A New Angle Ltd

Independent Home Living (York)

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on the 22 February 2016. The inspection was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the location offices when we visited.

Independent Home Living Yok is a domiciliary care agency which is registered to provide personal care to people in their own homes. The service supports people living in York and the surrounding villages and provides assistance with personal care, domestic help and companionship. At the time of our inspection the service supported approximately 60 people although only 31 were receiving support with a regulated activity.

The service was last inspected in June 2013 at which time it was compliant with all the regulations we assessed.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that people supported by Independent Home Living (York) were safe. All staff received training in safeguarding adults from abuse and they were clear of the process and policies to follow should an allegation or any concerns be raised.

People were supported to take risks and, where any restrictions were in place to support people's safety, these had been appropriately documented and agreed.

People spoke highly of the staff and said that they generally arrived on time, although they recognised that there were occasions where staff may be running late. The agency had systems so that this could be monitored and people contacted where necessary. Recruitment checks were completed before staff commenced work so that only suitable people were employed.

People received their medication as prescribed and we saw that medication reviews were undertaken to ensure that people were receiving the medication they required.

Staff received induction and training to support them in their roles. They had access to a range of training and staff we spoke with confirmed that this supported them in carrying out their roles effectively. Staff received regular supervision and all confirmed that they received good support from the registered manager.

People were supported to make decisions and choices. Staff received training on the Mental Capacity Act 2005 and were aware of the importance of using this legislation should any decisions need to be made.

Some people told us they received support from staff with shopping, cooking and domestic tasks. They were involved in choosing what items they wanted staff to buy or what they wanted making.

People's health needs were kept under review and professional advice was sought where necessary. Staff knew and understood the people they supported, which meant that any changes in health were quickly identified and responded to.

We observed a positive warm and friendly relationship between staff and people being supported. People we spoke with provided positive feedback regarding the care they received. People were involved in discussions regarding their care and signed their agreement to their care records.

Equality and Diversity issues were considered and supported. People were provided with information about the agency when they started to use the service. People had access to external advocacy support where this was required.

Records were stored securely at the office and copies also held in people's individual homes. Staff were aware of the importance of maintaining confidentiality.

Staff demonstrated a clear understanding and gave examples of how privacy and dignity was promoted and maintained. The agency responded to people's changing needs and we saw detailed care records, which recorded how people's care should be delivered. People were involved in discussions regarding their care and signed their agreement to their care records.

People were supported to make choices and decisions and to feedback any concerns. There were appropriate complaints procedures in place should people need to raise any issues.

The agency had management systems to review and develop the service they provided. However, these systems did not reflect the changes made or record the action taken in response to people's feedback. The area manager agreed that these systems could be further developed.

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.

There were good systems in place to protect people. Staff had been trained in safeguarding vulnerable adults and knew how to report abuse. Risks to people were appropriately managed, although some risk assessments needed to be reviewed in a timelier manner.

Recruitment processes were robust and appropriate checks were completed before any staff commenced employment. There were sufficient staff to meet peoples' needs and effective contingency arrangements in place, in the event of unplanned staff absences.

Systems were in place to ensure that people received their medication safely and as prescribed by their GP.

Is the service effective?

Good

The service was effective.

Staff received appropriate induction, training and supervision to support them in their roles.

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

Some people received support with their shopping and cooking and, where necessary, staff supported people to access healthcare support.

Is the service caring?

Good

The service was caring.

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

People were supported to make decisions about the care and support they received.

People told us that they were treated with respect and staff knew the importance of maintaining people's dignity.

Is the service responsive?

Good

The service was responsive.

People had assessments and care plans in place which recorded how their needs should be met.

People told us that the agency responded to requests for change, for example change to the number of calls received or changes to timings of calls and they understood, if they had concerns, there were clear procedures in place to support them in making a complaint.

Is the service well-led?

Good

The service was well led.

Staff told us they enjoyed working for the agency and that their views and opinions were listed too.

The service had a range of systems in place to monitor and review the quality of the service, however, these systems did not always record the changes made by the registered provider in response to people's feedback.

Independent Home Living (York)

Detailed findings

Background to this inspection

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

This inspection took place on 22 February 2016 and was unannounced. The registered provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in location offices when we visited.

The inspection was carried out by two Adult Social Care Inspectors and an Expert by Experience (ExE). An ExE is someone who has personal experience of using or caring for someone who uses this type of service. The ExE supported this inspection by carrying out telephone calls to people who used the service following our office visits. Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also sought relevant information from City of York Council's safeguarding and commissioning teams. They told us they did not have any concerns about Independent Home Living York at the time of our inspection.

As part of this inspection we spoke with eighteen people using the service by telephone and visited two people in their own homes. We also spoke with two relatives to ask them their views of the service. We visited the registered provider's office and spoke with four care workers and a staff coordinator responsible for arranging rotas. We also spent time with the area manager.

We looked at three people's care records, five care worker recruitment and training files and a selection of

records used to monitor the quality of the service.

Good

Is the service safe?

Our findings

People using the service told us "I am happy with the care…I think they've been great" and "I am fine, I don't have any problems." It was clear from these and other comments that people using the service felt comfortable and safe with carers in their home.

The registered provider had policies and procedures in place to guide staff in safeguarding vulnerable adults from abuse. We noted that the printed copy of the safeguarding policy we saw was not dated. We were advised that this had been reviewed last year and that the registered provider would add the date of issue to the policy. We saw that an up to date copy of the Local Authority's multi-agency safeguarding policy and procedures was also available on file in the office for staff to refer to. All staff received training in safeguarding vulnerable adults from abuse. Staff we spoke with understood the different types of abuse that could occur and were able to explain what they would do if they had any concerns. They told us "I would report it straightaway", and "I would report it to the Care Co-ordinators at the office promptly…and they take appropriate action, such as suspending the staff member immediately if needed, or referring it to the local safeguarding team."

We reviewed records and saw that where a concern had been identified, this had been appropriately referred to the Local Authority. The service also had a whistleblowing policy. This showed us that the registered provider had a system in place to manage safeguarding concerns and protect people from abuse.

The registered provider completed assessments to identify potential risks to people using the service and staff. We reviewed care files for four people using the service and saw that in two of these files, the risk assessments contained detailed and up to date information about environmental risks, individual risks to the person using the service and any risks to staff. These risk assessments listed each risk, who was at risk, what had already been done to eliminate or reduce the risk and what further action was necessary. These assessments were appropriately completed and signed by the care co-ordinator and care supervisor. However, we noted in the other two files we reviewed, the risk assessments were in an older format and were dated February 2015. We were told that these were due to be reviewed and would be completed on the registered provider's new risk assessment template. These older version risk assessments still contained detailed information about environmental and individual risks, but we noted that one of them contained information about a health condition which was no longer relevant. This showed us that the assessment had not always been reviewed in a timely manner.

We saw that accidents and injuries were recorded and immediate action taken to keep staff and people using the service safe. We reviewed the accident and incident folder, which contained the current accident and incident log book. The folder also contained an older log book, and because this was still in the folder, a recent entry had been accidently been made in this old book. This meant that any action or learning from this incident could potentially have been missed. The area manager agreed that only one book should be used and said they would rectify this immediately.

The agency had a business continuity plan which recorded how issues such as adverse weather, illness or

power failure may impact on the delivery of care and the action to be taken by staff to address this. This was colour coded dependent on the level of risk. The plan recorded the need to communicate, assess, consider key resources and evaluate. It gave clear guidance to staff on how to manage in an emergency.

The service had a safe recruitment process. We looked at recruitment records for four staff, plus the records for someone who was currently going through the recruitment process. We saw that appropriate checks were completed prior to staff commencing work. These checks included identity checks, a health declaration, seeking two references and completing a Disclosure and Barring Service (DBS) check. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups. By completing these checks we could see that the registered provider was taking appropriate steps to ensure the suitability of workers.

We talked with the area manager and staff about the availability of sufficient staffing to meet the needs of people using the service. We were told that the registered provider completed an assessment of people's needs before delivering a service and that, where someone was funded by the Local Authority, the service also received information about the person's needs from their social care assessment, which enabled them to plan the staffing required. We were told staff rotas were planned around care packages organised in 'runs' on a geographical basis, where possible. Where there was any sickness or unplanned absences other care workers were asked to stand in, or the field supervisor also provided care if needed. Care workers also told us that any changes or messages were communicated to them from the office to their mobile phones. The registered provider used an electronic call monitoring system, so could identify promptly if a call was late or had been missed. People who used the service told us "They are only occasionally a bit late, but not more than about 10 minutes or so" and "There is a team of staff and I see some more than others, they have never not turned up and they are usually on time." This showed us that the registered provider had a system in place for ensuring there were sufficient numbers of staff to meet peoples' needs.

People told us that they received support from staff with their medicines. Comments included, "I get up at 7:15 and take my medication; they [staff] arrive between 8-9am and ask if I've taken my medicines, it's in a blister pack so I can show them I've taken it. Then on an evening they remind me to take my Warfarin as I tend to forget that one" and "They leave mum's medicines out for her to take and she's ok self-medicating if they leave it out so she can get moving in the morning."

The registered provider had a medication policy in place and staff had received training on medication management. Staff we spoke with confirmed they had received training and felt confident with administering medication. One care worker we spoke with though lacked understanding in relation to covert medication, and the issues that would need to be considered in relation to this, such as the requirements of the Mental Capacity Act. Covert medication is when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example in food or in a drink. However, we were told that no one using the service was receiving their medicines in this way.

A number of people using the service required assistance to take medication and the level of support required was detailed in their care plan. For instance, we looked at a care plan which included clear instructions to staff about the support the person required with their inhaler. We looked at Medication Administration Record (MARs) for four people who use the service. Where there were occasional gaps on these charts, we were able to identify from the person's log book (which is the record staff make of their visit), why the staff had not administered medication. For example, the person had already taken their medication before the care worker had arrived, or the person had cancelled their call that day due to a hospital appointment. We did however find one example where a medication had been discontinued and

this had not been recorded on the person's MARs, so it appeared from their MARs as if the medication had not been given. We were advised that the information about this medication ceasing was recorded on the registered provider's electronic system and so the care workers would have been notified about the change that way, but it is important that all records held are up to date and consistent so that it is clear when medication is no longer required.

We were advised that the care co-ordinator or supervisor audited MARs on a monthly basis, to check for any gaps or anomalies. Any gaps were cross referenced to the log books and electronic call monitoring system to ensure there was an appropriate explanation. Any issues identified were reported to the care co-ordinator and staff, and noted on the staff's file so that they could be addressed in quarterly appraisal meetings. Staff competency was checked on a quarterly basis, via observations conducted by the supervisor. We were shown a new specific medication competency spot check tool, which the registered provider was in the process of introducing. We were advised that the audits of individual MAR charts and the information from competency checks was used to identify training needs and address issues, but found that the registered manager did not complete any broader analysis of this information to identify trends or patterns.

A member of staff said, "I support quite a lot of people with their medication. I feel confident with this. I've worked in this industry a long time so have done training with previous companies too, and have shadowed nurses. I have also done medication training with this company."

We concluded that there were systems in place to ensure people received help and support with taking their medication at the agreed time and in a safe manner.

Good

Is the service effective?

Our findings

We asked people if they thought staff had the right skills and knowledge to carry out their roles effectively. Thirteen people said yes. Other comments included "Yes mostly, some new ones still need to learn", "On the whole yes" and "Most of them do, sometimes they come and they don't have much experience so are learning from others, but it's good that they are willing to learn."

The office staff told us that they tried to match teams of staff to people so that relationships could be developed. Most people told us that if they did not want a particular member of staff, they could tell the office staff and that this was respected. One person said "The person I didn't want to come as often doesn't after ringing the office, even though they said it may be difficult." However, one person said that they had rang the office but said the same staff member still attended.

The registered provider told us within their provider information return that the 'Business manager software exclusions allow clients to tailor the service to their specific needs i.e. this means they can choose not to have certain care workers that they feel are not a suitable match.' This was confirmed to us by office staff.

We looked at the induction, training, supervision and appraisal records for five staff. All new staff were enrolled on the Care Certificate. The Care Certificate is an identified set of standards which social care and health workers adhere to in their daily working. In addition, all new staff carried out a period of shadow shifts where they observed a more experienced member of staff carrying out their role. This gave them the opportunity to meet people before providing care and allowed them to develop their skills and knowledge. We were told that there was no time limit on this and that it was based on the individual staff member and them feeling confident in their role. A member of staff said "The training equips people to go out and deliver care."

In addition to induction training, staff were required to complete refresher training to update their skills and knowledge. We reviewed staff training files and saw that regular training was provided on safeguarding vulnerable adults, moving and handling, medication management, infection control, food, diet and nutrition, first aid and health and safety. Client specific training was also provided and this included training in dementia, learning disability and mental health. The area manager also told us that training in pressure sores, incontinence and catheter care had also previously been provided. They told us that if client specific training was required, they would access this via the Clinical Commissioning Group (CCG) or via Occupational Therapists (OT's) or District Nurses.

We were sent a copy of the Skills for Care data, which recorded training completed and highlighted any expiry dates. Training for staff was up to date and where courses were due to expire, this was highlighted on the matrix so that relevant courses could be booked.

The registered provider had a supervision and appraisal policy. We saw records of supervisions completed and the electronic system used to identify when supervisions were due. Supervisions were held every three months. A care worker told us "Yes, we have these. We talk about whether there are any problems, any

issues with clients, or any clients that we might not gel with or they don't gel with us - and discuss this. They check everything is going okay. They are on the ball with this."

We were sent a copy of the supervision spread sheet, which recorded the supervision meetings held. We saw that these were being provided every three months.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the registered provider was working within the principles of the MCA. We saw that staff completed MCA training as part of their induction and their on-going training. We saw that people using the service or their representative had been asked to sign a consent form agreeing to the care and support provided. Assessments and care plans contained information relating to people's capacity to make decisions. People using the service consistently told us that care workers sought consent and asked their permission when providing care and support. We could see that people using the service were actively involved in reviewing their package of care and care plans to make sure they were happy and agreed with the care and support provided.

We saw that care plans contained information about whether the person using the service had a power of attorney (POA). A POA is someone who is granted the legal right to make decisions, within the scope of their authority (health and welfare decisions and/or decisions about finances), on a person's behalf. It is important for care workers to be aware when a POA is in place, so that decisions are made by the right person in line with previous wishes.

We saw that people documented their consent to any care or treatment. For example, one person's care plan stated 'I like to involve my husband in decisions. My money is managed by my family.' All of the people we spoke with said that staff asked people for their consent and respected their choices.

Some people required support with eating and drinking and food preparation. We saw that people's needs in relation to food and fluid were recorded in their individual care plan. For example, one person's care plan stated 'Encourage fluids.' We observed staff encouraging a person to drink when carrying out one of the home visits. Comments from people included "I can ask them to put something in the microwave or to do some shopping" and "Some staff seem unsure what to do because Mum likes fresh food cooking like an omelette." We spoke with a member of staff who told us, "A chap I am working with wants to introduce more protein into his diet. I do some shopping for him, so before I do this we have a discussion together about the types of food he may like because it's his choice and his shopping. So I'll make suggestions about higher protein foods, such as flap jack, and ask if he likes those things. Then he chooses which of them he wants and I get them for him." They also told us about another person they supported saying "Another lady I support has intolerance to certain foods. She is quite aware of this herself, but we still her help with this by reading the labels on food for her (because she finds it hard to read them) and by letting her know if we see anything in her cupboard which is not suitable."

The registered provider told us within their provider information return that 'care plans included menu charts/fluid intake charts and body maps to help promote client wellbeing. These can be used when risks to people's nutritional welfare have been identified.'

People were supported to access health appointments where necessary and we were given examples where health professionals had been contacted as staff had identified concerns with people's health and wellbeing. Care files contained detailed information about people's medical history and current health needs. This included contact information for people's GP and other healthcare professionals involved in providing care and support.

We spoke with a member of staff and asked, 'If you thought someone needed to see their GP what would you do?' They said "I chat to the client about this, put it in their notes and usually let the office know. In some cases it would be appropriate to ring the office for further advice and to let them know. There are also occasions where I have rung the GP on the client's behalf – but I would always record this in the person's notes."

Good

Is the service caring?

Our findings

People told us they were treated with kindness and compassion by staff. Comments regarding staff were consistently positive. Comments included "The girls are grand"; "The girls are nice, friendly and patient. We can't fault them. They are usually on time and they have never, not turned up. The level of care is good." Another person told us that they had received some help with personal care, but that they were now receiving some domestic help. They said "The care was good, all fine, no issues and I would recommend them to others."

We asked people if they felt care was centred on them. Everyone confirmed that this was the case, although one person added "Yes except I seem to get the latest 'get up call'. They can come anytime between 9am and 10:45am."

People told us they were treated with kindness and respect. Comments included "Yes, they are very good", "Yes they are efficient like that", "Always, they are very nice girls", "Yes definitely" and "Oh yes they are lovely."

We also asked people if they felt staff were caring. Comments included "Yes as much as a service can be", "As much as they need to as a paid carer" and "Yes I have some lovely girls."
A staff member said, "The biggest thing I can say is that if I was considering care for a relative of mine, I would 100% recommend Independent Home Living. I would certainly be happy with any of the girls that go. They are all lovely, so I would be happy for any of them to look after my relative."

The registered provider told us within their provider information return that 'The five day induction for all new care workers, focuses on making clients well-being their priority. Communication can be made immediately by email to the smartphone provided by the company so that any changes in care, specific tasks required or hospital admissions can be reported promptly.'

We observed staff providing support to people in a kind and caring manner. Care plans were person centred and focused on 'what is important to me', 'how best to support me' and included information about people's life story so that staff knew information about their past as well as their current care needs. This helped to ensure care was 'person centred' and focused on the individual.

We asked staff, 'How do you know about any other individual needs people may have, in particular any cultural or religious needs they may have?' One staff member responded saying, "These would be in the person's care plan – all our clients have an up to date care plan. Also when we call into the office we chat amongst ourselves and find out things that way. If we were to find out something new about someone's preferences or cultural needs, we would let the office know and they would make any additions/changes to a care plan."

People told us that they were able to make choices and decisions and that their independence was promoted. One member of staff said, "If they can wash themselves, for example, I encourage this. I would

stand alongside them and offer prompts." Another staff member said "With preparing meals and washing pots for example, I would get them to do as much for themselves as possible, for instance by saying 'would you like to dry some pots if I wash them?' Independence is a big thing. We are often needed just as a backup and for someone's confidence, so making sure people are able to be as independent as they can be is a really important part of our jobs."

The agency had a 'confidentiality' policy which was signed by all staff. Information was held securely at the agency office. Staff we spoke with were aware of the importance of maintaining confidentiality and keeping information confidential.

People told us that staff were mindful about respecting people's privacy and dignity. One person said "We have no concerns about privacy and dignity." A relative said "Yes I've seen the ladies with mum" and explained how staff maintained the person's dignity.

We asked staff how they maintained people's dignity. A staff member said, "We would do this by covering people up with towels for example and not talking amongst ourselves about other clients when we're at someone's home." Also "By telling people what you are going to do before you do it. By keeping people informed and asking them how they like something to be done. Asking them and finding out what their normal routine is, for example asking them if they prefer using a flannel or sponge. Always respecting them. By asking them what they would like to wear, rather than just putting something out for them to wear without involving them in the decision. By including people and promoting their choices."

The area manager said all staff were signed up to the 'Dignity Challenge'. The Dignity Challenge focuses on what dignity in care means to individuals. One member of staff said, "We have a Dignity Tree in the office, and the leaves on it are quotes that clients have said to us about what dignity means to them. I gather these quotes from clients and pin them on the tree in the office, so that carers can see them when they come into the office. It's amazing to see the client's view of what is important and what they view as dignity – they often include basic things like being respected."

The staff working at the agency had also signed up as 'Dementia Friends.' Dementia friends is about giving more people an understanding of dementia and the small things that could make a difference to people living in their community. These initiatives helped to promote understanding and improve practice.

Good

Is the service responsive?

Our findings

All of the people we spoke with told us that they had a care plan and confirmed that a copy of this was held in their home. Comments included, "I had a care plan [Name] sorted it", "Yes I have one but it hasn't been reviewed for a while" and "I have one and it was reviewed recently."

We saw that detailed assessments were completed when people began using the service. Assessments included information about people's medical conditions, medication, family involvement, social, religious and cultural needs, personal care required, continence, sight, hearing and communication needs. The assessments were then used to form the basis of people's care plans.

Care plans provided guidance to care workers on how best to meet people's needs. Incorporated within these plans was information about people's daily routines, what was important to them, as well as personal preferences about how care and support should be provided. Care plans also contained information about people's mobility, dietary requirements and any risks associated with meeting these needs.

We were sent a copy of the care plan review matrix, which detailed when care plans and risk assessments needed to be updated. In addition office staff confirmed that regular reviews were held if people raised any concerns or if their care needs had changed. We were given an example where an individual required additional input and support from staff because issues with continence had been identified. We saw that staff had contacted the relevant professionals and had increased the number of calls so that the clients care needs could be met.

We spoke with relatives about one person who had recently increased the level of support they received. They said "We have increased the carers to four visits daily. We have been involved in discussions about the care plan, it was drawn up here. Review meetings are held."

. The registered providers had a policy in place outlining how they dealt with complaints to ensure they were received, recorded and responded to in a timely manner. We were shown a copy of the complaints and compliments folder. The last formal complaint was received in June 2014. We saw that this had been recorded, investigated and responded to. We asked how minor 'niggles' were dealt with. The care co-ordinator showed us the call monitoring system used to record any calls from clients. We saw that issues were dealt with.

People told us they felt able to raise concerns with the office. Comments included "My son or daughter would ring if there were any problem" and "Yes I have a number to ring." A staff member said "People are confident we will deal with issues. Any niggles raised by clients or staff are recorded on our computer system." Other staff told us "I would record it and let the office know" and "The client would usually phone the office, so I wouldn't tend to be the one receiving complaints. However, when I'm doing the new client assessments I always say 'on occasions you may have a carer you don't gel with and if this is the case we encourage you to ring the office. Or you could tell me, whatever your preferred means of communication is'. Clients are also given a handbook, which has the concerns and complaints information in there. This is

useful, because often they have family with them at the new client assessment, so family also get to find out about how to raise a concern too. We try to make it warm, so people feel they can approach us and that they have the space to feel comfortable. I think it's really important to leave that air of comfort."

We asked a member of staff if people's concerns were responded to. One staff member said, "Yes, they do their best to sort things out. Sometimes they can't solve everything, for instance if staff go off sick, someone might not be happy about getting a different carer, but they always do their best to try and sort things." They then went on to say "We also get sent information to our phones to help with this; every day we get messages from the office on our phones, with information we need. They keep us informed".

We saw that a number of compliments had also been recorded, which included "The service is excellent, the girls are fabulous", "Girls are marvellous, you must vet them well" and "Thanks, from relatives."

Good

Is the service well-led?

Our findings

We asked people if they were asked for their opinion of the service. Comments included "Yes definitely", "I've had a couple of visits" and "Yes I've just had my second annual review with [staff] from the office." This location is required to have a registered manager as a condition of registration. We found that there was a registered manager in post at the time of our inspection.

We asked staff if they felt that management were approachable. They told us that management were supportive and approachable. Comments included "Morale is brilliant. We have a good team and we have an open door policy so staff can pop in and out of the office when they want" and "I like making a difference. I love what I do. My manager is brilliant."

We spoke with a staff member who said "I am responsible for the day to day running and line management of staff. I ensure clients get their visits, paperwork is kept up to date and staff one to one meetings are completed."

We asked staff what they thought of the culture within the organisation. They said "I think it is extremely caring, very approachable, and very professional. Everyone will go that 110%, particularly when there may be an issue. I go out as part of my role, to do what I call a 'short-term intervention', to see the person and their family and liaise with the carers if there is an issue. For example, an individual recently was becoming confused with their medication, and I got involved to look at alternative solutions with them regarding her medication. We are 'on it' straight away when there are any issues and deal with things professionally and promptly."

We saw that a call management system was used to monitor all calls throughout the day. It highlighted if staff were late to arrive and also flagged up any required training for staff. There were no missed calls recorded on the log, although there had been some late calls. Office staff told us that wherever possible late calls were communicated to clients. We were told that travel time was built in to call visits. The system also alerted staff if care plan reviews were due.

The daily log sheets, which carers completed on each of their visits, were audited monthly and we saw that any actions were recorded. These included information about who was responsible for carrying out the action and the date it had been signed off.

We saw that spot checks were also completed; these included checks on the carer, the type of call, whether carers arrived on time, if they were wearing uniform and whether correct documentation had been completed.

We saw that questionnaires had been issued to people and their families in September 2015. Questions included: 'Do carers arrive on time?', 'Do they meet your needs?' 'How you would rate efficiency? ', 'How would you rate their ability to respond to phone calls?', 'Are your wishes taken into account?' and 'Is the care package reviewed often enough?' The feedback provided was generally positive, although some suggestions

had been made. However, there was no summary to reflect what the overall findings of the survey were or any action taken in response. We discussed this with the area manager who said that they would provide a summary for people and record any individual actions taken.

Staff told us about the on call system which was available for people out of hours. One staff member said, "We have an on-call service. People will always answer the phone even in the evening and night. There have been occasions where we have done sleep ins, so it is good that there is always someone you can ring if you have a problem, even in the night."

The agency had policies and procedures in place. Although we were told that these had been updated recently there was no review date recorded. The area manager agreed to record this.

All staff were given an employee handbook. This included the company's 'Mission statement' which listed five aims: to provide the highest standards of social, domestic and personal care, to promote a person centred approach ensuring that support provided meets or exceeds the requirements of the individual, where appropriate to liaise with and support client's family members or nominated person, to monitor and review the implementation of care, whilst continually updating our service products and regularly review national and local domiciliary care legislation.

We were told that staff meetings took place and that meeting minutes were held so that anyone not attending could see what had been discussed. Staff told us they could drop into the agency office at any time and that they were well supported.

We asked staff if managers shared any learning that had come from an incident or a complaint. One person said "Sometimes they let us know, but it depends – if it was a complaint about an individual staff member for instance they wouldn't tell other people. If it was about me, I'd be told about this first. Every 3 months we have an appraisal meeting about how things are going, so they would also tell us in this meeting if there were any problems. We can also go into the office at any time if we have any problems or want to know about anything."

Another staff member said "There are always improvements that can be made and that any company can learn from, but I've worked for lots of companies in this industry and this one is definitely one of the better ones. I have no complaints or issues with them at all."

We asked for a variety of records and documents during our inspection. Overall we found these were well maintained, easily accessible and stored securely. However we did find that some records needed updating; this included MAR charts for one person and risk assessments for another two people. The agency staff told us these would be updated following our visit.

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