Dwell Limited

Long Lea Home Support

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 19 January 2017 and was announced.

Long Lea Home Support is a medium sized independent domiciliary care agency that provides personal care and support to people in their own homes in North Warwickshire. People who receive a service include those living with physical frailty due to older age and / or health conditions including Parkinson's disease and dementia. At the time of the inspection the agency was providing a service to 56 people. Visits to people ranged from quarter of an hour up to a 24 hour service. The frequency of visits ranged from several visits each day to a weekly visit depending on people's individual needs.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had oversight of the service, but an 'operational manager' oversaw the day to day running of the service.

The service was last inspected on 16 and 19 October 2015, when we found the provider was compliant with the fundamental standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, the service was awarded an overall rating of 'requires improvement'. This was because procedures and policies were not always followed to ensure people consistently received safe, effective and responsive care. The provider's quality assurance checks did not identify when improvements needed to be made.

At this inspection, we checked to see if improvements had been made. We found some actions had been taken and improvements had been made, but there were still areas where improvement was needed.

People's care records did not always include the information staff needed to be able to meet and respond to people's identified needs, but plans were in place to further improve care plans as the provider moved to an electronic care records system.

Risk assessments were mostly in place, and the provider planned to improve the way risk was assessed and recorded. However, some risk assessments were not available for us to review, and in some cases where risk had been identified, risk assessments had not been completed.

Records of pre-employment checks made prior to staff starting work, were not always clear enough to demonstrate the provider ensured people were protected.

People were supported with their medicines by staff who were trained and assessed as competent to give

medicines safely. People told us their medicines were given in a timely way and as prescribed, and records showed this.

People told us they felt safe and comfortable with the staff who supported them. Staff received training in how to safeguard people from abuse, and were supported by the provider who acted on concerns raised and ensured staff followed safeguarding policies and procedures.

There were enough staff to keep people safe, and staff mostly supported people as and when agreed in their care plans.

People and their relatives told us staff mostly had the skills and knowledge they needed to support people effectively. Staff had regular supervision meetings, and their practice was observed and assessed regularly to ensure they remained effective in their role.

People told us staff asked for consent before providing them with support. Information on the support people needed with decision making was not always clearly recorded. Staff and the registered manager had a reasonable understanding of the Mental Capacity Act 2005.

People had access to health professionals when needed, and care records showed support provided was in line with what had been recommended.

People told us staff were kind and caring and treated them with dignity. People were supported to make choices about their day to day lives. People's care records were written in a way which helped staff to deliver personalised care and gave staff information about people's communication, their likes, dislikes and preferences.

People and their relatives knew how to complain, and complaints were dealt with according to the provider's policy and procedure.

There were systems in place to monitor the quality of the support provided, and these had been used to develop action plans to help the service improve. Key messages were shared with staff through team meetings, and staff felt well supported by the senior management team.

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 were aware of safeguarding procedures and knew what action to take if they suspected a person was at risk of abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to support people at the times and for the duration agreed. People's needs had been assessed and risks to their safety were identified and managed effectively. However, stand alone risk assessments were not always in place where risk had been identified. Records did not always demonstrate the steps the provider had taken to recruit people safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who were competent and trained to meet their needs effectively. People received timely support from health care professionals when needed, to assist them in maintaining their health. Staff sought people's consent and understood the need to respect people's decisions. Information for staff on people's decision-making ability was not always clearly recorded.

Is the service caring?

Good

The service was caring.

People told us they were supported with kindness, dignity and respect. People were supported to be as independent as possible by staff who showed respect for people's privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care and support was planned with theirs and their relatives' involvement, and this was regularly reviewed to ensure it met people's needs. Some people and relatives told us staff did

not respond effectively to their needs, and care plans did not always have the information staff needed to support people according to their wishes. People knew how to raise complaints and these were managed effectively.

Is the service well-led?

Good

The service was well led.

People and their relatives mostly felt the service was well run and well managed and knew who to contact if they needed to. People and their relatives were asked for their views on the service provided and records showed this information was used to make changes to the service. The provider used audits to analyse the service and develop action plans where required to improve it.

Long Lea Home Support

Detailed findings

Background to this inspection

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

The inspection visit to the office took place on 19 January 2016 and was announced. We told the provider in advance we were visiting, so they had time to arrange for us to speak with people who used the service. The inspection was conducted by one inspector and an expert by experience.

Prior to the inspection visit, we reviewed information we held about the service, for example, information from previous inspection reports and statutory notifications the provider sent to us. A statutory notification is information about important events which affect the service which the provider is required to send to us by law. We also contacted commissioners of the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. They had no further information to tell us that we were not already aware of.

We undertook a survey prior to our inspection to give people the opportunity to give us their views about the service. We posted 50 surveys to randomly selected people that used the service. We received a return rate of 28% which consisted of 14 surveys completed by people that used the service and 3 completed by people's relatives.

Before the inspection, we asked the provider to complete 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 received the PIR and used the information to plan our inspection.

During our inspection visit, we spoke with the registered manager, the operations manager, the care co-ordinator, and four care staff. We also spoke with three people who used the service, and five relatives over the telephone.

We reviewed six people's care plans, to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated to check how the provider gathered information to improve the service. This included medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

At our previous inspection in October 2015 we found risk assessments to protect people from risks associated with their care were not always in place, so staff did not always have the information they needed to safeguard people from harm.

During this inspection we reviewed risk assessments for people being supported by the service and found some improvements had been made. Risks relating to people's care needs had mostly been identified and assessed according to people's individual needs and abilities. Action plans were in place which provided guidance for staff on how to manage these identified risks. These plans were focussed on supporting people to take risks if they wanted to, rather than to remove them entirely. Information was available for staff, which included the actions people had agreed to minimise their identified risks, and what actions staff should take if people did not manage their own risks effectively.

However, these risk management plans were not always clear. In some of the care plans we reviewed, people had been assessed as being at risk of falling. Measures in place to reduce risk were noted in the people's care plans, but a specific, stand alone risk assessment had not been completed. In other cases, risk assessments were not available for us to review. For example, two people's risk assessments were not in the copy of the care plan held at the provider's office. We discussed this with the registered manager who showed us a note on the care plan which stated the risk assessment was held in the person's home. However, they acknowledged that a copy should also be held at the provider's office. This would allow senior staff to advise other staff or healthcare professionals if the person were away from home, for example if they were admitted to hospital. Shortly after our inspection visit we were sent a copy of the risk assessments and were assured by the operations manager the care plans in the office would be updated to include this information.

Records showed the provider also assessed risks in people's homes to ensure people were supported in environments which were as safe as possible for them, and for the care staff who supported them.

The operations manager told us they felt the way risk was assessed could be improved upon, and that a move to electronic care records gave them the opportunity to do so. They showed us a risk management form they planned to introduce. This form could be added to the electronic care records so all the information was held in one place, and could be easily referred to by all staff.

At our previous inspection we found the provider had a recruitment policy in place, but had not always completed the planned pre-employment checks to make sure staff were of good character before they worked with people.

During this inspection we reviewed recruitment records and found some improvements had been made which ensured risks to people's safety were minimised. Staff told us they had to wait for checks and references to come through before they started working with people. Records showed the provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any

information about them. The DBS is a national agency that keeps records of criminal convictions. However, one of the staff files we reviewed did not clearly show that a DBS check had been completed prior to the staff member's start date. We raised this with the registered manager and the operations manager who assured us this was a recording error. Following our inspection visit, the operations manager sent us information which confirmed a DBS check had been completed before the person's start date. Another staff file showed a staff member had started working for the provider at another of their services before their DBS check was completed. We raised this with the registered manager, who assured us this staff member had only observed other care staff delivering care and had not been working unsupervised. They agreed that where this was the case, recording needed to be clear and risk assessments documented so the provider could demonstrate they were protecting people.

In one case the provider had only been able to obtain one reference for a new care staff member. The reference was brief and did not provide sufficient detail for the provider to assure themselves the person had the right knowledge, skills and values to support people. In order to minimise the risk of this to people, a risk assessment was in place so the staff member's practice was observed frequently for a six month period. Alongside this, the staff member had frequent supervision meetings with a senior member of staff so the provider could assure themselves they were of good character.

At our previous inspection we found people received their medicines as prescribed, but medicine records did not record what staff had administered to people.

During this inspection we reviewed medicine administration records (MAR) and spoke with people, their relatives and staff and found significant improvements had been made. One person commented, "The carers give me my pills afternoon, evening and lunchtime. They are smack on, they always give them."

People's medication administration records (MAR) sheets included relevant information about the medicines people were prescribed, the dosage and when they should be taken. We saw staff completed MAR sheets in accordance with the provider's policies and procedures, which demonstrated people were supported to take their medicines safely and as prescribed. One staff member told us, "We have a MAR chart you have to complete, for creams as well. It has to be in date and have the prescription label on it. We write the date on the packet or bottle that it was opened."

Records showed medicine records were checked by senior members of staff on a regular basis to ensure people had been given the right medicines at the right times. For example, we identified one entry on someone's MAR sheet which was incorrect. When we checked the audit that had been completed for this time period, we saw the error had been identified, the staff member in question had been written to, and reminders had been sent out to all staff to reinforce key messages about how MAR sheets should be completed in line with the provider's policy and procedure.

Where people were prescribed medicines on an 'as required' basis, there was information available to staff so they could decide when these medicines were needed if people were unable to tell them.

Care staff had received training to enable them to administer medicines safely. They told us their practice was also checked by management to ensure they remained competent to do so.

People told us they felt safe with the staff who supported them. People also told us they felt confident to raise any concerns they had, or to tell staff if they did not feel safe. One person said, "Oh, lord yeah, I do feel safe." Relatives agreed, comments included, "[Relative's name] feels very safe and gets on very well. I hear them chatting away, and he would tell me if there was any problem."

The provider protected people from the risk of harm and abuse. Staff had received training in how to protect people from abuse and understood their responsibilities to report any concerns. They also understood how to look out for signs that might be cause for concern. One staff member said, "You might notice tearfulness, unexplained bruising. Things like that." There were policies and procedures for staff to follow if they were concerned that abuse had happened. Staff told us they would follow these and report any abuse they saw or suspected. One staff member commented, "I would report that to the manager straight away." Staff we spoke with said they would raise concerns by using the provider's 'whistleblowing' procedures if they felt concerns were not being dealt with and people remained at risk. One staff member told us, "I would take concerns higher than the management if they weren't being dealt with. At the end of the day I'd be letting down that person experiencing abuse if I didn't." The provider managed safeguarding according to multi-agency policies and procedures which helped to keep people safe.

The registered manager told us staff retention had been an issue in the past, and continued to be so. They told us they had been unable to identify the reasons for this, but that work was ongoing to encourage staff to stay working for the service. The registered manager explained they would not agree to take new care packages on if they did not have sufficient staff to meet those people's needs.

Staff told us they went to the same people consistently wherever possible, and felt this was positive for them and the people they supported. One staff member told us, "In the week I go to the same three people every day usually. That pleases the clients as they know who is coming." Another staff member said, "We do have regular people. I tend to have the same clients."

Staff told us they were allocated enough time to support people. One staff member commented, "The calls aren't rushed. There's enough time for a chat at the end of the call. There's plenty of time." They added, "All my calls are in the same area, we get travel time, at least five minutes between each call. It's a lot better." Electronic records showed staff visited people at the times that had been agreed and usually stayed for as long as was directed in the person's care plan.

Good

Is the service effective?

Our findings

At our previous inspection in October 2015 we found people were supported by staff who received training to help them undertake their work, but people did not always feel staff had the knowledge and skills they needed.

During this inspection, we found ninety two percent of the people who responded to our survey felt care staff had the right skills and knowledge to support them effectively. People and relatives we spoke with had mixed views on whether or not staff had the right knowledge and skills. For example, one relative told us, "There have been so many new staff lately, I don't think they understand Alzheimer's." However, the majority of people were happy with the knowledge and skills displayed by care staff. Comments included, "Yes, they know what they are doing. They look out for bed sores - they know everything." And, "Yes, I think so, I don't know how they could improve."

All staff told us they had an induction to the organisation when they started working with people supported by the service. They told us they worked alongside experienced staff who knew people well before they worked on their own with people. They told us they were given time to read people's care records and to talk to people about how they wanted to be supported. The induction also included being assessed for the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. Where they already had experience of working in the care sector, care staff told us they were required to submit evidence of their skills, knowledge and training to the registered manager. Records confirmed this.

Staff told us they had essential training which helped them keep people safe and well. One staff member said, "I am all up to date with my training. It's good. We are very informed about everything, the training is very practical." Staff also told us they had specific training to help them support people with their individual needs. One staff member said, "If we have anyone joining the service with specific health needs, we get training beforehand."

A training record was held by the registered manager of what training each member of staff had undertaken and when. We reviewed this and found the majority of training was up to date. The provider had guidance in place which outlined what training staff should complete depending on their role. The registered manager told us they ensured this guidance was followed.

Staff told us they attended one to one supervision meetings with their manager, which gave them the opportunity to talk about their practice, raise any issues and ask for guidance. This helped staff reflect on their knowledge, skills and values and to understand how they could become more effective. One staff member said, "We get regular supervisions and annual appraisals. I had one [annual appraisal] in the summer."

Staff also told us their practice was observed by senior staff on a regular basis to ensure they were

implementing their knowledge and training into their practice. One staff member commented, "The seniors come out to observe us, I think every couple of months. We get useful feedback." Records showed care staff were observed supporting people to move around their homes, from their bed to a chair for example. One record showed the observation had identified the person needed to be reassessed because of a change in their mobility, and occupational therapists were contacted regarding this. Records also showed the observation had identified learning needs which applied to all care staff, and how these had been met.

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

Staff had a basic understanding, and applied the principles of, the MCA, and had received training to support them. One staff member said, "You have to enable people to make their own decisions. You can't take people's rights away from them." Talking about one person who did not have capacity to make decisions about their care, one staff member said, "We try to talk people round, but if we can't we document and report it. An assessment might be needed." One staff member commented, "One lady I go to in the mornings gets very confused. You need to spend time with people and be patient."

The provider understood their responsibilities under the DoLS legislation. Records showed they had contacted the local authority about one person who had some restrictions placed on their liberty, and had acted on the advice they had been given.

People's care plans contained some information for staff on which decisions people could make for themselves, and which they needed support with. However, this was not always sufficiently detailed to guide staff on how they could support the person. For example, two people's care plans made reference to people having "trouble with their memory", and "mild Alzheimer's." These care plans did not indicate whether or not the people concerned had capacity to make decisions, and if not which decisions they might need support with, or where others might be acting in their 'best interests.' We raised this with the registered manager who told us that, as they moved to electronic care records over the coming months, they would review all care plans and ensure information on decision making was clearly recorded.

People told us staff asked for their consent before supporting them. One person commented, "They [staff] always ask. I am always approached first so I am prepared." Staff confirmed they understood the importance of asking for people's consent. One staff member spoke about one person they worked with and gave us an example of how they asked for consent to help them. They said, "I sometimes ask, 'Your tablets are running out, can I ring the pharmacy for you?'" Another staff member commented, "Every day is different so you always have to ask people if it is okay."

Relatives told us people were supported to access support and advice from health professionals on a routine basis, as well as when sudden or unexpected changes in their health occurred. One relative told us, "Nearly two months ago we had a new carer who was excellent and said I should ring for the ambulance and I did. She helped me, it was the best decision." Records showed health professionals were contacted when people needed them and that recommendations made by health professionals had been incorporated into people's care plans.

Staff knew how important it was for them to support people to access medical professionals to keep them

well. One staff member said, "I recently noticed someone had a sore area on their heel so I called the district nurses who are coming out to have a look, then I rang the office to let them know what I had done."

Most of the people we spoke with prepared their own food and did not have specific needs around eating and drinking. However, one person told us, "I can't cook, they do that. I do my own cereals but they do my lunch." Another person commented, "They leave me drinks when they go, as I can't walk to the kitchen."

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the care staff who supported them. Comments included, "Oh yes, they have never been nasty. They all like coming here. They are ever so friendly", "Oh yes, they know me. I pull their leg! We laugh and chat." And, "Yes, they speak in a very pleasant way, not overly familiar or very detached. It is just as I'd expect." One relative said, "They do the job expertly and politely, they are very nice. They always call him [person's name]! They have wonderful chats." One hundred percent of the people who responded to our survey told us they were treated with dignity and respect.

People felt care staff had time to spend with them and were not rushed, which meant they could build up a rapport. One person commented, "If they have finished, I say, 'sit down and have five minutes with me.' We have a nice chat while they fill in the book." Another person said, "They have time to chat with me, and sometimes they sit and have a coffee with me."

Staff we spoke with told us they were encouraged to support people in a compassionate and caring way. One staff member said, "I think it is about treating someone the way I'd expect to be treated in their situation." Another staff member commented, "I love caring for people. To make sure people get the help they need and they can still live in their own homes."

People told us staff supported them to live independent lives. One person told us, "Oh yes, they keep me independent and take me out if my family are at work." Staff understood the importance of supporting people to be as independent as possible. One staff member said, "I might say, 'you go and fill the sink and I will get the towels'. If I know people can do something for themselves, as long as they aren't going to hurt themselves it's OK."

People's care plans were written in a personalised way, and included information about people's life history, their likes, dislikes and preferences, and how they wanted to be supported. They also contained information on people's religious and cultural needs and preferences. Staff told us they used this information to build relationships and bond with people over shared interests.

People told us their privacy and dignity was respected. One person said, "They [care staff] cover me with a towel first thing in the morning, they are very discrete like that." This was reinforced in people's care plans which directed staff to ensure people's privacy was respected. One staff member said, "If we are supporting someone with personal care for example, we make sure they are covered up. We try to have a relaxed, personable approach so they don't feel uncomfortable." One staff member said, "With personal care, we always cover people's bottom half with a towel. We distract people too, I talk about my dogs, we talk about what is on the news to help people feel comfortable."

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection in October 2015 we found although people's care needs were assessed, staff did not always have the information they needed. Care records did not reflect people's individual needs and were not detailed in describing how tasks should be undertaken.
During this inspection we found some improvements had been made, but recording changes in people's need and working to agreed care plans required further improvement.

Care plans had information for staff on how people preferred their needs to be met, as well as what outcomes people were working towards and how staff could support them to achieve their aims. Most of the care plans we reviewed contained information for staff on people's likes, dislikes and preferences, and outlined their day to day needs in some detail. Staff told us care plans gave them the information they needed to meet people's identified needs. One staff member commented, "They [care plans] are good. They send out new information when you get your rota if things have changed." Another staff member told us, "We always go in and read the care plans before we start with someone new."

Most people told us staff responded to their needs. One person said, "I think they know me, – I have no problems there." Another commented, "Nine times out of ten they know how to do things for us." However, some relatives told us care staff did not read care plans and did not always follow them. Comments included, "They aren't good at care plans, it had to be corrected three times.", "The staff who are carers, the majority of the time yes, they do good care, but don't always follow the details in the care plan.", and, "They [care staff] don't read the book so they don't always understand." We also received an anonymous complaint shortly after our inspection visit. The person told us, "When you agree a care plan it turns out a complete waste of time as they are unable to comply with it."

Records did not always demonstrate that the provider responded when people's needs changed. For example, care records for one person indicated they had fallen out of bed and that they needed reassessment to ensure their safety. We spoke with the care co-ordinator about this, who told us they had discussed the issue with the Occupational Therapy (OT) team and requested an assessment. The section of the person's care plan which outlined the support they required when in bed, had not been updated with the OT team's advice. We could therefore not be sure staff had the information they needed to support the person following this change in their needs. The care co-ordinator agreed the care plan needed updating and assured us they would do this straight away.

Most people told us they were supported by a consistent staff team who arrived at the times that had been agreed, and stayed for as long as was directed in the person's care plan. One person said, "They try and keep the same six or seven staff, the odd new ones." Another person commented, "They [care staff] are almost spot on at the minute. I can definitely say that. They stay, they don't rush." Some people told us they were not supported by a consistent staff team. One person said, "We get different people all the time unfortunately. A few people come two or three days and then we don't see them again. We always say, 'I wonder who is coming today?'"

Staff told us the provider encouraged them to respond to changes in people' s needs. One staff member said, "It is a small care agency. Here, you can come in, [to the office] speak to the manager who is around. If I have a worry about a client it is instantly dealt with. Things get sorted." They added, "For example, one person has fallen three times recently. When we raised it as a concern, the care co-ordinator contacted the occupational therapists and a handling belt is being sorted."

The registered manager explained they were moving to an electronic care records system. They told us they were in the process of transferring paper care plans to electronic ones, which would give them the opportunity to review all care records to ensure they were as detailed and up to date as possible. The registered manager explained the electronic system would 'back up' regularly, but that care plans would also be printed weekly to ensure that if there were any problems with the electronic system, staff would have access to a recent care plan.

Ninety two percent of people who responded to our survey told us they were involved in making decisions about their care and support needs. Records confirmed people's care plans had been reviewed regularly with the involvement of people and, where appropriate, their relatives. Relatives had mixed views on the frequency and effectiveness of reviews. One relative told us, "I am involved in reviews, or phone calls about whether or not I am happy and that is fine." However, one of the relatives we spoke with told us they felt care plans were not regularly reviewed and, when they were, their views were not always reflected in the resulting care plan.

At our previous inspection, we found people and their relatives knew how to make a complaint if needed, but did not always feel they were responded to well.

During this inspection, we found that some improvements had been made. Ninety two percent of people who responded to our survey told us the provider responded well to any concerns or complaints they raised. The majority of people and their relatives told us they had not had to raise any complaints or concerns over the past 12 months, and all the people we spoke with knew how to do so. Of the two relatives who had made complaints, one told us the response was positive. They said, "At the start there was a lot of shadowing… so I had a word with the office, I said I'm not having a lot of people here. Some of those people were then withdrawn." Another relative told us of a less positive experience, although ultimately they were satisfied. They said, "I have made an official complaint. They told me to find somewhere else, that sort of tone. But [registered manager] did sort it out for me."

We reviewed records of complaints and their outcomes and found these had been logged and responded to in line with the provider's policy and procedure.

Good

Is the service well-led?

Our findings

At our inspection in October 2015, we found audits and checks did not always identify where areas needed to improve. Recording and investigating processes into accidents and complaints were not always followed.

During this inspection, we found the provider had implemented a range of audits to check the quality of the service being provided, and that action was taken where issues were identified. For example, monthly audits of MAR sheets had been collated and analysed quarterly, with key findings recorded, along with action taken to address the issues that had been identified. For example, the need for senior staff to record allergies clearly on people's medication records, as well as how to properly use 'codes' on MAR sheets. This had been followed up with a letter to all staff reinforcing key messages.

Incident and accident reporting had been improved to enable them to be analysed more effectively to identify any patterns, trends or themes that needed to be addressed. For every incident reported, there was an accompanying action plan detailing what needed to happen as a result of the incident. This had helped the provider identify that quicker contact needed to be made with mental health teams where a deterioration in someone's mental health was thought to have contributed to an incident.

At our inspection in October 2015, we found records of team meetings did not consistently give staff clear guidance about how to improve their practice.

During this inspection, we found improvements had been made to ensure staff meetings were effective in helping staff to improve their practice in response to what had been identified through observations of practice and quality checks. Following our previous inspection, the provider had increased the frequency of staff meetings so they happened on a monthly basis. They told us this was so they could work through the key areas for improvement we had identified. As they made progress, the frequency was reduced to bi-monthly.

Records of staff meetings showed the senior staff team had discussed the results of audits the provider had undertaken, and had agreed key messages to be conveyed to all staff. Records of full staff meetings showed how these key messages had been passed onto staff so improvements could be made. For example, staff were reminded to log in and out of care calls so the provider could assure themselves staff were supporting people at the times expected and for the duration agreed. Positive messages were also shared with staff, for example the registered manager thanked care and office staff for their work for the preceding few months. Staff told us they found these meetings to be positive and helpful. One staff member commented, "They are very open, we can always discuss things. Team meetings are very good. You can put your point across openly or in private if you prefer."

Staff told us they enjoyed working for the provider, and felt well supported by the senior management team. One staff member commented, "I love it. I really really enjoy it. I come to work and I smile. I can smile all the time. I'm caring, helping people." Another staff member told us, "They [management team] are really good. When I come into the office they are all happy and helpful."

Staff told us they thought things had improved since our last inspection. One staff member commented, "They look after us. It wasn't run in the past as well as it is now. We get travel time now for example." They added, "I think people get a good service. Communication from the office to people has definitely improved." Another staff member commented, "Support from managers and senior staff has picked up a lot. We have the support when we need it." They added, "It's a good team, out in the field and in the office."

All the people we spoke with and all except one of the relatives we spoke with, told us they thought the service was well managed and well run. They also told us they knew who to contact if they were not happy with the service. This echoed the views of those who took part in our survey, which showed ninety three percent of people and one hundred percent of relatives knew who to contact if they needed to.

People and their relatives were invited to complete a questionnaire every year, which the provider used to assess the quality of the care provided. A survey had been undertaken in September 2016. Questionnaires were sent out to everyone in receipt of a service, which included the offer of a personal visit by a senior member of staff if people preferred this. An analysis of the responses received had been undertaken. One of the issues this identified was that people were not always informed by office staff when carers were running late. This echoed a common concern raised with us by people and relatives we spoke with. As a result of the survey, records showed a letter had been sent out to all staff in October 2016 reminding care staff to contact the office if they were running late, and reminding office staff to ensure people were contacted to advise them of this.

People's care records showed they were contacted by telephone on a regular basis to seek their views on the support provided to them, and to ask them whether they were satisfied with the care staff who visited them.

The registered manager understood their legal responsibility for submitting statutory notifications to us. This included incidents that affected the service or people who used the service. These had been reported to us as required throughout the previous 12 months. The provider had also ensured their previous rating was available to people.