conditions of their registration and that there was a level of consistency for people using the service and also for staff.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We asked people whether they found the office staff helpful and whether they were able to easily contact them. A relative told us, "I have no trouble getting in touch with the office and know them all by name." Another said, "Yes, they always keep me informed." One person who used the service said, "I get my schedule of carers on a Saturday afternoon for the following week. I would like it sooner but I understand they need to make sure they have all the calls covered before sending it out." However, another person stated, "My timetable is always sent in advance, however, it seldom relates to who actually turns up." We asked if they had raised this with the office staff and they told us they had not. We discussed this with the registered manager and they told us that they tried to ensure that timetables were as accurate as possible; however they were subject to change if staff were unavailable through sickness or other absence. The registered manager told us that people were notified via a telephone call if there were any changes to the timetable they had already received.

People we spoke with told us that they felt they could approach the registered manager or office staff with any concerns or issues they might have. Comments from staff included, "Any concerns I've had have been managed by [Name of registered manager] really well", "This is the best care company I have worked for" and "[Name of registered manager] is really good, and she's really approachable." A person who used the service told us, "The manager knows what she is doing and always gets any issues sorted out." A new user satisfaction survey we looked at stated "The staff are excellent and the office is helpful. If I'm not happy I speak with [name of manager] and she responds quickly." People told us that the service afforded them some flexibility in how their care was delivered. One person said, "Sometimes I need to cancel my calls at short notice or change the time if I have an early appointment. They always try and accommodate me and never make me feel like I am being a pain...which I am."

Regular staff meetings took place and we saw that staff had to sign to confirm when they attended each meeting. This enabled the registered manager to clearly monitor which members of staff were attending meetings and which needed to attend more frequently. This ensured that all staff were kept up to date with any current issues, any concerns that had been raised, any changes to the staff team or how they needed to deliver people's care. We viewed meeting minutes and saw a range of subjects were discussed including logging in and out, new service users, completing MAR charts, gossiping, confidentiality, social media, incident reporting, and hand washing and Personal Protective Equipment (PPE).

We saw that that the registered manager had experience of using the registered provider's policies and procedures to ensure the effective monitoring of staff performance and sickness was carried out. We saw that when people had raised concerns regarding individual staff members in relation to the standard of domestic tasks and medication these issues had been addressed through supervision and increased spot checks. We also saw when staff sickness was becoming a concern, that this was appropriately addressed.

We saw that audits were carried out to ensure that the systems in place were effective and that any issues were addressed. These included monthly audits of daily records, training, complaints, safeguarding, accidents / incidents and medication records. We saw that when issues were detected that positive action was taken to address the concern. We saw that monthly feedback forms were available for people using the service and their relatives to feedback any concerns, issues or compliments they may have and we saw that regular spot checks were completed on staff to check the quality of care they were delivering. However, during this inspection, we identified some issues which had not been detected by the quality assurance system in place. We have made recommendations about these within the report.

We spoke with the registered manager regarding the culture of the service. They told us, "The focus of our approach is to provide person centred care and ensure that the person remains at the centre of our care. We all work hard and have a real passion for this job. We want staff who are prepared to go that extra mile for the people they support and who will look after people how they would want their own families looking after."

The registered manager told us they tried to ensure that the staff team received recognition when it was deserved and as a reward for providing high quality care they award a 'personal assistant' of the month award. The member of staff who won was presented with a £25.00 voucher and also had their picture placed on the office wall. At the end of the year a 'personal assistant' of the year was also awarded and the winner received a £100.00 voucher. We were also told that staff were paid for all training and supervisions / appraisal meetings they attended, and they received a small profit share as a Christmas bonus. Incentives such as these helped staff know their hard work was recognised.