

North Yorkshire County Council

Harrogate & Craven Branch (Domiciliary Care Services) (North Yorkshire County Council)

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

We undertook this announced inspection on the 8 July 2015. At the previous inspection, which took place on 4 October 2013 the service met all of the regulations that we assessed.

Harrogate and Craven domiciliary care agency provides personal care in people's own homes, through a short term assessment and re-ablement team (START). This offers short term support to people to regain their independence after an accident, ill health, or disability. Longer term care is also currently provided in an extra care housing establishment. The service is available to people who live in Harrogate and the surrounding villages. At the time of our inspection there were 100 people who received a service from the agency.

The service employed a registered manager who had worked at the agency for eleven years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with said they felt safe with staff from the agency. People told us how they valued the service they had received from the START team, as most people experienced short term domiciliary care for around 6 weeks usually after a hospital stay.

Care and support was provided to people in their own home and in accordance with their needs. People who received care and support from the agency and their relatives provided us with positive feedback. They told us that staff were caring, kind, friendly, understanding, compassionate and treated them with respect. People told us they felt safe in the way staff supported them and that they trusted the staff who visited them.

Recruitment checks were in place. These checks were carried out to make sure staff were suitable to work with vulnerable people. The training programme provided staff with the knowledge and skills to support people. We saw systems were in place to provide staff support. This included staff meetings, supervisions and an annual

appraisal. The agency had a whistleblowing policy, which was available to staff. Staff told us they would not hesitate in using it and felt confident that appropriate action would be taken if they raised concerns.

The service had safeguarding vulnerable adult's policies and procedures which were understood by staff. Staff received training in safeguarding vulnerable adults and all those spoken with confirmed that they would report back to their line managers should any aspect of poor care be observed.

Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in people's plan of care. We also spoke with care staff who were able to identify and understood individual risks to people and worked with them to minimise these risks, whilst also supporting them to remain as independent as possible.

Some of the people who used the service were supported with taking their prescribed medication and staff told us they were trained and competent to assist people with this.

Staff had received relevant training which was targeted and focussed on improving outcomes for people who used the service. This helped to ensure that the staff had a good balance of skills, knowledge and experience to meet the needs of people who used the service.

Staff had regular contact with other healthcare professionals at the appropriate time to help monitor and maintain people's health and wellbeing. People were provided with care and support according to their assessed need.

Staff understood the principles of the Mental Capacity Act (MCA) 2005 which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests. People gave consent to their plan of care and were involved in making decisions about their support. People's plan of care was subject to constant review to meet their changing needs.

People received effective care that met their individual needs. Staff told us they felt well informed about people's

Summary of findings

needs and how to meet them. The plans of care we reviewed were very detailed and included information which was specific to the person including their goals for example 'To be independent with managing my medication.'

Staff we spoke with told us how much they enjoyed their work and that they were committed to providing an excellent service for people. Systems and processes were

in place to monitor the service and make improvements where they could. This included internal audits and regular contact with people using the service to check they were satisfied with their continuing care packages.

The agency had received complaints and we saw that they had dealt with them appropriately. People we spoke with told us that they had not had to make any complaints about the agency and knew who they needed to contact if they felt the need to do so.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us that they felt safe with staff from the agency.

Staff knew how to report issues of abuse and said issues raised would be dealt with appropriately. They had been trained in safeguarding procedures.

There were safe systems in place for supporting people with their medication. The agency had a medication policy and staff received training before they visited people who needed this level of support.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

Good



Is the service effective?

The service was effective.

Staff received on-going training. The training programme provided staff with the knowledge and skills they needed to support people properly.

People were included in decisions about how their care and support was provided. Where necessary, relatives were also consulted to assist in the writing of the support plan.

Good



Is the service caring?

The service was caring.

People who used the service told us they valued the service they received from the START team.

People described staff from the agency as kind, friendly, understanding, compassionate and treated them with respect.

The registered manager and staff were committed to providing a caring and compassionate service. This was reflected in their day-to-day practices. Discussions with staff showed a genuine interest and a caring attitude towards the people they supported.

Good



Is the service responsive?

The service was responsive.

People had a plan of care and where changes to people's support was needed or requested these were made promptly. The information was transferred to the file and kept in the person's home.

There was an effective complaints procedure in place and people's complaints were dealt with promptly. People's feedback was being used to highlight further improvements.

Good



Is the service well-led?

The service was well-led.

Staff were clear about their roles and responsibilities. They spoke positively about the impact they had on people's lives and how their work meant that people could live in their own homes.

Good



Summary of findings

Systems and processes were in place to monitor the service and drive forward improvements. This included internal audits and regular contact with those using the service by the registered manager and senior care staff.

The overall feedback from people who used the service, relatives and staff was very positive about how the agency was managed and organised.

Harrogate & Craven Branch (Domiciliary Care Services) (North Yorkshire County Council)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 July 2015 and was announced. The provider was given two days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the location office to see us.

The inspection team consisted of one inspector and two experts by experience who supported the inspection by carrying out telephone interviews to seek the views and experiences of people using the service. 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 improvements they plan to

make. We also reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

During the inspection visit we reviewed eight people's care records and three staff recruitment and training files. We reviewed records required for the management of the service such as audits, minutes from meetings, statement of purpose, satisfaction surveys and the complaints procedure. We spoke with the registered manager and three members of care staff during our visit to the agency. We telephoned a total of forty seven people who received a service from the agency. We spoke directly with twenty five people who received a service from the agency and we also spoke with nine relatives. Thirteen people were unavailable to speak with us.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. We also consulted the Local Authority to see if they had any concerns about the service, and none were raised.

Is the service safe?

Our findings

People we spoke with told us they felt safe when staff visited them in their own homes. Everyone we spoke with both people who used the service and family members alike, had no issues with the safety aspect of care provided by the agency. One person said, "I'd trust them implicitly." People who received a service made positive remarks one person said, "I feel very safe with all of them. Not rushed. Take their time, go at my pace." Another person said, "I feel safe. There are always two of them at the moment and they are competent and friendly. They ask before they do anything and listen if I am not happy about anything." Another person told us, "Yes I feel safe. They hold onto me as I would fall and re-assure me."

Relatives also spoke positively about the agency. One relative told us, "No qualms at all about the girls or leaving mum with them." Another relative said, "I feel she is very safe. Had them (staff from the agency) for both mum and dad, until dad died, so they are needed now for mum. When he was poorly they stepped up to the mark and did over and above for them."

People also commented to us that their home was left in a secure manner by staff from the agency.

People also told us they often did not know who was going to "come to do their care" as the agency does not give them a rota. However, for most people this was not a problem as people said they usually had a core group of regular care staff. People told us there were never any occasions when care calls were missed.

The registered manager informed us they had sufficient numbers of staff to provide care and support to people in their own home. They advised the staffing numbers were adjusted to meet people's needs and we saw that the number of staff supporting a person could be increased if required. This meant there were sufficient numbers of staff available to keep people safe.

Systems were in place to minimise the risk of abuse and the manager was aware of their responsibilities to report abuse to relevant agencies. Staff told us they received safeguarding training on induction and as part of their on-going training programme. Staff were able to tell us about the different types of abuse and the actions they would take if they witnessed an alleged incident. This meant that care staff were knowledgeable in recognising

signs of potential abuse and the relevant reporting procedures. One member of staff said, "I have had to make safeguarding referrals. I would always make sure the person was safe."

We looked at the processes used around the recruitment and selection of staff. There were robust measures in place to make sure those staff employed were suitable to work with vulnerable people. New staff had completed an application form, with a detailed employment record and references (professional and character) had been sought. Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list of people who are barred from working with vulnerable adults. Photographs were available for identification purposes and records showed the date the prospective employee was interviewed. Staff were provided with a contract of employment and job description. Two new members of staff we spoke with confirmed that they had completed application forms, attended an interview, given names of two referees and had a DBS check carried out before starting work for this service. We saw evidence of this in the staff recruitment records we looked at. This meant that the organisation was carrying out checks to ensure that prospective employees were suitable to work with people in their own homes which in turn helped to protect people who used the service.

We looked at how the service supported people who required support with their medicines. Staff told us they had received medicine training and this provided them with the skills and knowledge to support people with their medicines.

The service had a policy and procedure for the safe handling of medicines. People's risk assessments and care plans included information about the support they required with this. We were told by the manager that staff were not able to assist with medication until they had completed a competency test and had their training updated. Staff we spoke with had a clear understanding of their role in administering medication. One senior member of care staff told us, "Yes I have completed all of my mandatory training including medicine training. New care staff do not administer medication until they have completed their medicine training." New members of staff we spoke with also confirmed what we had been told.

Is the service safe?

Records showed that staff involved in the administration of medication had been trained appropriately. The registered manager told us they carried out random checks by visiting people following their scheduled visit to check medication had been given and signed for according to the agency's procedures. This meant staff competence was reviewed and updated regularly so that staff had the skills and knowledge to complete the task in an effective and safe way.

Several people told us about that they received medicines, given by staff from the agency. Everyone we spoke with told us that their medicines had never been missed. One person told us, "I have patches put on every three days: it's the care workers who remind me, not the other way around."

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. These included environmental risks and any other risks relating to people's health and support needs. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring.

Accidents and incidents were recorded appropriately. We saw records of accidents that had been recorded. These were clearly logged and any actions taken were recorded which meant that the staff could easily identify trends.

Staff we spoke with also confirmed that they had enough equipment to do their job properly and said they always had sufficient gloves and aprons, which were used to reduce the risk of the spread of infection.

Is the service effective?

Our findings

People who received a service and their relatives told us that they felt care staff from the agency had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours to meet their needs. One person said, “Staff know what they are doing- certainly very with it. I feel I am getting as much support as I could possibly have. I had two yesterday-one “shadowing” as she is a learner.” Another person said, “Staff are very well trained. Full of respect for them. All very, very good.” One person said, “I didn’t expect they would be so good.”

Everyone commented that as far as they were concerned, the care-staff were skilled enough to undertake the tasks required. One person commented that a care-worker told her about recently attending update training. They said, “Yes they are skilled in my view. They (staff) have on-going training programme and I know new members have a good induction period and come out to shadow before being sent out on their own.” Another person said, “The agency always send a new workers to shadow – never come without me meeting them first so feel very safe.”

People told us they thought staff from the agency knew their care needs. They said assessments with a manager from the START team had usually taken place in the hospital and that their care needs had been discussed and a support plan implemented.

The registered manager explained that as much information as possible about people was obtained before they started providing a service, so they were sure they could meet the person’s needs.

We looked at people’s care records and saw they provided information about people’s medical conditions and where the service had been in contact with other health and social care professionals to support people if their health or support needs changed. Care files also showed referrals to health and social care professionals had been made promptly by the staff. For example, doctors, district nurse teams and social services. One person said, “I was seen by a nurse and she had asked if they (staff) could cream my back as well as legs. This started straight away.” Another person said, “They ring up after hospital appointments to see how I went on and if any changes needed as I have high medical needs.” A relative told us, “They monitor him and tell him if he is not drinking enough fluids.”

Care plans we saw had been reviewed and updated in a timely manner. Everyone we spoke with said they did have a care plan and this had been completed with people, when they were either at home or in hospital and prior to the service starting. People told us they felt they were part of the process and ‘felt listened to.’

One person said, “Every week, a care worker tells me that the office insists they ask me how things are and if things have changed or I need more or less service. It’s good that they are on top of things.” Another person told us, “I feel they have my best interest at heart.” One person told us how staff encouraged them to walk about the house on their walking frame – they said, “They are fearful I might get pressure sores. I’m gaining that independence day by day, which is nice.” Another person said, a member of staff from the agency supervised and watched over them whilst they got dressed themselves, which they had not been able to in the previous weeks. They said, “I like the way they give you that bit of confidence and don’t take over: it seems just right, keeping an eye on you.”

People we spoke with confirmed that their consent to care was always obtained by staff from the agency. One person said, “When I came home they came and me and the family went through what I needed. Agreed on what they would do and then I signed a consent form.”

People told us they were supported where necessary with their meals. People said that staff from the agency prepared them either sandwiches or microwaved ready meals. One person said, “They are very flexible. If on the days my son can’t visit, they’ll do my sandwiches at lunchtime, as usual – better than I can make – and get the hot meal out ready for me to microwave of an evening.” Staff told us they offered dietary support when needed and they would report to the manager and/or family if they had concerns about a person’s loss of appetite or overall well-being.

The registered manager was able to demonstrate an understanding of the Mental Capacity Act (2005). The Mental Capacity Act (2005) (MCA) provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care, welfare or finances. The registered manager and staff had undertaken training in the Mental Capacity Act this helped to ensure decisions were made in people’s best interests. People who used the service were asked to consent to care and support and had signed, or their

Is the service effective?

representative had signed, to say they were in agreement with their plan of care. Staff told us they asked for people's consent before assisting them. They said emphasis was placed on providing individual assistance and maintaining and promoting people's independence.

We looked at records of induction, training and supervision for three staff, two of whom were new members of staff. All staff received an induction when they began work. All staff received regular training and we saw records of this. Topics included; manual handling, medication, safeguarding vulnerable adults and basic first aid. We saw in staff records that they had received supervision from their line managers. We saw a copy of the employee's handbook which is given to staff once they commenced working for the agency. This booklet contained information of key policies and procedures such as staff code of conduct, training and whistleblowing.

We spoke with three members of staff during our visit to the agency's offices. They told us they felt they had enough information to care for people in the way they would wish to be cared for. They said that they were continually updating care records to ensure people received a consistent approach to the support they received from staff. Staff also told us that they had received all the necessary training to ensure they were able to do their job well. One member of staff told us, "The training here is really very good." Another said, "I have had all the mandatory training but we are also able to arrange specialist training." They were able to tell us about this specific training that staff had requested and how this was organised by the agency for a specialist in this field to carry out the training. All the staff we spoke with also confirmed they received regular one to one supervision with their line managers and described them as being 'approachable and supportive.'

Is the service caring?

Our findings

People said when asked if they were happy with the service they received, responded very positively. People told us that they felt listened to and that care staff were kind, friendly, understanding, compassionate and treated them with respect.

People who received a service from the agency made comments such as, "They seem to have time for you. Don't seem rushed" and "I can't praise them too highly and look forward to them coming in. Several are the same staff from START team I had 5 years ago and just as good now as then." One person said, "Brilliant - can't praise them enough. Like a breath of fresh air coming through the house." Another person said, "They have been coming for two weeks and we could not do without them. They are angels, aren't they. Very caring. Very nice. Lovely bedside manner. All very jolly, never miserable. We have a laugh." One person told us that although all the staff were good some were more friendly than others. They went on to tell us, "They come from all over but Skipton ones (staff) are best. They talk to me and have a bit of a chat. I get very anxious and shake on the Turner and they know this and get me off as quick as they can and are re-assuring."

Other comments we received from people who had received a service were, "The girls are always so very personable and polite" and "Not that I'm bothered at my age, but they do preserve my dignity when I get a strip wash" and "I'd give 10 out of 10 for the workers," "Absolutely, blooming marvellous," "Brilliant. They do everything I ask them to."

Relatives spoke positively about the service. One relative said, "Very efficient, very kind -just ordinary women doing a good job" Another relative said, "Very caring and patient, They try to engage in conversation with her while doing care, but she never really converses with anyone now."

Where appropriate relatives were involved in planning their relatives care and both they and people receiving the services felt the approach by staff from the agency was person centred and met individual needs. One relative said, "We were both involved in planning the care. They (staff) went through everything possible and feel that it is very personal to us and what (name) needs are. They know (name) loves to be outside, so if they can they put them in

their wheelchair in the garden." Another relative told us, "Very involved in it all and we were given choice of times for calls. Currently (name) is being assessed as we can no longer manage (name) at home."

People also had nothing but praise for the service provided by the START Night team. One person said, "They (staff) come at 10 to 4 (AM) to turn me and make sure I am comfortable. Excellent -have worked with me to get what's best, where to put cushions under my legs. Make me a drink and give me a mint. Flexible – I have got contact number if I need them at other times in night. When I had pressure areas they (staff) came every two hours in the night to turn me. No complaints at all."

Staff we spoke with were knowledgeable about people's needs, preferences and personal histories. They told us they had access to people's care plans, wrote daily records and had time to read them if they had been on days off. They felt this was an important part of getting to know what mattered to people and how they had been. We saw people's consent had been sought around decisions about their care package, the level of support required and how they wanted their support to be provided.

Staff asked people for their consent before carrying out tasks and people told us they feel they are listened to, treated with respect, spoken to in a friendly but appropriate and polite manner. People told us that staff were very mindful of people's dignity and privacy especially when carrying out personal care tasks.

People made comments to us such as, "Yes, they listen to you and treat you with utmost respect and are very professional. When I am showering or on the toilet they stand outside the door in case I need help but always knock to see if I am ready – they (staff) don't ever just come in." Another person said, "They encourage you to do what you can yourself." One person said, "They (staff) always ask if I need anything else and make sure everything is in order before they leave." Another person said, "They have only been coming for just over a week and have all been lovely up to now-both men and women. I can ask them anything, very obliging. Wonderful. They couldn't be better -feel like family. I shall miss them when they stop as I like the company."

There was evidence that people were kept informed of what was going to happen and are supported to do as much as they can for themselves to regain/ maintain their

Is the service caring?

independence. One person said, “They tell me I am doing fine and encourage me to do what I can myself but watch me. They do my meals now but next week they (staff) are going to take me into the kitchen to see what I can do.” Another person said, “They came three times a day at first. Now it’s once. They encouraged me all along to do things for myself – like washing where I can reach but always there to make sure I can manage and that I am safe.” One person told us, “Definitely encouraging me to do stuff for myself- they watch me cook a meal to make sure I am doing it right and that I am okay, They (staff) advise but don't do it for me.

We spoke with three members of staff during our visit to the agency’s offices. Staff we spoke with gave us good examples of how they were respectful of people’s privacy

and how they maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety, for example if they were at risk of falls.

Discussions with staff showed they had a genuine interest and very caring attitude towards the people they supported. Staff told us, “I love working in the community and supporting people and making a difference.” Other members of staff we spoke with told us that the ‘best bit of the job’ was supporting people in the community to become independent again.

The registered manager was aware of how to contact local advocacy services should a person who used the service require this support.

Is the service responsive?

Our findings

The majority of people we spoke with told us they received a core group of regular staff from the agency. One person said, "I have some regular ones but if any new ones start they are always introduced properly." Another said, "I have same group of five or six and all well trained." One person said, "My wife, has always been an independent woman, and you know what? The girls really try hard not to take that away from her, even though there are so many things she cannot do. They help her to help herself. They are great."

People using the service and their relatives told us they had been asked about their needs before starting the service and that someone had explained the support they were to receive in a way they could understand. One person told us, "My youngest son was involved and I was told what support I could expect." Another person said, "They (staff) explained it all to me and my daughter in a way that we could follow so no surprises at all." One person said, "They (staff) asked me what help I needed and explained what help I could have. Told me that just short term to get me on my feet again." A relative said, "They (staff) looked at our needs as family, not just individual needs and trying their best to meet those needs and listening to what we are saying."

People's needs had been assessed and appropriate support plans were in place so that people could be supported effectively. People and their relatives said that they had been consulted about the planning of the care and staff confirmed that each person had a care file in their home. The records we looked at showed that some people had signed their care plans to indicate that they agreed with the planned care and the interventions by the staff. Where necessary, people's relatives had signed these on their behalf.

Support plans we looked at were person centred. There were detailed descriptions about people's care needs and how staff should support those needs. The support plans were reviewed regularly or when people's needs changed. This helped to build up a picture of people's needs and how they wanted their support given. Along with people's support plans, risk assessments and daily notes were also recorded. The daily records provided details of the care and support given by the staff, at the time. People's care was

subject to regular review with them and with relatives where appropriate. One relative told us, "We are very much involved - nothing changes without we're consulted on every aspect of what's needed and what we want."

People told us they felt involved with all aspects of care provision. One person said, "Very involved in support plan. They came and asked what I could do and what they could do and as I cannot see read it to me and made sure I understood it all." People were asked if they could give any examples of when care staff had given them helpful information. One person said, "Been signposted to other organisations who could help us in other ways. Examples - well - can't really think of anything specific thing at moment but charities like Age UK, befriending, benefits, aids to living."

There were risk assessments in place which were linked to people's support plans. Any risk to the person were clearly outlined and there were clear instructions for staff about how to manage the risk. For those people receiving long term support we saw that their care plans had been reviewed regularly. For those people receiving a short-term service, the agency co-ordinated with other agencies which were taking over people's care packages, where this was necessary. This was to ensure that people continued to receive a consistent service.

All the staff we spoke with told us they felt they had enough information to care for people in the way they would wish to be cared for. They said that they were continually updating care records to ensure people received a consistent approach to the support they received from staff. This helped to ensure that people received care which was safe and appropriate to their identified needs. We asked staff how they used the care plans to ensure that the support they provided was up to date and appropriate to meet people's needs. All of the staff we spoke with told us about contact sheets which were completed at the end of each visit and an intervention plan was completed at the end of each week to reflect the person's progress. One member of staff said, "Each staff writes in the contact sheet daily. You record exactly what you have done the time you arrived and the time you leave."

Overall, most people we spoke with, knew how to complain and in the main had knowledge of the process through the leaflet that was given at the start of the service. One person said, "I feel that I could say if I did not like anything that was happening and that they would listen."

Is the service responsive?

Records showed that any complaints made were followed up and responded to appropriately by the agency's management or the organisation's complaints officer. We were informed by the registered manager that people were given an information leaflet regarding how to make a complaint or a commendation. We saw that there had been four complaints made to the agency since January

2015. We saw that all of the complaints had been responded to by one of the managers from the agency. This helped to ensure that people knew how to complain and that complaints were responded to.

The provider conducts annual surveys. These are carried out centrally by North Yorkshire County Council Quality Team. The agency undertakes their own quality checks as an end of service review is held, giving people the opportunity to discuss the service they have received.

Is the service well-led?

Our findings

Several people commented on the efficiency of the office staff and management. One person said, “I feel it is well-led. They do their very best to accommodate needs. I know the ‘hierarchy’ and they are contactable. When I had to ring only got answer phone once and then rang back almost immediately. I would rate them 8-9 out of 10 as some of the issues are beyond their control and I appreciate others needs at times may be more pressing.” Another person said, “What they are doing is right. One of best services offered. From talking to others I know it’s far superior to what people being offered in other parts of the country.”

One person told us about their experience when her husband had been cared for by staff from the agency before he died, “Excellent. First Class. I could not fault them. They did what they said they would do and beyond. They even came round after he had died to see if there was anything they could do to help me.”

Everyone said that there was a general feeling of openness in the organisation. One person said, “I genuinely feel the workers want to help you and do the best they can – I think this drips through to the management side too I feel they have my best interest at heart.”

People we spoke with were able to give us a named person to contact if necessary. Many said this was written down on the information pack given to them at the start of the service. (Their care folder).

People could not always recall getting a feedback or satisfaction survey to complete, though, as one person indicated, as the START service was time-limited, a personal review was completed near the end anyway. We saw in people’s care files they had been given the opportunity to feed back to the agency their views about the service they had received. We saw in people’s care records their feedback forms. People had made comments

such as ‘I am very grateful with the service that I have been given’ and ‘The attendance has been very good’ and ‘Whatever the care staff do it is done properly.’ The registered manager told us that feedback forms were always completed when the service had finished.

Staff received regular support and advice from their line manager via phone calls, texts and face to face meetings. Staff felt that managers were available if they had any concerns. One member of staff said, “The managers here are accessible and very supportive.” Another member of staff said, “This is a really good team, really helpful” and another said, “The managers are very approachable. If you have any issues you can go to them.” Staff told us that managers were approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting. Staff told us that they would feel confident reporting any concerns or poor practice to the managers and felt that their views were taken into account.

Staff attended staff meetings and staff told us they felt these were useful meetings to share practice and meet with other staff. We saw from records we looked at that staff team meetings had been held, which gave opportunities for staff to contribute to the running of the agency. We saw the minutes from the meetings for the individual teams and that they had been held weekly. We saw minutes from the last joint team meeting had been held monthly and had been last held on 26 June 2015.

People’s support plans were audited and spot checks were undertaken in people’s homes to make sure they were happy with the care provided and to also monitor staff performance. We saw in people’s support plans we looked at that these visits had taken place. We were informed by the registered manager that these visits are undertaken by senior staff from the agency. The registered manager told us if issues were identified extra staff training and support was provided.