

Plan-it Homecare Limited

Plan-it Homecare Limited

Inspection report

The Barn, Fern Hill Court, Balsall Street East
Balsall Common
Coventry
West Midlands
CV7 7FR

Tel: 01564776094

Website: www.planithomecare.co.uk

Date of inspection visit:
24 August 2017

Date of publication:
18 September 2017

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

Plan-it Homecare is a domiciliary care agency which provides personal care to people in their own homes. At the time of our inspection the agency provided support to approximately 130 people and employed 133 care staff.

At the last inspection on 1 September 2015 the service was rated Good. At this inspection, the service continues to be rated good. Since the last inspection the provider had made a lot of improvements to the service and was working towards a possible 'outstanding' rating in the future.

The office visit took place on 24 August 2017 and was announced. We told the provider before the visit we were coming so they could arrange to be there and arrange for staff to be available to talk with us about the service.

A requirement of the provider's registration is that they have a registered manager. There was a registered manager in post at the time of our inspection. 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 received some extremely positive feedback from people who used the service, and their relatives, about the staff that visited them. People told us they were very happy with the care they received. They said staff were, excellent, very caring and had made a positive difference to their lives. People said the kindness of staff exceeded their expectations of how they would be cared for and supported. Staff we spoke with were highly motivated to provide a good service to people they supported. Staff told us, with people's consent, they often provided additional support to some people they visited, in their own time.

People received care which protected them from avoidable harm and abuse. Staff had completed training in safeguarding people and knew how to recognise and respond to abuse. Risks to people's safety were identified and assessments were in place to manage identified risks. Staff had received training to support people to take their medicines as prescribed. The provider took appropriate steps to recruit staff of good character.

People were involved in the planning of their care, and care plans focused on the individual's preferences and how they would like their care delivered. Plans were regularly reviewed to make sure people continued to have the support they needed. Detailed guidance was provided to staff about how to provide all areas of the care and support people needed.

There was enough care staff to allocate all the visits people required and to meet people's needs safely. Most people said staff usually arrived around the time expected. People had mixed experience of continuity of care staff, with several people saying they would like this to be more consistent. Everyone we spoke with

said staff stayed long enough to do everything that was needed without having to rush.

People were provided with care which continued to be effective in meeting their individual needs. Staff received training that provided them with the skills and knowledge to support people's needs and had regular checks on their practice to make sure they continued to support people safely.

People's right to make their own decisions about their care were supported by staff who understood the principles of the Mental Capacity Act 2005. When needed, arrangements were in place to support people to have enough to eat and drink and remain in good health.

The provider remained responsive to people's needs and wishes. People were provided with care and support which was individual to them. Staff respected people's privacy and dignity and promoted their independence which people appreciated. People's care and support needs were kept under review and staff responded when there were changes in these needs.

People were encouraged to raise concerns and make complaints and were confident these would be responded to. The management team used feedback from people to assist them in making improvements to the service.

Staff told us they were very happy in their work and that they received excellent support from an experienced management team who were always available to give advice. Staff were clear about their roles and responsibilities and had regular supervision and observations of their practice to make sure they carried these out safely.

Feedback from people and their representatives were continually sought and used as an opportunity for improving the service people received. There continued to be effective and responsive processes for assessing and monitoring the quality of the service provided.

There was a clearly defined management structure which the provider had increased since our previous inspection. The management team worked well together and were committed to providing a high quality service to people. The provider and registered manager had a clear vision for the development of the service and demonstrated a commitment to implement best practice to improve the service. They were both passionate about providing a good service and were working hard towards providing an outstanding service.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Plan-it Homecare Limited

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 checked 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 comprehensive inspection was carried out by two inspectors 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.

The office visit took place on 24 August 2017 and was announced. The provider was given 48 hours' notice that we were coming so they could arrange to be there.

Before our inspection visit we asked the provider to send to us a Provider's Information Return (PIR). This document allows the provider to give us key information about the service, what it does well and what improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection. We found the information contained in the PIR was an accurate assessment of the service.

Prior to the office visit we reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority commissioners to find out their views of the service provided. Commissioners are people who contract care and support services paid for by the local authority. The provider supported people from two local authority areas. Both local authorities had visited the service recently. We were provided with copies of their reports which included any actions the provider had been asked to make. We also reviewed the 'Share your experience' information people who used the service, or staff, had sent us since the last inspection.

The provider sent a list of people who used the service to us; this was so we could contact people by phone to ask them their views of the service. We contacted 25 people by phone and were able to speak with 15 people about the service, (two people who used the service and thirteen relatives). We also sent a

questionnaire to 30 staff by email, nine were returned. We used this information to help make a judgement about the service.

During our visit to the provider's office we spoke with the provider, the registered manager, the operations manager, the training manager, the recruitment manager, four care co-ordinators, a field care supervisor and three care staff. We reviewed five people's care records to see how their care and support was planned and delivered. We looked at two staff recruitment files, staff training records, records of complaints and compliments, and records associated with the provider's quality checking systems.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection, and the rating continues to be Good.

People said they felt safe with their care workers. Comments from people included. "Very safe, definitely, their attention to me is excellent," and, "Oh yes. They turn me safely and roll me over in bed and I feel quite safe when they are attending to me." Relatives also felt their family members received safe care. One relative told us "Yes she is very fragile and they are most careful and safe when supporting her to walk around." Another said, "Yes quite safe even if a new carer comes they are always with an experienced one which makes me feel safe in that knowledge." Everyone we spoke with said they would ring the office if they, or their relative, did not feel safe.

Staff knew how to support people's safety. On the day of our visit a member of staff contacted the office to say they were delayed. The person they had visited had fallen and the member of staff had called the paramedics and was waiting for them to arrive before they went to their next call. The member of staff who had taken the call said they would let the next person on their schedule know they were going to be later than expected, so the person was re-assured the staff member would be calling.

All staff had completed safeguarding training to make sure they knew how to recognise signs of abuse. Staff told us they would report any suspicions or concerns to the management team. One staff member told us, "I would immediately raise my concern with a senior member of staff, and document my concern and the action taken." The management team understood their responsibility to report any safeguarding concerns to the local authority and to us.

Plans and assessments were in place to provide staff with guidance about how to reduce risks to the care and support people required. For example, where people required help to move around, risk assessments detailed how they should be moved, the number of staff required to safely assist the person, and the equipment to be used. People were satisfied with the way staff used equipment. A relative told us, "They hoist him out of bed and into his chair if he is well enough, they are all good at doing this in a safe manner."

Staff knew about individual risks to people's health and wellbeing and how these were to be managed. Where people were at risk of skin damage due to poor mobility, care plans instructed staff to check during personal care to make sure skin was not becoming sore, to apply prescribed creams when appropriate and to let the GP or DN know about any changes. People confirmed staff did this. A relative told us, "They are thorough checking his skin and will tell the district nurse and me if they find anything wrong."

We asked people if care staff were always on time. People who used the service told us, "They are nearly always on time and have never missed me," and, "Yes they are usually on time and phone if they are going to be late." Most relatives said staff arrived around the time they were expected and they were told if the care worker was going to be late. People's comments included, "They are mostly on time and do phone if going to be late," and, "[Family member] has to have her drugs at the right time about 8am. They are normally on

time... and do call me if they are held up."

However, some relatives had a different experience. One relative explained, "The regular ones are normally on time but not the ones that cover when they can't come. How come that happens?" Another said, "I have issues over the timings of the calls. He has four calls a day. On the whole the two early ones are ok but not the later ones. I had to complain yesterday, as one left at 5.30pm and then another came at 6.30pm!" The operations manager was aware of this particular concern. They told us it was due to the afternoon care staff being held up, and was a 'one off' occurrence.

The provider told us as part of their contract obligations with one local authority they were implementing an electronic call monitoring system by the end of September 2017. This would enable them to monitor staff arrival times. Following our feedback about some inconsistency of call times, the provider and registered manager told us they would consider implementing the system for all clients not only those placed by one local authority.

Everyone we spoke with said staff stayed long enough to do everything they needed to before they left.

The managers and co-ordinators assured us there were enough care staff to allocate all the calls people required. The provider paid some care staff to be 'on call' so they could cover calls at short notice if needed. The care supervisors and co-ordinators working in the office could also attend calls if required. This made sure people received the service they required.

The provider's recruitment process continued to ensure risks to people's safety were minimised by only employing staff suitable to work with people who used the service. Before prospective staff started work, the provider completed a series of checks that included obtaining employment references, proof of identity and a police background check. The provider employed a recruitment manager that ensured consistency with recruitment and selection of staff.

Some people required assistance to take their medication. People we spoke with were satisfied in the way they received their medicines. Relatives told us, "Yes, he has quite a few (medicines). Some are in a blister pack but a lot are liquid medicine they give to him via a syringe. I am quite happy about the way they administer. They are very thorough with his medicines." Another said, "Yes she has to have them in the morning with some breakfast. She has five tablets with water and they are very patient with her when administering them."

Staff had received training and had been assessed as competent to give medicines safely. Staff recorded in people's records when medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. MARs were checked during 'spot checks' to people's homes and when they were returned to the office every month. This was to ensure they were completed accurately and any discrepancies identified in a timely way. From the completed records we viewed it was not always clear that medicines had been given as prescribed and there were some gaps. The registered manager had identified this as an issue through their auditing of medicines, and along with the training manager, they were supporting staff through additional workshops to improve staff recording practice.

Is the service effective?

Our findings

Staff continued to have the skills, experience and training to effectively meet people's needs. People continued to be supported by staff who respected their decisions and understood how to protect their rights. The rating continues to be Good. The training and development of staff had significantly improved since the last inspection and the provider was working towards an outstanding rating.

We asked people if staff had the skills and experience to meet their needs. People told us, "Very much so I am thrilled to bits with them. They make sure I have done my exercises and if not support me doing them, they stand behind me to make sure I am safe. Well happy with them." Another said, "Oh yes no complaints you can tell by the way they move me they are skilled at what they do."

The provider told us prospective staff who were new to care completed a 'Skills for Care' questionnaire and watched an interactive video prior to recruitment. This helped them understand what was involved in providing personal care and to decide if working in care was right for them. Prior to their induction new staff were asked to complete a range of e-learning training modules.

Care staff told us they were very well supported and provided with excellent training and support. Comments from staff included, "The level of training is amazing. Although I've worked in care before I learned so much here. Training was really detailed and prepared me for when I'm out there." Staff told us, and records confirmed, staff completed a three day induction training programme, which included practical training in areas such as moving and handling people. Training followed the principles of the Care Certificate to support staff provide safe and effective care to people.

The provider supported staff to attain further qualifications in care, for example, several staff told us they had completed level 2, or level 3 vocational qualifications in care. Some managers had completed training to support their roles and to support staff through training. The training manager was a 'train the trainer' in several areas including moving and handling people, and the three training managers were working towards becoming Qualification and Credit Framework (QCF) assessors. This would enable training managers to keep their skills up to date and ensure staff implemented best practice. The service also had six dignity champions who were 'train the trainers' in dignity in care.

Staff knowledge and learning was monitored through a system of supervision meetings with their manager and observations of their practice. Staff said this provided an opportunity for them to discuss personal development and any training requirements. The training department also provided workshops for staff to help them improve their work. For example, where improvements in staff practice had been identified, workshops had been held to refresh staff skills.

The management team and care staff continued to understand the principles of the Mental Capacity Act. They understood their responsibilities to protect people's rights and what to do when someone might not have the capacity to make their own decisions, so any decisions made on people's behalf were made in their best interests. We asked staff if people they visited had the capacity to make their own decisions. They told

us, "Yes, many of the individuals I visit have capacity. If not then they usually have a relative who is their Power of Attorney (someone who has the authorisation to make decisions and to act on their behalf) or a life plan they have created earlier in life." Another told us, "Yes many of the clients I currently support do (have capacity). If they do not, other health and social care professionals and family members meet and come to an agreed best interest decision for the person."

People's consent to care continued to be sought and people's rights with regards to consent and making decisions were respected by staff. One person told us, "Yes they always talk to me first before asking what I would like and whether I want to be turned or not."

Most people we spoke with made their own meals or had family that supported them with this. Where people required support with their meals, staff supported people to have sufficient to eat and drink. Arrangements were in place to assess and monitor people's dietary needs if this was required. Staff knew how to prepare food in the way people required, for example, pureed food. A staff member told us, "Yes many clients have specific dietary needs for example a "soft" diet, thickened fluids, peg feeding and diabetes. All specific dietary needs are documented for us to follow clearly on a care plan."

People and relatives told us they made their own health appointments, but staff would support them if needed. People told us staff monitored their health conditions and reported any concerns. A relative told us, "They are very thorough and have told me and the district nurse about any issues such as sores that they may find." Staff told us they liaised with district nurses or doctors on behalf of people to arrange appointments or seek advice when needed. For example, "I have supported people to make health appointments with district nurses and have advised some clients to call a doctor, or I have done this if I had any concerns."

Is the service caring?

Our findings

At this inspection, we found people continued to have their privacy and dignity upheld and they remained very happy with the staff who visited them regularly. The rating continues to be Good. Staff often went above and beyond what was expected of them and the provider was working towards an outstanding rating.

We received some extremely positive feedback from people and relatives about the standard of care they received and the staff who visited them regularly. Comments included, "Marvellous, thrilled to bits with them, they are all so caring and nice," and, "Very happy. They cannot do enough for her nothing is too much trouble."

People told us staff had a good understanding of how to treat people well and that this was reflected in their practice. Staff had a caring approach to the people who used the service, and to each other. A relative told us, "They are all very good with him; they listen and show full respect for his frailties." A care supervisor said, "We all try our best to make a big difference to people's lives. I know I have done the best I can." All staff completed training in privacy, dignity and respect, as well as death and dying to support their practice.

Relatives said staff knew their family member well and communicated with them in a way they understood. A relative told us, "Very happy, had them since April and he is not the easiest to get on with. He can be awkward but they are patient with him and talk him around well." Another said, "Yes they are very good. [Family member] says no to everything due to her condition. They know how to handle that and don't take no for an answer all the time, she is now working with them and walking with them."

People said staff were kind and caring. Comments included, "They all have a caring attitude and have a good banter with him when he is well enough." Another told us, "The carer's do a fine job and because he is blind they always explain to him what they are doing and this is most reassuring to him."

People and their relatives said they felt listened to and respected by staff. One person told us, "He can't say much but they talk to him and listen to him and watch his movement. They are very good." Another said, "Yes she can hear but not speak but they do talk and smile to her and she responds well to that."

We asked people if staff maintained their privacy and dignity. One relative told us, "Yes very respectful when they strip wash him and cream him making sure he is comfortable and warm." Another said, "Very much so. They shut the door when washing him and cover him over if I need to go through for anything."

Staff confirmed they maintained people's privacy and dignity. They told us, "I observe the environment they live in, I close curtains for privacy so they feel safe and secure. I explain and ask permission before carrying out any personal care. I cover them while care is carried out and explain at all times what I'm doing. When possible I will stand outside the bathroom for a short time to allow them to use the toilet." Another told us they promoted privacy, "By giving the individual respect, making sure doors and curtains are closed when completing any personal care. Giving them choice with things like clothing and food and drink. Never leaving them in a vulnerable state, for example with no clothes on, always make sure they are covered."

The training manager told us the provider, registered manager and managers actively promoted dignity within the service. We saw the provider had started a dignity tree which was displayed in the office. Staff and people who used the service had been asked to write what dignity meant to them. This was recorded on a paper leaf that was placed on the tree. This was being used to further staff's understanding of what dignity meant to people. Staff told us they had completed training in dignity and had been provided with a key ring from the provider which included 'dignity do's'. These were 10 points to remind staff about how to maintain people's dignity.

In our survey to staff we asked staff what caring meant to them. One response told us, "To me caring means that I can help that individual to be able to stay happy and independent in their own home. Caring doesn't always mean personal care or assisting an individual to get dressed in the morning, to me caring can be as little as asking that individual how they are at every call and listening, it lets them know I care about their well-being."

The registered manager told us that selecting the right staff was key to providing quality care and they tried to ensure staff had the right values before working for the service. The recruitment manager told us they looked to recruit staff with commitment, compassion and a caring nature. They felt caring was 'not just a job' and not everyone had the skills or the attitude to be a care worker.

The provider supported people during their end of life. Since our last inspection we had received some very positive feedback from relatives about this part of the service. For example, "My elderly father was diagnosed with terminal bowel cancer early this year. Initially he was able to walk unassisted but he deteriorated throughout the year and was eventually bed-bound.We generally had the same primary carers and were able to build good trusting relationships with them. They helped enormously through the changes in his condition ... They were always sensitive to his feelings and developed a genuine rapport with him, wonderful people." Another told us, "Absolutely fantastic, they sit with my terminally ill husband, regular carers [names] are wonderful, do everything for him, they're young carers but so refreshing. All staff are caring and fantastic."

During the office visit we also saw compliments about the end of life care people had made direct to the provider. A relative whose loved one had recently received a service had written to say that the care provided during their family member's terminal illness had been 'exceptional'. They thanked the care workers who had provided the care, particularly the night sitter who they said was 'quite the kindest, most caring person' they had ever met and who was such a comfort to them the night their loved one passed away.

Several people told us their care workers went over and above the standard of care they would have expected. For example, "They don't just help with practical things but help with my mother's emotional and mental welfare. The key worker, [name] goes beyond and above in making my mother's life safe, comfortable and happy. ...we would recommend them to anyone." During the office visit we saw compliments from people that also showed staff did extra things to help people to make their lives more enjoyable and comfortable. For example, one person had thanked the care worker who visited their relative who was housebound for 'going the extra mile' by fetching milk, bread and prescriptions while their spouse was unwell. They said this had been so helpful in keeping their relatives independence.

Two staff we spoke with told us how they often took one person they visited, who was looked after in bed, take-away meals they had requested. They said they also spent time with the person outside their call time as they "seemed down and lonely" and this cheered the person up. In this person's care file we saw records from a care review where a family member had told the social worker that the care staff came and baked

cupcakes and did craft activities with them in their own time as they had noticed the person seemed depressed and lonely. The family member had also written to the provider to thank them for the care provided and said they had made a world of difference to their relative's life and had given them a purpose and independence again. They particularly thanked the two regular care staff and said they felt better knowing their family member was in such good hands.

Staff told us the provider and registered manager were 'very caring people' who valued the work they did. The registered manager told us they recognised and rewarded care staff who showed initiative, and promoted dignity and best practice. The provider told us they had just started a 'treat cupboard' for staff who had gone the extra mile, as a thank you to them. They said rewards included, vouchers for pizza restaurants, shopping vouchers, candles and staff could choose which gift they would like.

Since our last inspection we had received several compliments about the service and the staff who worked for Plan-it Homecare. These included, "My 90 year old [relative] has only required care visits since the start of 2017 so this was a new experience for her...we were all a little nervous about the quality of her care. However, since the very first visit we have been so impressed, not just by the quality of care but the genuine kindness of the staff. [Name] has already built strong relationships with the most frequent carers and this has made such a difference to her general well-being. I would recommend Plan-it Homecare to anyone who wants to ensure their loved ones are being cared for properly." Another said, "We received support for five weeks and all of the carers were wonderful. They made her feel at ease from the beginning, they were charming and helpful and nothing was ever too much for them. They were caring in every aspect and the organisation itself was excellent. They go over and above their duties, and friendliness and personal touch is their 'thing'."

The provider had also received many thank you cards and letters of compliments about the service provided. Compliments included words such as; 'attention to detail' outstanding professionalism' 'confident and reliable'. One person had written in a recent compliment that 'all the girls are absolutely lovely and wonderful,' they went on to say, 'We are blessed to have them all.'

The provider and registered manager were passionate about providing good quality care to people. Their passion was shared by the management team and staff who we spoke with. All were enthusiastic in their desire to provide the best quality of care to people. Staff told us they enjoyed their work. One staff member said, "I would like to say that working for Plan-it has been a pleasure. I feel I have been supported from the operations team to training managers to senior managers. I feel that if I have any problems, I can always count on someone higher than myself to support me. I have been given feedback regularly that has helped me progress and be even better at my job. Plan-it is a fantastic company to work for."

Is the service responsive?

Our findings

We found management and staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

People and their relatives told us that prior to receiving a service from Plan-it Homecare the service had spent time finding out about their preferences, care and support needs and how they wanted to be supported. People's care and support was then planned with them when they started using the service. People we spoke with said they had a care plan in their home for staff to follow.

A copy of the person's care plan was kept at the office. We reviewed five people's care plans. All contained an assessment of people's needs and a care plan that included how any identified risks were to be managed and people's likes and preferences. The registered manager told us as care plans were reviewed they were being updated to be more person focused, for example to include background history. Plans we viewed were detailed and provided guidance for staff about everything they needed to do on each visit. Staff told us that care plans were up to date and easy to follow. We noted that people's preferred call times were recorded on the initial assessment but had not been transferred to their care plan. This meant people did not know what time staff were expected to arrive to provide their care. The registered manager said they would make sure preferred times were added to people's care plans.

We asked staff we spoke with and who completed our survey, if they had time to read the care plan at the start of their call. All said they did, for example, "Yes, it is the safest thing to do, to effectively look after somebody who you are not familiar with. We also have to sign, print and date that we have read the care plan and understand it."

We received a mixed response from people and their relatives when we asked if they had regular care staff who they were able to get to know. One person told us, "I usually get the same ones apart from when they have their two days off." Another said, "No they do swap and change carers. You go one to three days and it's all change. Can't fault any of them though, but would prefer regular ones." Relatives also had different experiences, "He has a double up call and usually we have two regular ones. That has been the case for the past few weeks but weekends can vary," and, "Yes he has regular staff mostly five days a week so quite happy with that." Others said, "No they do change around. You get the same for a bit then they change them. I would like regular ones more often as they get to know her better." And, "The past few weeks there have been a lot of changes and he gets agitated when they keep changing them." Whilst the provider acknowledged there were some times when continuity was an issue, they told us that some people had not recognised their care staff could not work seven days a week, and during holiday periods there would be a certain amount of change.

The registered manager had identified from people's feedback that the allocation of calls could be more consistent. The providers PIR told us, 'Continuity of the care is seen to be a constant theme within concerns raised. We have dedicated personnel who work on fortnightly planners with fixed carers in specific zones, on specific days. We have regular pairings within our double up teams with the appropriate skill mix'. The

registered manager told us the care co-ordinators now kept a record of all the care staff that visited each person and this was shared with the management team on a Monday morning to monitor this.

We looked at the call schedules and staff rotas for the people whose care we reviewed. Taking into consideration staff had to have time off, rotas showed people were mostly allocated regular staff at consistent times. Staff told us visits were 'patched' (arranged in the same area), so they did not have far to travel between calls. Care staff were referred to as either a 'fixed carer', who had a set work pattern for calls, or a 'flexible carer' where calls were allocated depending on their availability.

People had a 'slot' on the care staffs rota. Other than the first call on the rota there was no recorded time for calls to begin, although the duration of each call was recorded. A staff member told us, "Calls just flow, there is a start time but no set time on the rota to get to the next call so you never have to worry about traffic and I always ring the next person if I am running late." The registered manager and co-ordinator's told us having exact times recorded on time sheets caused care staff stress, as they were not always able to arrive at the exact time, due to emergencies or traffic. We were told not having exact times on the rotas had improved staff morale. However, from our feedback this had not helped people who received the service. People were not always clear what time they should expect staff or knew how long to wait before phoning the office if staff were late.

People and relatives said they were happy to raise any concerns with the office staff, registered manager or any staff member and were confident they would be listened to. All staff who completed our survey and who we spoke with knew there was complaints information in the folders in people's home. One staff member told us, "I would show them the telephone numbers and addresses in their folder. I would guide them to the correct person depending on the nature of their complaint, so it goes to the right person who could then deal with it for the quickest response for them."

The provider was responsive to any concerns about poor quality of care and to complaints made. The provider told us his role was to deal with staff's poor behaviour and poor attitudes to work. We looked at a sample of complaints made and saw these had been thoroughly investigated. We noted there was no log for complaints so the managers could quickly identify if there were any common trends or patterns. The registered manager told us they would put one in place. The management team used complaints as opportunities to learn and improve the service for example consistency of care staff.

Is the service well-led?

Our findings

At this inspection, we found the service continued to be well led by an experienced management team who were passionate about the service they provided and were committed to providing a good quality service. The rating continues to be Good. Since the last inspection improvements had been made to the governance and management of the service and the provider is working towards becoming an outstanding service.

People we spoke with were complimentary about the service they received from Plan-it Homecare. People told us, "Very good, it is well managed," and, "I am completely happy. [Care assessor] is very responsive and manages it well." However, six of the fifteen people we spoke with said call times needed to be more consistent. For example, "The management need to sort out a consistent time for the carers to come," and, "They are very nice in the office and I think it is well managed apart from the timing of calls issues."

Since the last inspection in September 2015, several people who used the service had contacted us with positive comments about the service. These included, 'The company is extremely well organised and responsive'. 'Staff are all well trained and know the boundaries of their roles'. 'All staff share a caring and cheerful demeanour and were prepared to listen to their patient and his family'. 'Staff were knowledgeable and able to provide excellent advice. They were observant and supported the primary medical services (doctor and district nurse) well. In my opinion they should be used as a model for other care companies'.

On the day of our visit the atmosphere at the service was friendly and welcoming. There appeared to be a good team spirit with people who worked for the service having a passion for providing a good service. The office staff spoken with all felt the provider and registered manager were approachable, and supported them to improve. One staff member told us, "I have personally gained and learned a lot and have improved massively." Another said, "[Provider and registered manager] are very approachable and very understanding. This is a happy place to work."

There was a designated management team with specific roles and responsibilities. The provider and registered manager supported the management team to carry out their roles. The management team was divided into two areas, training and development and operations. Training and development consisted of three training managers and three field supervisors. Their responsibilities included training and development of care staff, spot checks on staff, staff supervisions and appraisals. The operational team included an operations manager and five full time staff who were responsible for scheduling and planning calls to people, staff rotas and responding to queries from clients. The care assessment manager carried out assessments of people's care and devised care plans for staff to follow. There were designated people for the recruitment of staff, staff payroll, and an auditor who checked records and systems to make sure people received their care and support as required.

Staff told us they received excellent support from the management team to carry out their roles. A staff member told us, "The service given is professional, the support and additional training I receive is outstanding. The company has helped to build my confidence and competence within care work. The company take any concerns that I may have seriously and support any ideas I may have. I have enjoyed

being part of the company for the past eight months." Another said, "I have been extremely supported throughout my employment, and have regular supervisions, spot checks and access to the manager."

The provider provided a fleet of vehicles for care staff to travel to calls. Whilst some of the cars had trackers, there was no system to alert the office if care staff arrived late. This was dependent on the person or care staff contacting the office to let them know. Although there was some tracking of vehicles, there was nothing to monitor that staff who walked arrived at people's home when they should. The provider told us the introduction of the electronic call monitoring system would allow office staff to monitor this. However this system would only be effective if it was provided for all people who used the service.

A supervisor told us they were allocated a specific area to manage, and that it was their responsibility to provide staff working in their 'patch' with both formal one to one supervisions as well as informal support. The supervisor was enthusiastic about their role and said they tried to make a big difference to people's lives in the way they provided care.

Staff said they were able to access support and information from managers at all times. The office was open seven days a week so there were always people available to respond to calls. There was an 'on call' system for evenings and nights so that staff working out of office hours always had access to support and advice. The provider told us there was a team meeting each morning for feedback from the on call the night before and to plan the day.

Staff knew who to report concerns to and were aware of the provider's whistle blowing procedure. They were confident about reporting any concerns or poor practice to the managers. The recruitment manager told us whistle blowing was "actively promoted and we explain to staff it is not 'grassing' on people to raise a concern". They gave an example of how they had dealt with a whistle blowing concern where a member of care staff had reported another for not respecting a person's dignity. They said following an investigation, the member of staff was dismissed.

The provider and registered manager responded to feedback they received from people who used their service, relatives and staff. Feedback was gathered through a number of routes, which included an annual quality assurance survey, review meetings with people and telephone calls. People had regular reviews of their care to make sure information was up to date and people continued to receive a service that met their needs. The management team made telephone satisfaction calls to people to find out their experience of using the service. The provider told us, "We encourage all stakeholders to leave feedback on our website. This has proved to be an enormously successful method of communication and has greatly increased the number of compliments that are paid to our carers."

The managers told us they had improved the monthly auditing of communication sheets and MARs that were returned to the office, by employing a dedicated member of staff to complete these. Some audits had identified areas of staff practice that had required improvement. Where improvement had been identified, staff had attended workshops to refresh their skills, for example, safe handling of medication and moving and handling people. Staff had signed to confirm they understood what the workshop was for, and why they had been asked to attend.

The provider and registered manager kept up to date with good practice through local authority provider forums and local care development associations. They also subscribed to CQC's monthly newsletter, and had attended a CQC compliance workshop to ensure they were up to date with good practice and to have an opportunity to network with other healthcare professionals.

