Supporting Care Ltd

Supporting Care

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 9 August and 10 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. This was their first inspection under this registration with the Care Quality Commission.

Supporting Care is a domiciliary care agency which provides personal care and support to people in their own homes. At the time of our visit the service was providing personal care and support to 40 people in the London Boroughs of Tower Hamlets, Camden and Newham. The majority of people who used the service and the care workers who supported them used Bengali to communicate with each other. All of the people using the service were funded by the local authority.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (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.

People's risks were managed and care plans contained appropriate risk assessments which were updated regularly when people's needs changed. The provider had a robust staff recruitment process and staff had the necessary checks to ensure they were suitable to work with people using the service. People had regular care workers to ensure they received consistent levels of care.

People and their relatives told us they felt safe using the service and care workers understood how to protect people from abuse. Staff were confident that any concerns would be investigated and dealt with. All staff had received training in safeguarding adults from abuse and had a good understanding of how to identify and report any concerns.

The provider had a medicines policy in place where care workers were only allowed to prompt people's medication. People who required assistance with their medicines received support from relatives or health care professionals. Staff had completed basic training in medicines and knew what to do if they had any concerns, which ensured people received their medicines safely. The provider was aware that if they increased the level of support they gave to people with their medicines staff training and recording procedures would need to be updated.

Care workers received an induction training programme to support them in meeting people's needs effectively and were always introduced to people before starting work with them. They shadowed more experienced staff before they started to deliver personal care independently and received regular supervision from management. They told us they felt supported and were happy with the supervision they received.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). Care workers respected people's decisions and gained people's consent before they provided personal care. However, the service did not always ensure where appropriate, that documentation was in place for representatives to sign people's care plans to agree with the care to be provided.

Care workers were aware of people's dietary needs and food preferences and this was highlighted in people's care records. Care workers told us they notified the management team and people's relatives if they had any concerns about people's health and we saw evidence of this in people's care records. We also saw people were supported to maintain their health and well-being through access to health and social care professionals, such as GPs, occupational therapists, district nurses and social services.

People and their relatives told us care workers were kind and caring and knew how to provide the care and support they required. Care workers understood the importance of getting to know the people they supported and showed concerns for people's health and welfare.

People told us that staff respected their privacy and dignity and promoted their independence. There was evidence that language and cultural requirements were considered when carrying out the assessments and allocating care workers to people using the service.

People were involved in planning how they were cared for and supported. An initial assessment was completed from which care plans and risk assessments were developed. Care was personalised to meet people's individual needs and was reviewed if there were any significant changes, with health and social care professionals being updated on people's current condition.

People and their relatives were actively encouraged to express their views during assessments and reviews and were involved in making decisions about their care and whether any changes could be made to it. There was evidence that information about people's care was translated into their first language so the information was accessible and understood by people who used the service.

People and their relatives knew how to make a complaint and were able to share their views and opinions about the service they received. There were regular satisfaction surveys in place to allow people and their relatives the opportunity to feedback about the care and treatment they received.

The service promoted an open and honest culture. Staff felt well supported by the management team and were confident they could raise any concerns or issues, knowing they would be listened to and acted upon.

There were processes in place to monitor the quality of the service provided and understand the experiences of people who used the service. This was achieved through regular communication with people and care workers, supervision and a programme of other checks and audits of the service.

There was visible leadership from the management team and people who used the service and their relatives were confident in the running of the service, although there was one safeguarding incident that had not been notified to us. This incident was an alert and not substantiated.

We made one recommendation in relation to staff ensuring consent was sought in line with the principles of the MCA.

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.

Risk assessments were in place to identify the areas of risk and to reduce the likelihood of people coming to harm. Comprehensive guidance had been sought from health care professionals to support staff in their roles.

The provider took appropriate steps to ensure robust staff recruitment procedures were followed and there were sufficient staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse and protect people from harm. Staff were confident any concerns brought up would be acted upon straight away.

People were prompted with their medicines and staff had sufficient training and awareness to enable people to receive their medicines safely.

Is the service effective?

Requires Improvement

The service was not always effective.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 (MCA) but did not always have documentation in place to ensure best practice that people using the service or an appropriate representative had signed their care plans to consent to the care they received.

Care workers received the training and supervision they needed to meet people's needs and were passionate about their jobs. Staff were encouraged to carry out further training and were signposted to external training and seminars.

Staff were aware of people's health and well-being and responded if their needs changed. People had access to health and social care professionals, such as GPs, district nurses and occupational therapists.

Some people were supported to have a balanced diet, which

took into account their preferences as well as medical and cultural needs.

Is the service caring?

Good

The service was caring.

People and their relatives told us they were happy with the care and support they received. Care workers knew the people they worked with and they were treated with respect and kindness.

People, including relatives and health and social care professionals, were informed about their health and well-being and were actively involved in decisions about their care and support, in accordance with people's own wishes.

Care workers promoted people's independence, respected their dignity and maintained their privacy.

Is the service responsive?

Good

The service was responsive.

Care records were discussed and designed to meet people's individual needs and staff knew how people liked to be supported. The information was able to be explained in people's own language so they could understand it.

People and their relatives knew how to make complaints and said they would feel comfortable doing so. The service gave people and relatives the opportunity to give feedback about the care and treatment they received.

Is the service well-led?

Good

The service was well-led.

There was visible leadership from the management team and they understood their responsibilities, although there was one safeguarding incident which was not notified to us.

People and their relatives told us that the service was well managed and the management team were very kind, polite and approachable. Staff spoke highly of them and felt they were supported to carry out their responsibilities.

There were audits and meetings to monitor the quality of the service and identify any concerns. Any concerns identified were documented and acted upon.

Supporting Care

Detailed findings

Background to this inspection

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

The inspection took place on the 9 August and 10 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector.

Before the inspection we reviewed the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to the CQC. We also contacted the local authority safeguarding adults team and Healthwatch. We used their comments to support our planning of the inspection.

We spoke with six people using the service, six relatives and 12 staff members. This included the registered manager, the care manager, the office administrator and nine care workers. We looked at six people's care plans, six staff recruitment files, staff training files, staff supervision records and audits and records related to the management of the service.

Following the inspection we contacted five health and social care professionals who had worked with people using the service for their views and heard back from two of them.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe when receiving care. One person said, "I do feel safe when they are with me." Another person said, "They are very good, they take care to make sure that I'm safe." Relatives were confident that their family members were well looked after and did not have any concerns. One relative told us, "It is safe. There are always two of them and they know how to care for my [family member]."

There were procedures in place to identify and manage risks associated with people's care. Before people started using the service an initial assessment of their care needs was carried out by the registered manager or another senior member of staff. This identified any potential risks associated with providing their care and support. Some of the risk factors that were assessed related to people's mobility, support required with transfers, mental state and physical health and well-being. They also assessed levels of risk in relation to the person's home environment, including potentially unsafe or dangerous equipment that could be in place.

Once completed, this information was then used to produce a personalised care plan and risk assessment around the person's health needs. The risk assessment contained information about the level of support that was required and details about any health conditions the person had. They included practical guidance for care workers about how to manage risks to people. It also highlighted to care workers if there was anything that they were unsure about then they should speak with the manager. Care workers we spoke with knew about individual risks to people's health and well-being and how these were to be managed.

Records confirmed that risk assessments had been completed and care was planned to take into account and minimise risk. For example, one person had been assessed as having reduced mobility. It outlined their level of independence and what support was required with all transfers, including the number of staff for each transfer. There was a list of all mobility equipment that was being used and detailed guidance for the care workers on all moving and handling procedures and how to support them safely. The registered manager had liaised closely with the occupational therapist to support care workers to carry out these tasks. Another person had behaviour that challenged the service, and would have sudden changes in their behaviour. There was information within the assessment on why the person might be behaving this way, guidance for how to deal with the situation and being aware of the possible triggers. Risk assessments were updated every year or sooner if there were any significant changes to a person's needs. We saw records that showed a person had a review after three months as their health needs had changed.

Some people were supported with their medicines as part of the overall care package they received. The registered manager explained to us that it was their policy to only prompt people with their medicines. Care workers did not assist or administer medicines and if people needed this support, it would be the responsibility of relatives or healthcare professionals. We saw records within care plans which highlighted who supported people with their medicines and also if people were able to self-administer their own medicines. One care worker said, "We only prompt medicines that have been prescribed. We are not allowed to prompt with anything else" Care workers had received training in medicines during their induction and records we saw confirmed this. Another care worker said, "I don't support anybody with medicines at the

moment but I've had the training as it helps my understanding."

Care workers recorded that they prompted people's medicines and signed in their daily log book confirming this. The registered manager told us they stressed to all the care workers that if they had any concerns with people's medicines they had to call the office straight away and also record it in the daily log book. This would then be recorded in people's electronic file. Care workers knew to call the office if they had any concerns. One care worker said, "If somebody refuses their medicines we need to record it in the log book and report it to the office. I'd also tell the family if they were there as well." We did see one record where a person used an inhaler but there was no reference to it in the care plan or medicines profile.

There were sufficient care workers employed to meet people's needs. At the time of our inspection there were 78 care workers employed in the service. The registered manager told us it was important to ensure consistency for people, but also allowing flexibility for care workers. One care worker said, "It's good to have continuity of care as it is important for people to have a familiar face they feel comfortable with." One person said, "They are never late and are very punctual." Relatives told us that the provider worked hard to make sure people could have the same care worker and they were usually able to accommodate this. One relative said, "They always send the same care worker. They realise the importance of this for my [family member]." Another relative added that if the regular care worker was not available they would always let them know and try to send somebody who knew their family member. The three senior members of the management team were responsible for covering the out of hours service and were available 24 hours a day, seven days a week. The registered manager told us that they felt it was better to manage it themselves as they knew the people and care workers and would be able to provide a more consistent service.

At the time of the inspection the provider had recently started using a new software system where they were able to monitor calls. The registered manager was aware of who was classed a high risk call, for example, somebody who was a diabetic or lived on their own, and had regular monitoring in place to make sure people received their calls on time. Care workers were able to log in to a visit via an application on their phone, which would inform the office they had arrived. If the care worker had not logged in by a certain time, between 15 to 30 minutes after the scheduled call the office would be notified. For care workers who did not have an accessible phone for this software, they were able to use a device that would generate a 'one time password' for them to log that they had arrived for the call. This was in the early stages but the senior management team were enthusiastic about how they would be able to monitor their calls to ensure people received their calls on time. The care manager said, "Moving to this system so we have all the information in one plan will be much more methodical and develop us as an organisation."

The six staff files that we looked through were consistent and showed that the provider had robust recruitment procedures in place. We saw evidence of criminal records checks and photographic proof of identity. The provider asked for two references and people could not start work until they had been verified. Referees were able to comment on areas such as honesty, motivation, reliability and communication and we saw positive feedback in all the references we viewed. The care manager showed us their Disclosure and Barring Service (DBS) matrix and was aware when these checks needed to be reviewed. They added, "Once we enter them in the system, we can set up a reminder so we always know when they need to be reviewed."

Staff had received appropriate training in safeguarding and were able to explain what kinds of abuse people could be at risk of, potential signs of abuse and what they would do if they thought somebody was at risk. This topic was covered during the induction programme and then refreshed on a yearly basis. Comments from care workers included, "I feel very comfortable voicing concerns and am confident it would be dealt with in the right way" and "We need to protect our clients and ourselves and make sure it is a safe environment. We are responsible for their safety." We saw records that showed safeguarding issues were

discussed at each meeting.

Requires Improvement

Is the service effective?

Our findings

People told us their care workers understood their needs and circumstances and had the right skills to support them. Comments included, "They have a good understanding and know how to treat people as individuals. They know how to support me" and "They do things properly and treat me very well." One relative said, "We find them great. They understand my [family member], understand their needs and know how to care for them."

Staff had to complete a three day induction training programme when they first started employment with the service. This programme covered a range of policies and procedures to highlight the role of the care worker. We looked at their policies and procedures which included subject areas such as safeguarding adults and prevention of abuse, accidents and injuries, confidentiality, whistleblowing, implementation of the Mental Capacity Act 2005 (MCA) and medicines. Training was also provided as part of the induction which was in the form of classroom based sessions and practical skills such as safe moving and handling techniques. Staff were given mandatory training about medicines, moving and handling, food hygiene and health and safety. New starters were then given a test where they were asked questions about what they had learnt over the induction training programme. All of the staff files we looked at had certificates that confirmed the training and induction process had been completed.

Staff also received training which was specific to people's individual needs. Training was given to care workers on how to use a hoist, how to carry out transfers and emptying a catheter. The care plans we saw highlighted that people had limited mobility and needed the use of mobility aids or support with transfers during their visits. The registered manager told us that they worked closely with occupational therapists and physiotherapists to get guidance on safe moving and handling procedures. We spoke with one care worker about the training and they told us it was really good. "It was very detailed and gave us a good understanding of how to use the equipment. We practiced using the hoist with a dummy but also in person so we could see how it feels." Training was refreshed on a regular basis and care workers were also able to access online training throughout the year. We saw records of this and care workers told us that if they did not pass the test they had to re-take it. The care manager showed us that with the new system, completed training dates were uploaded into the care worker profiles so they were alerted when it was due to be refreshed.

The service also supported care workers to receive further training in vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability and knowledge to carry out their job to the required standard. Some care workers already had the qualification before starting their employment with the service. We saw certificates in staff files that confirmed care workers had either completed the qualification or were currently working towards completing it. The registered manager told us they received funding to support care workers to achieve these qualifications and at the time of the inspection three care workers were enrolled on the course. One care worker said, "When I was doing the work for the course, the manager was very supportive during the study period." We also saw information in their quarterly newsletter where they informed staff about specialist workshops and training events that were being held in the local

community. For example, there was information about a cancer care workshop at a local hospital.

Care workers were introduced to people first before they started work with them and were able to shadow senior care workers before working independently. One care worker told us how they thought it was really good that they had the introduction with the person and their relative before starting work because it made both parties feel comfortable. They would then have supervision and spot checks every three months. We saw copies of documents related to supervision records showing that care workers were given the opportunity to discuss the people using the service, if they had any concerns and any training needs. Care workers told us they received regular supervision, sometimes more regularly than every three months and were happy with their input during the sessions. One care worker said, "I find them very helpful. We discuss our strengths and weaknesses and any training needs, but they ask about our welfare too." We saw that staff received annual appraisals and the registered manager told us they were planning to hold a meeting with staff to discuss the structure of it and see what was working well. One of the options was to have the appraisal during the supervision session. They added, "We want to get feedback from staff about it and see what is working well."

Staff understood the main principles of the Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and care manager had a good knowledge of their responsibilities under the legislation and we saw records where health and social care professionals had been contacted when support was required for people who lacked capacity. Care workers we spoke with confirmed it was discussed during the induction and had a good understanding of the importance of this in regards to their role as a care worker. We saw information in one of their newsletters which gave tips for care workers on how to support people who may lack capacity and the importance of them maintaining their independence.

Staff told us they always asked for people's consent prior to providing personal care for them. They told us that people sometimes needed encouragement when having personal care needs met. One person said, "They always ask for my permission before they start but they also keep asking me throughout when they are supporting me, checking I'm OK and comfortable." One care worker said, "We understand that we can't force anything on clients and we need to get consent first." Where appropriate, the views of people's relatives were sought when assessing risk and developing care plans. One relative said "They always make sure I'm involved. They always respect my [family member's] choice and ask if they can do things." We saw some people's care records had been signed by people to say they agreed to the care package being delivered however two care plans only had the signature of a relative, without the documentation stating they had the legal authority to sign on their behalf. We spoke with the registered manager about the need for documentation to be in place if representatives were signing on behalf of people to ensure consent to care had been sought. They explained they were quite complex cases and they had regular correspondence with health and social care professionals regarding their care packages. They agreed to speak with the relevant health and social care professionals to ensure the appropriate assessments had been carried out and to keep all documentation relating to it within people's care files. We recommend that the provider seeks guidance and support from a reputable source regarding appropriate training for staff about their responsibilities in relation to the Mental Capacity Act 2005 (MCA).

Some people required care workers to support them with meal preparation. This information was recorded in their care plan along with the level of staff support needed and if anybody had any specific dietary needs. It was highlighted if people were diabetic or had any food allergies. We saw information in one person's care

plan where their diet needed to be enriched with vitamin C after receiving advice from a health care professional. Another care record highlighted that food needed to be cut up into small pieces and the person was to be observed during mealtimes. We saw two records which stated that a halal diet must be observed and a list of food that was not suitable. We saw in samples of people's daily logs that care workers recorded the support that was given during mealtimes. One relative told us, "I leave instructions and guidelines for the food that needs to be prepared and they understand and follow everything I say." This showed that care workers were aware of the support that people required and were familiar with the dietary requirements of the people they supported.

Care workers said they helped people manage their health and well-being and would always contact the office if they had any concerns about the person's healthcare needs during a visit. One care worker said, "I always call the office if I ever have any concerns, I speak with the family too." We saw people's care records had emergency contact details in place so the provider knew who to call in the event of any concerns. We saw records in people's electronic files that when care workers had reported a concern, the provider had made contact with the relevant health and social care professional highlighting the concern and asking for advice. One health and social care professional said that the registered manager was always present for meetings that involved people using the service and if they were not available they would always send another member of the management team. We saw information in people's care records where staff had made contact with a number of health and social care professionals, including GPs, occupational therapists, social workers and district nurses. Another health and social care professional told us that there had been times when the provider had been able to act as an advocate for the person as they were able to communicate in their own language, which ensured that meetings and appointments were not cancelled.

Good

Is the service caring?

Our findings

All the people we spoke with told us they were well supported by the service and thought the staff were respectful and caring. Comments from people included, "It's a very dignified service. They understand the importance of that and are good at it", "The care worker comes in the morning and again in the evening, she knows me very well" and "They are always very pleasant and ask how I am." Relatives were also positive about the staff. One relative told us that they were very pleased with the service as they were very patient and understanding, even when their [family member] could be quite challenging. One health and social care professional told us that care workers came across very caring and could see they had developed good relationships with people.

People were assigned a designated care worker but the care manager told us that they always allocated two to three care workers for each person for continuity of care when regular care workers were not available. They showed us how care workers were allocated on their system, where they looked at care workers level of skill, suitability and geographical location to help them match people up to provide a consistent and reliable service. One relative said, "They are consistent with the care workers and it helps build confidence for my [family member]. We didn't have that with previous agencies." People using the service and their relatives highlighted the importance of having the same care worker. One relative said, "They know my [family member] well and how to care for them because we've had the same care workers since we started." Care workers knew the people they were working with and were able to communicate with them in their own language. People using the service and their relatives highlighted how important this was as many people did not use English as their first language. One relative said, "They can provide care workers who can communicate in my [family member's] language as they can't speak English. It is reassuring for them." One care worker said, "It's important to understand how to communicate with people. I've got to know them well and have built up a good relationship."

We saw records in people's electronic files that showed office staff had called people during a recent spell of hot weather to find out if they were coping with the heat. Messages were sent to care workers to make sure people had plenty of fluids available and to remind them to stay well hydrated. People had commented on how pleased they were that they had been contacted to find out about their well-being.

People using the service and their relatives confirmed they were involved in making decisions about their care and felt listened to when they discussed their wishes. The registered manager told us they carried out initial assessments in people's homes and always made sure, where appropriate, a relative or health and social care professional was present with the person. Once the assessment of needs was complete they would discuss people's preferences and find out how they wanted their care to be carried out. The care manager said that they always made sure people understood what service they would be providing and gave them a copy of service user guide. We saw evidence that showed the provider had translated certain documents in people's first language so they would fully understand the care package. For example, we saw one translated document which was an outline of the guidance given by an occupational therapist, so they were able to understand the level of care that was to be given. He added that all of the office staff were able to communicate in people's languages so they were always sure people had the right information they

needed. When asked about being involved in decisions about people's care, comments from relatives included, "I was involved in the assessment and they asked the right questions" and "I do feel involved in the decisions made about the care. They do take on board our suggestions when we bring things up."

At the time of the inspection the registered manager told us that they were not supporting people who needed access to advocacy services. Advocates are trained professionals who support, enable and empower people to speak up. This meant that where people did not have the capacity to express their choices and wishes or found it difficult to do so, they had access to independent support to assist them. The provider did have contact details available for advocates if people required this service and they were aware of situations where people might require this support. The registered manager told us there were times when they would be able to communicate with health and social care professionals on behalf of people and relatives using the service due to language difficulties.

People and their relatives told us staff respected their privacy and dignity. We received many positive comments about how respectful care workers were when they worked with people in their own homes. One person said, "They respect my privacy and treat me with respect, they are very good with that." One relative said, "The staff understand our culture and are very respectful of that." Care workers had a good understanding of the need to ensure they respected people's privacy and dignity. One care worker explained in detail how they ensured they respected the person they supported even though they were not able to communicate. They added, "I always make sure they understand, body language is very important." Another care worker told us how important it was that they communicated with the person in their own language during transfers, to reassure them and make sure they were comfortable. We saw records that showed privacy and dignity was covered during staff supervisions so staff understood the importance of it. The registered manager and care manager were dignity care champions for the service and told us that this area was always discussed and that their first company value was caring for people with dignity. We saw information in one of the quarterly newsletters which highlighted the top 10 points in how you can respect people's dignity, with a link to a website for further information.

Good

Is the service responsive?

Our findings

People and their relatives told us they were happy with the care and support they received from staff and that they felt listened to. One person told us, "They are very flexible and work around my schedule." Another person said, "They give me a call every month and come and visit me every six months. In five years, I've never had a complaint." Relatives commented that they were always involved in the care and reviews of their family members and had good communication with the office. One relative said, "The assessment was very detailed and they wanted to find out how they could meet my [family member's] needs." Another relative said, "We never have a problem getting in touch, they always get back to us and they take action quite quickly." Health and social care professionals we spoke with told us they could contact them at any time and were always responsive to meeting people's needs, whether it be providing specific information about people or attending assessments.

We spoke with the registered manager and the care manager about the process for accepting new referrals. All of the people that received care from the provider were funded by the local authority or had personal budgets where they could choose their own care provider. If people made contact directly to the provider, they would schedule a home visit to discuss people's needs. When people were assessed for their eligibility for care, they would be present at the assessment to discuss with the person and their family what care and support they would be able to provide. They would then discuss their preferences for care workers and start to set up their care folder, with a service user profile and risk assessments being completed before delivering a service. The registered manager told us that they were able to provide a cultural service and could communicate with people in Bengali and Urdu if people and their families could not communicate as easily in English. A conditions of business and service user agreement guide was given to people to keep in their home which set out an overview of what people could expect and highlighted a range of policies and procedures.

When it had been agreed and people started using the service, the registered manager told us that people and, where necessary their next of kin were always involved in the development of their care plan. Care workers were introduced to people first to make sure they were comfortable with each other. They followed this up during the first six to eight weeks of service with either telephone calls or home visits, depending on the needs of the person. If care workers had any concerns about the person the senior management team would make contact to see if people's needs were being met.

The service was reviewed on a quarterly basis as this was tied in with a satisfaction survey but the registered manager told us they were changing it to every six months as people did not always want to have the review on such a regular basis. If there were any significant changes to people's needs, this was brought forward. We saw records within people's care plans that when concerns had been highlighted, action had been taken. In one person's care plan we saw there had been three reviews in five months due to changes in the person's needs. The risk assessment had been updated to match the change in care and number of care workers who were required for specific tasks, such as moving and handling procedures. There were guidelines from a healthcare professional about the changes in needs and how the care workers should support them.

Care plans were consistent and contained a preferences fact sheet, which highlighted people's preferred name, method of communication, likes and dislikes, special dates that were significant to people and choices, relating to meals, clothes and places to visit. There were contact details about the person, their next of kin, their GP and other health and social care professionals involved in their welfare. It identified health issues and their level of communication. Care plans also had other relevant information, such as people's assessments from the local authority, correspondence with health and social care professionals and quality assurance monitoring forms. We saw a sample of some daily log records as they were returned to the office on a quarterly basis and discussed if any issues were found. The registered manager told us they would check the records to see if there had been any change in people's needs and to check the quality of the recording by the care workers, as it was important to be detailed but also to safeguard them. Care workers recorded what care and support they had carried out including changes in people's health condition, safeguarding issues and any accidents or incidents. One care worker said, "Once the logs have been checked, if the managers have any questions about what they have seen, they will come and talk with us about it." Another care worker said, "The care plan is detailed and I know exactly what to do. We have to read it before carrying out any care."

There was evidence that the provider listened to people's preferences with regard to how they wanted staff to support them. A number of people and relatives had highlighted, for cultural reasons, the need to have only a male or female care worker, or care workers who could speak their own language. One relative said, "They have always been able to send us care workers who can communicate in our language which makes it much easier." One person's care plan highlighted their religious needs and that they liked to pray five times a day so it was really important that their hygiene levels were kept to a high standard. The registered manager told us that their person centred approach was very important to be able to meet people's needs. They added, "We try to engage and find out as much as possible to try and make it as personal as possible."

People and their relatives said they would feel very comfortable if they had to raise a concern and knew how to get in touch with the service. Comments included, "I've got the number and know who to call but I'm very happy with the service and have no problems at all", "For me, it's an excellent service and I've got no complaints" and "They listen to me and understand people. They know how to make things better." One relative said, "I've got no problems. They are very eager to help and I'm confident that they will always respond to me." There was an accessible complaints procedure in place and a copy was given to people when they started using the service. Their complaints policy was a three stage process which gave the option for minor issues to be resolved immediately whereas if people were not happy with the response at stage one, they could escalate it to stage two to be dealt with at a more formal level. If people were still unhappy their stage three process gave contact details for the local ombudsman, social services and the Care Quality Commission. There had been two complaints in the past 12 months and we saw that they had both been resolved. We saw evidence that concerns were taken seriously and the matters were addressed. The registered manager told us that they always encouraged people to let them know if they had any concerns and wanted people to feel comfortable to raise any kind of concern. They added, "We tell people that complaints will always be addressed because people need to feel comfortable in their own home and feel respected."

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed he had been formally registered with the Care Quality Commission (CQC) since November 2011. He was present on both days we visited the office and assisted with the inspection, along with the care manager.

We saw records during our inspection about an allegation of neglect which should have been reported to us which had not been. We spoke to the registered manager about this who told us they thought that the incident would be notified by the hospital, as this is where the alert was raised. They showed us an audit trail of the incident and how they had contacted all the relevant agencies to give information about the incident. There was no impact on the person involved and the allegation was unsubstantiated. We reminded the provider that all safeguarding incidents should be reported to us, even if other agencies notify us as well.

People using the service and their relatives were very happy with the way the service was managed. One person told us, "The managers have good experience from their previous backgrounds which helps them how to understand and support people." Another person said, "The office is very good, somebody is always available to help, they are polite and always listen." Comments from relatives included, "When we got settled in they kept in contact with us about what is going on. I can't complain" and "They are aware of their procedures, know who we are and are always on the ball. It has been a very positive experience." Health and social care professionals told us they had built up good relationships with the managers who were always receptive to advice.

Care workers told us they felt well supported by the management team and had positive comments about the management of the service. They said if they had any problems they could contact the office and speak to any of the management team at any time of the day. One care worker told us, "I love my managers. They have helped me to improve my weaknesses and also look out for my welfare." Another care worker said, "I'm 100% confident that this company provides a great service. Whenever I call, they always sort it out. I'm proud to work for them." The registered manager told us that they had an open door policy and knew that it was important to be approachable so staff would feel comfortable coming forward with any issues. Care workers felt that the service promoted a very open and honest culture and care workers knew about the whistle-blowing policy. Even though none of the care workers we spoke with had any concerns they all said they were confident that any concerns would be dealt with straight away.

The registered manager showed us the results of their most recent satisfaction survey, which they carry out every three months. The survey covered areas such as the quality of care provided during personal care, infection control, respect for people's race, culture and religion, relationship with care workers and whether people felt comfortable in making a complaint. 10 surveys were completed and results showed that people were satisfied with the overall service. Seven out of 10 people rated it as outstanding. They also produced a quarterly newsletter that was sent out to staff, people and their relatives. It had reminders for specific religious festivals and awareness days, such as World Alzheimers Day and Mental Health Awareness week. It also had advice and guidance for staff about training programmes and top tips for care workers.

All accidents and incidents were recorded and kept at the office in people's electronic files. We saw evidence that when an incident or accident had been recorded, the relevant people had been notified and plans put in place to minimise the risk of it happening again. Each person had an electronic file where a chronology of an incident was recorded, highlighted what was discussed and with who, and what the outcome of the incident was. We saw minutes from a team meeting where a specific incident had been discussed and how all staff could learn from it, with recommendations for any future incidents that could occur. One care worker said, "At team meetings, it's good to have the opportunity to talk about how we look after people. It's important to refresh our learning." We saw samples of completed accident report sheets which included details of the incident and where necessary, completed body map charts.

The provider had internal auditing and monitoring processes in place to assess and monitor the quality of service provided. The senior management team had monthly meetings where they were able to discuss issues relating to the service. The registered manager told us that for their next meeting they wanted to involve people and their relatives to discuss issues that were important to them. We saw it advertised on the quarterly newsletter which was due to be distributed. Specific audits of people's daily log records, satisfaction surveys and spot checks were completed on a quarterly basis to check for quality of recording and if any issues had arisen. Until all people's visits were managed by the electronic monitoring system, timesheets were checked and returned on a monthly basis. The registered manager also had an annual audit for policies and procedures, supervisions, and staff training. The care manager added that once all data had been uploaded into the new system it would dramatically minimise the chance of reviews, training and supervisions being out of date because they would be alerted when they were ready to be renewed.