Request Services Limited

Request Services Ltd

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

Overall summary

This inspection of Request Services Limited took place on 17 and 18 March 2015 and was announced. The provider was given 48 hours notice of the inspection to ensure that the people we needed to speak with were available.

Request Services Ltd is a domiciliary care agency and provides personal care and support for

people living in their own home in North East Hampshire and West Surrey. At the time of our inspection there were 66 people using the service, who had a range of physical and health care needs, supported by 176 care staff. Some people were being supported to live with dementia, whilst others were supported with specific health conditions including epilepsy, diabetes, multiple sclerosis and sensory impairments. The agency also provides what is described as complex care for people who require specific and unique support, for example people with acquired brain injuries.

The service has a registered manager. 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

Summary of findings

and associated Regulations about how the service is run. The service also has a complex care manager responsible for complex care provision, who was supervised by the registered manager.

At our previous inspection on 17 and 18 September 2014 the provider was not meeting legal requirements in relation to people's care and welfare, supporting workers and assessing and monitoring the quality of the service. Following the inspection the provider sent us an action plan and informed us they would make improvements to meet these requirements by 31 December 2014. During this inspection we found the provider had taken necessary action and the required improvements had been made.

People using the service were actively involved in making decisions about their care and were asked for their consent before being supported. Relationships between staff and people were relaxed and positive. Care staff engaged with people to identify their individual needs and what they wanted.

Comprehensive risk assessments had been completed with people and where appropriate their relatives. Where risks to people had been identified there were plans in place to manage them effectively. Staff understood the risks to people and followed guidance to manage them safely.

The service responded flexibly to people's individual wishes and changing needs and sought support from health and wellbeing specialists promptly when necessary. People's dignity and privacy were respected and supported by staff. Care staff were skilled in using individual's specific communication methods and were aware of changes in people's needs. People were encouraged to be as independent as they were able to be, as safely as possible.

People told us they trusted the staff who made them feel safe. Staff had completed safeguarding training and had access to local authority guidance. They were able to recognise if people were at risk and knew what action they should take. People also had access to guidance about safeguarding in a format that met their needs, to help them identify abuse and respond appropriately if it occurred. The registered manager had taken action when people had been identified to be at risk and learning had taken place. People were kept safe as safeguarding incidents were reported and acted upon.

The registered manager completed a daily staffing needs analysis to ensure there were sufficient staff with the necessary experience and skills to support people safely. Whenever possible senior staff worked together with people, and where required their relatives, to identify in advance when their needs and dependency were likely to increase.

Staff were encouraged to undertake additional relevant qualifications to enable them to provide people's specific and complex care effectively, and were supported with their career development.

The provider had established a training facility where care staff received thorough instruction from the provider's nurse about how to support people's unique complex care needs.

Robust recruitment procedures ensured people were supported safely by care staff with the appropriate experience, skills and character. The suitability of care staff to form caring relationships with people was assessed as part of their recruitment process. The provider frequently arranged additional care staff to that required to shadow colleagues providing complex care. This ensured that when regular care staff were unavailable the replacement care staff had previous experience of people's needs and how they preferred their support to be delivered.

Medicines were administered safely in a way people preferred, by trained staff who had their competency assessed by the nurse and provider's training specialist.

Staff had completed training on the Mental Capacity Act (MCA) 2005 during their induction process and understood their responsibilities. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to support people who do not have capacity to make a specific decision. Where people lacked the capacity to consent to their care, legal requirements had been followed by staff when decisions were made on their behalf.

The service has innovative and creative ways of training and developing care staff that makes sure they put their

Summary of findings

learning into practice to deliver outstanding care that meets people's individual complex needs. The service works in partnership with other organisations to make sure they are training staff to follow best practice.

People's needs in relation to nutrition and hydration were documented in their care plans. We observed people supported appropriately to ensure they received sufficient to eat and drink. Meals provided by care staff reflected people's dietary needs and preferences. When necessary people had been referred to appropriate health professionals for dietary advice.

We observed friendly and relaxed interaction between people and care staff. People told us that when they had a problem or were worried they felt happy to talk with any of their care staff. Whenever people had raised concerns or issues, prompt action had been taken by the registered manager to address them to their satisfaction. Where complaints were made they were investigated and actions taken in response. Complaints were analysed to identify trends and themes. Where these had been identified action had been taken to make improvements.

Staff had received training in the values of the provider as part of their induction. People, their relatives and care staff told us the service was well managed, with an open and positive culture. People and care staff told us the registered manager and complex care manager worked as a team and were very approachable, willing to listen and made any necessary changes to improve the quality of care experienced by people.

The registered manager and senior staff provided good leadership and support to the care staff. They were involved in day to day monitoring of the standards of care and support that were provided to people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were clear policies in place to protect people from abuse, and staff had a clear understanding of what to do if safeguarding concerns were identified.

Detailed risk assessments were in place to ensure people were safe within their home and when they received care and support. Risks to people were quickly identified and safely managed by staff.

There were enough staff to deliver care safely, and ensure that people's complex needs were met when regular staff were absent.

Medicines were administered safely. Where errors had occurred the provider had responded promptly to ensure people were safe.

Is the service effective?

Good

The service was effective

The service has innovative and creative ways of training and developing care staff that makes sure they put their learning into practice to deliver outstanding care that meets people's individual complex needs. The service works in partnership with other organisations to make sure they are training staff to follow best practice.

People were asked for their consent before care or support was provided and where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005.

People were supported to have adequate nutrition and hydration.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals if they had concerns about a person's health.

Is the service caring?

Good

The service was caring

People received care from friendly, kind and compassionate staff, who provided support in a respectful and sensitive way.

People were pleased with the care and support they received. They felt their individual needs were met and understood by staff. They told us that they felt they were listened to and that they mattered.

People and their relatives told us care staff provided care that ensured their privacy and dignity was respected. People were supported by staff to be independent.

Is the service responsive?

Good

The service was responsive.

People had personalised care plans which reflected their care needs, preferences and how they wished their care to be delivered. These had been updated regularly to reflect people's changing needs.

Summary of findings

Care staff were knowledgeable about the people they supported. They

were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care.

People were provided with information about how to complain. Complaints

were logged, investigated and responded to by the registered manager.

Improvements to the service were made as a result of complaints received.

Is the service well-led?

Good

The service was well led.

The registered manager provided clear and direct leadership to care staff, who understood their own roles and responsibilities.

The leadership and management of the service promoted a caring and inclusive culture. Care staff told us the management and leadership of the service was approachable and very supportive. Staff understood the provider's values and practised them in the delivery of people's care.

The manager monitored the quality of the service and took action where required to improve people's experience and drive improvements in the service.

Request Services Ltd

Detailed findings

Background to this inspection

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

This inspection took place on 17 and 18 March 2015 and was announced. We gave the provider 48 hours notice of the inspection to ensure that the people we needed to speak to were available.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had personal experience of community services.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection questionnaires were sent to people, their relatives, staff and community professionals, to seek their views of the service provided. Questionnaires were returned by 26 people, seven relatives, 31 care staff and three community professionals. We reviewed their responses to inform our planning of this inspection. We also spoke with a care commissioner and a care manager.

During the inspection we spoke with the registered manager, the complex care manager, the provider's nurse, dedicated training manager, four care coordinators, two care assessors and six care staff. We reviewed records which included 10 people's care plans, 12 staff recruitment and supervision records and other records relating to the management of the service.

We visited four people at their homes, spoke with them about their care and looked at their care records. We observed some aspects of care, such as care staff communicating with people, preparing people's meals and supporting them to move. Following the inspection we spoke with 20 people and their relatives on the telephone.

Good

Is the service safe?

Our findings

During our previous inspection in September 2014 the duration of care staff visit times were less than the time identified as a requirement to provide the necessary care. Therefore, people may not have received all of the planned care required to meet their identified needs to ensure their health, safety and welfare. We told the provider to make necessary improvements to meet legal requirements.

During this inspection we found the provider had taken the necessary action to make the required improvements. The provider now ensured that care staff visited people for the required length of time to meet their identified needs safely.

All people, relatives and community professionals who responded to our pre inspection questionnaire said people were safe and protected from any abuse or harm from care staff. All care staff who responded indicated the provider ensured their safety at work by effectively implementing their lone worker policy. All the staff who completed our questionnaire stated they knew what to do if they suspected a person was at risk of abuse or harm.

People and relatives told us people were safe because they experienced excellent continuity of care, from reliable care staff who knew them well. People and relatives told us they could speak with care staff or the office if they were worried about anything and were confident their concerns would be addressed. A relative said, “This is the best agency I have experienced, people get the same carers who are reliable, well trained and really get to know their needs.”

People were protected from the risks associated with their care and support because these risks had been identified by the provider and managed appropriately. Risk assessments were completed with the aim of keeping people safe yet supporting them to be as independent as possible. There were measures in place to facilitate people in a way which promoted their independence and kept them safe. Risk assessments were centred on the needs of the person and gave staff clear guidance to follow in order to provide the required support to keep them safe. Staff were able to demonstrate their knowledge of people’s needs and risk assessments in relation to specific health needs, communications, behaviour, sleep, medicines, pain, personal care, skin care, mobility and social contact, which was consistent with the guidance contained within people’s care plans.

People were kept safe as care staff understood their role in relation to safeguarding procedures. Records showed that since our last inspection three safeguarding incidents had been reported, recorded and investigated in accordance with the provider’s safeguarding policies and local authority guidance.

Staff had received safeguarding training and knew how to recognise and report potential signs of abuse. They described how they would deal with a safeguarding issue, including reporting issues outside of the organisation if necessary. Staff told us they had access to safeguarding polices and relevant telephone numbers to enable them to report any safeguarding concerns. Staff told us they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. Staff demonstrated clear knowledge of the provider’s whistleblowing policy and procedures.

People were safeguarded when being supported with their moving and positioning needs because staff had received appropriate training and had their competency assessed by the provider’s training specialist and nurse. The training specialist told us where people were supported with moving equipment a risk assessment identified their needs, how they should be met and any necessary training. Staff had been trained in the use of this and people’s individual support equipment. We observed staff using people’s personalised support equipment safely and in accordance with the guidance within their care plans. Where required, staff had taken action and followed incident reporting procedures, such as completing body maps where any bruising had occurred, and reporting on-going risks to relevant supervisors. Senior staff had also taken action where necessary to mitigate any risk, for example by consulting the person’s GP.

Where skin assessments identified people were at risk of experiencing pressure sores staff had received guidance about how to reduce these risks to prevent their development. During visits to people we observed that pressure relieving equipment was being used in accordance with people’s pressure area management

Good

Is the service safe?

plans. A relative told us, "Staff are very competent and know exactly how to move her safely and gently so she is not scared." The risks to people from pressure sores were managed safely.

The registered manager told us that consistency of care was crucially important for everyone they supported but particularly those with complex needs. Daily rotas confirmed that people experienced good continuity of care from regular care staff. They told us care coordinators made daily telephone calls to the most vulnerable people to confirm care staff had visited and to ascertain if there were any changes in their needs. These calls had been recorded. The registered manager told us they completed a weekly staffing analysis to ensure there were sufficient staff available to meet people's needs. They told us they would not take extra care packages if they did not have staff available to meet people's needs safely. We saw documentation which confirmed they had recently declined to provide care for two people because they did not have sufficient suitable staff to meet their needs. There were sufficient numbers of suitable staff keep people safe and meet their needs.

The provider had an on-going staff recruitment programme. Robust recruitment procedures ensured people were supported by staff with the appropriate experience and character. Staff had undergone relevant recruitment checks as part of their application and these were documented. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Suitable references confirmed the details staff had provided and proof of their satisfactory conduct in previous health and social care employment. Recruitment files showed that a thorough system was in place for pre-employment checks and the required records were available to confirm these had taken place.

People's medicines were administered safely by trained staff. Staff told us they had received medicines management training which was updated and their competency was assessed by the provider's nurse and training specialist. Training records confirmed staff had received required medicines management training. Staff told us they felt confident managing medicines and that their training had prepared them to do this. People told us that staff supported them where necessary with their medicine, in accordance with their care plan. Appropriate arrangements were in place in relation to obtaining, storing and disposing of people's medicines safely. We reviewed people's medicine administration records (MAR) and saw staff had signed to record what medicine had been administered. If a medicine was not administered, the reason for this and any action taken as a result were recorded. The registered manager reported there had been two medicines errors since our last inspection. Prompt action had been by the registered manager to ensure people were safe and ensure care staff had their competencies reassessed where required.

The complex care manager told us that good infection control practice was essential, particularly in relation to people with complex needs. People, relatives and community professionals confirmed that care staff do all they can to prevent and control infection, for example, by using hand gloves and hand gel. The provider had policies and procedures relating to hygiene and infection control. We observed care staff understood and followed this guidance. People were protected by the prevention and control of infection.

Good

Is the service effective?

Our findings

During our previous inspection in September 2014 people were cared for by staff who had not been supported to deliver care and treatment safely and to an appropriate standard. The majority of care staff had not had the opportunity to have their performance appraised and regularly monitored through supervision meetings to ensure they were delivering safe and appropriate care to people. We told the provider to make the necessary improvements to meet legal requirements.

During this inspection we found the provider had taken the necessary action to make the required improvements. The provider had ensured that all care staff had received quarterly supervisions since our last inspection, which was confirmed by care staff. Staff told us this was a positive two way process where they had an opportunity to discuss people's needs and their training requirements and career development. Most care staff had received an annual appraisal and those who had not had an appointment scheduled to complete one in the near future. Care staff appraisals and supervisions were recorded in their staff files and on the provider's computer schedule, which alerted the administrator when training updates were required. People were supported by care staff who were effectively supervised and appraised by the provider to support them to deliver care safely and to an appropriate standard.

People and relatives we spoke with were complimentary about the effectiveness of the service. A person told us, "The carers have the necessary skills, experience, aptitude and most of all the right attitude for the job." A relative of a person with complex needs told us "Their service has been exemplary. We have a large complex care package but the staff are fully trained in the specific needs and techniques. I trust them completely."

People, relatives, staff and community professionals who responded in our pre inspection questionnaires in relation to the effectiveness of the service made positive comments. All people, relatives and community professionals who responded to our pre inspection questionnaire said people received support from familiar, consistent care staff. People and relatives said their care staff had the skills and knowledge to provide the support required and completed all of the tasks in accordance with people's care plans, during each visit. All staff who responded to pre inspection questionnaires indicated the provider's training enabled them to meet people's needs, choices and preferences and the support they provided allowed people to be as independent as they could be. Community professionals indicated in their questionnaires that they would recommend the service to a member of their own family.

Staff told us they had completed the Skills for Care common induction standards which are the standards people working in adult social care need to meet before they can work safely unsupervised. This was confirmed in staff training records we looked at. New staff also worked shadow shifts with experienced senior members of staff until they felt confident to work alone. This ensured they had the appropriate knowledge and skills to support people effectively. People were cared for by staff who received an appropriate induction to their role.

Staff told us they were encouraged to enrol on the Qualifications and Credit Framework (QCF). QCF's are work based awards which replaced National Vocational Qualifications (NVQ's). They are achieved through assessment and training. Ninety two care staff had obtained an NVQ level two, whilst others were in the process of completing a QCF diploma. People received care from staff who were supported in their professional development.

The provider had creative ways of training and developing care staff that ensured they put their learning into practice to deliver care that met people's individual complex needs. The provider has recently established new training programmes using a dedicated simulation room at a local hospital which enabled staff to improve complex care skills and practice their response to different scenarios.

Staff had received the required training for the role for which they had been employed. Those subjects included: moving and handling, food safety, safeguarding, cleanliness and infection control, person centred care, dementia awareness, communication, fire safety, nutrition, medicines, first aid and tissue viability. Care staff had effective training to support them to deliver safe care to meet people's needs.

For those staff involved in complex care additional assessed training was completed. Staff had their competency assessed to deliver complex care by the provider's nurse and training specialist. Records

Good

Is the service effective?

demonstrated that care staff who failed these competency assessments were not permitted to provide complex care. Complex care included urinary catheter management, gastrostomy, use of medical equipment, tracheostomy and oral and tracheal suction techniques. Care staff told us that they felt confident that their induction and training had prepared them to effectively support people to meet their needs. Care staff had effective training to support them to deliver safe care to meet people's complex needs.

Staff communicated with people using the methods detailed in their support plans. We observed staff supporting people with limited verbal communication making choices by using their knowledge of the individual concerned. Communication plans clearly defined what decisions people could make themselves and those where they would require support, and from whom. People were given choices and asked for their permission before staff undertook any care or other activities.

People said the staff always asked for their consent before they did anything. Staff told us they had received training in the Mental Capacity Act (MCA) 2005, which records confirmed had been updated as required. Care staff were able to demonstrate an understanding of the principles of the act and described how they supported people to make decisions. The provider had a copy of the local authority guidance to support them in any formal recording of mental capacity assessments and best interest decisions. People were cared for by care staff who understood their responsibilities in relation to the MCA.

We reviewed the care records of a person who had complex needs and had been assessed as not having the capacity to make decisions about care and welfare. We noted in their records that 'best interest decisions' had been made in relation to the most appropriate care and support to meet their complex needs. We reviewed the record of a person who was being supported with an acquired brain injury. The registered manager demonstrated great pride in the support provided by care staff, which had seen an increase in the person's mental capacity. The person's increased mental capacity had been recorded and detailed decisions they could make for themselves. The provider confidently made use of the MCA to make sure people were involved in decisions so their human and legal rights were sustained.

The provider had obtained copies of people's lasting power of attorney (LPA). A LPA is a legal document that lets a person appoint one or more people, attorney's, to make decisions on their behalf. They can be in relation to health and welfare or property and financial affairs. This ensured the provider knew who was legally able to make decisions on people's behalf and in relation to what type of issues. The registered manager ensured people's attorneys were involved in people's care planning where required. People were supported by staff who understood who was legally able to make decisions on their behalf.

Care plans detailed people's specific dietary requirements, preferences and any food allergies. People were supported to eat a healthy diet of their choice by care staff who had completed training in relation to food hygiene, nutrition and hydration. Care staff knew people's food and drink preferences and were able to tell us what action they would take if they identified a person to be at risk of malnutrition. People were supported to have adequate nutrition and hydration.

Care staff recognised changes in people's needs in a timely way and promptly sought advice from health professionals. We saw examples where care staff had immediately sought advice from the provider's nurse when they had identified a change in people's needs, who then arranged support from relevant health professionals.

Good

Is the service caring?

Our findings

People and relatives said care staff were kind and compassionate and treated them and the arrangements of their household with respect. People and relatives told us the staff were calm and assured and never in a hurry. Relatives said care staff were warm and friendly and constantly demonstrated positive, caring relationships with people they supported. On person told us, "No matter how busy they are they always find time to sit and chat. They brighten my day and I really look forward to their visits." People were treated with kindness and compassion in their day to day care.

People and relatives who responded to our pre inspection questionnaires said they were happy with the care they received from care staff who were kind and caring and who always treated them with dignity and respect.

During home visits we observed relationships between people and staff, which were warm and caring. People and staff had two way conversations about topics of general interest that did not just focus on the person's support needs. We observed staff had time to spend with people and always spoke with them in an inclusive manner, enquiring about their welfare and feelings.

We observed people being treated with dignity and respect, demonstrating mutual respect and understanding. People and relatives told us people's dignity was promoted by care staff because they were treated as individuals. Care staff described how they supported people to maintain their privacy and dignity. These included taking people into their bedrooms to deliver personal care and supporting them to do what they were able to for themselves. When staff wished to discuss a confidential matter they did so in private. Records showed staff had discussed sensitive issues such as personal relationships with people to ensure they had the necessary support they required.

People and relatives told us that the registered manager and senior staff went out of their way to ensure they received a caring service .When new staff had been recruited, before they were introduced to people they would initially attend calls with existing staff. People told us if staff were not familiar with people's care needs they checked with them how they wanted their care to be provided. Relatives of people who had complex needs told us the service had improved the compatibility between care staff and the people they supported. One relative told us, "You cannot be certain how relationships will develop, but until you try someone you won't know. One particular carer has been a huge asset and has taken a lot of burden away from myself and supports my wife expertly. She I a real credit to the profession." The provider ensured care staff developed caring and positive relationships with people.

People's care was provided by staff whose caring behaviours had been assessed as part of their recruitment. The registered manager said if they had any concerns about candidate's ability to get on with people they were not offered employment, which was confirmed by records. The provider ensured compatibility by matching appropriate staff to meet people's needs. The provider arranged for new staff to visit the service to meet people before they began to support them. A relative of a younger person told us how the registered manager had ensured their loved one was allocated care staff of the same age, of the preferred gender and who had similar interests, with whom they had developed caring relationships. People's diverse needs in relation to their age, gender and disability were understood and met by care staff in a caring way.

Staff demonstrated detailed knowledge about the needs of people and had developed trusting relationships with them. They were able to tell us about the personal histories and preferences of each person they supported. Staff understood people's care plans and the events that had informed them. People's preferences about terms of address, bathing arrangements, times they liked to get up and go to bed were noted and followed.

People and relatives, where appropriate, were involved in making their decisions and planning their own care and support. If they were unable to do this, their care needs were discussed with relatives. They told us they were able to make choices about their day to day lives and care staff respected those choices. The manager told us care staff planned care with people and focused on the person's description of how they wanted their care provided. People's care plans noted their preferred method of communication and detailed what information they should give the person to support them. Staff knew about the preferences and dislikes of the people they were supporting. People's care plans reflected how they wanted their care provided.

Good

Is the service caring?

During our visits we observed people being treated with dignity and respect. People and relatives told us people's dignity was promoted by staff because they were treated as individuals, with kindness and compassion. Staff described how they supported people to maintain their privacy and dignity. These included taking people into their bedrooms to deliver personal care and supporting them to do what they were able to for themselves. When staff wished to discuss a confidential matter they did so in private. Records showed staff had discussed sensitive issues such as personal relationships and the delivery of personal care with people, to ensure they had the necessary support they required.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's confidentiality. There was a confidentiality policy which was accessible to people and care staff. Care staff were aware of the importance of maintaining confidentiality and gave examples of how they did this. Care staff told us it had been impressed upon them by the registered manager not to discuss people's care in front of others. The provider told us information about people was respected by care staff and treated confidentially.

Information on how to access an advocacy services was available for people who wished to have additional support whilst making decisions about their care.

When people were nearing the end of their life they received kind, compassionate care and care staff were supported by palliative care specialists. Palliative care is the active holistic care of patients with advanced progressive illness. We reviewed examples where the provider worked closely with health care services to support people's wish to receive palliative care at home. Where appropriate, people were given support when making decisions about their preferences for end of life care. One person told us about the support their loved one received and said, "All of the care staff showed extraordinary technical and interpersonal skills" and "showed that they were more than capable of going the extra mile. It would be hard to find any fault with the excellent combination of competence and compassion."

Good

Is the service responsive?

Our findings

People told us that they received person centred care that was responsive to their needs and that they had been involved in their care planning. One said "The nurse came to make sure they knew all about me and what I needed. Before she left I think she knew everything. It made me feel that my care was really important to her."

People who responded to our pre inspection questionnaires said the service had involved them in decision-making about their care and involved people they chose when required to support them with important decisions. People and relatives who responded also said the service responded well to complaints or concerns they had raised. Community professionals who responded to the questionnaires said the service acted on advice they had provided and had shared relevant information with them when people's needs had changed.

People's care records demonstrated their needs had been assessed prior to them being offered a service. The complex care manager told us they were provided with an initial needs and risk assessment by the commissioning authority. The provider's nurse or dedicated needs assessor then visited the person to complete initial needs and risk assessments, before the service began to support the person. The person was then be revisited after a few days, to gather feedback, make amendments and to add additional information which had been obtained from the first few days of the person's care. People then received a visit from the nurse or needs assessor after six weeks to ensure the care being delivered met their needs. Records showed people's care had been regularly reviewed.

People and their relatives, when appropriate, had been involved in planning and reviewing care on a regular basis. Relatives told us they were pleased with the way they were involved in care planning and kept informed of any changes by the service.

People were supported to have care that reflected how they would like to receive their care and support. Each person was treated as an individual. Staff got to know the person and the support they then provided was built around their unique needs. People, or where appropriate those acting on their behalf, told us their care was designed to meet their specific requirements. A relative told us they had been extremely impressed with the thorough assessment of their loved one's needs. They told us, "The nurse completed the assessment visit and then asked us to review the care plan. We identified some areas which needed fine tuning, which we then discussed and amended before it was placed in the folder." Care plans were detailed and personalised to support the person's care and treatment.

People and their relatives told us staff consistently responded to people's needs and wishes in a prompt manner. Staff were alert to people's non-verbal communication methods and identified and responded to their needs quickly. We observed staff responded immediately where required, before people became distressed. One relative of a person with complex needs said, "The carers are excellent and respond straight away if there is a problem."

Some people told us they wished to remain as independent as possible within their own home. A relative told us, "The carers know exactly how to encourage them to do what they are capable of and always allow them to do things rather than doing things for them to save time." People gave their views about their level of independence and the provider had taken these into account in their care plans.

People had a care plan which contained a record of any changes to the person's health or behaviour and the resulting changes to their risk assessments. For instance one person was provided with more support when they became anxious. Staff knew and understood the triggers for their anxiety and the measures to implement to calm and reassure them. Another person was supported with multiple seizures, which required constant monitoring and recording. We saw that where changes had occurred relevant health professionals were informed and consulted immediately. Staff provided care that was consistent but flexible to meet people's changing needs.

There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions. People said they could chat with staff if they were not happy with something. One person told us, "What sets Request apart is that the staff really do listen to you and do something about it"

Staff knew which people might be resistant to receiving care and support told us how they would know this. They

Good

Is the service responsive?

told us how they would respect people's wishes and attempt to provide their care later in the visit or arrange for other staff to provide it later, when they might be more receptive.

Feedback was sought by the provider and registered manager in various ways ranging from provider surveys, quality assurance visits and telephone calls and care staff meetings. The manager ensured this feedback was acted upon.

People had a copy of the provider's complaints procedure in a format which met their needs. This had been explained to them and, where necessary, their relatives. Care staff knew the complaints procedure but told us they dealt with small concerns as soon as they arose to prevent them escalating. Complaints and concerns formed part of the provider's quality auditing processes so that on-going learning and development of the service was achieved.

People said they felt staff listened to their ideas and concerns, which they quickly addressed. People we visited told us they had no reason to complain but would know how to if necessary. They said they were confident any complaint would be dealt with appropriately by the manager or team leaders. People and relatives knew how to make a complaint and raise any concerns about the service. They told us that staff responded well to any concerns or complaints raised.

Records showed all complaints had been recorded, investigated and where required action had been taken under the supervision of the registered manager. There had been four complaints in the previous year, which had been had been resolved to the satisfaction of the complainant. During the same period the service had received 46 written compliments containing positive comments. In relation to all complaints the manager had analysed the learning from the incident and where appropriate had addressed issues with relevant staff in supervisions. People's care had improved as learning and improvements were made as a result of complaints received.

When people moved between different services, for example whilst attending hospital, the registered manager assured they received consistent personalised care because they were accompanied by care staff and had 'hospital passports' already prepared. These 'passports' contained all the relevant information required by health professionals, including people's methods of communication and preferences.

Good

Is the service well-led?

Our findings

During our previous inspection in September 2014, the provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. The provider did not monitor the duration of care staff visits to people's homes to ensure these reconciled with the time identified as a requirement by the local authority to meet people's identified needs. We told the provider to make necessary improvements to meet legal requirements.

The provider made necessary improvements to meet legal requirements. At this inspection we found the provider had a system in place, with three levels of quality assurance, to ensure the duration of care staff visits matched the time identified by the local authority to meet people's identified needs. The registered manager demonstrated good management by reviewing care staff visits where care staff had highlighted they either required less or more time to meet people's needs. We saw documents which confirmed the registered manager had engaged in discussions with care managers to re-evaluate the times required to meet people's individual needs.

All people we spoke with during home visits or by telephone felt the service was well managed, with clear and direct leadership provided by the registered manager and senior staff. All people and relatives who responded to our pre inspection questionnaire said the provider has asked them what they thought about the service they received. In response to our questionnaire people, relatives and care staff said they would feel confident about reporting any concerns or poor practice to the registered manager. Community professionals responded to our questionnaire by saying the provider tried hard to continuously improve the quality of care and support they provide to people.

People told us the service was well managed. Community professionals said the managers were accessible, approachable and dealt effectively with any concerns. Care staff we spoke with about the values and ethos of the provider confirmed these had been discussed with them during their induction and at team meetings, which had been recorded. Care staff were aware of the values, how they impacted upon the people they cared for and demonstrated their understanding of these values through their behaviours. Staff demonstrated an understanding of the purpose of the service, the importance of people's rights and individuality, and the importance of respecting people's privacy and dignity. One care staff member said, "People's care is at the heart of everything we do and we are always striving to improve and provide the best care possible." People were cared for by staff who understood and practised the values of the service in the provision of their care.

People, relatives, care staff and community professionals told us there were positive lines of communication with the office team. A care staff member said "I have worked in other agencies where there is an 'us and them' divide between carers and the office but at Request everyone is really helpful and supportive." Staff told us they felt their contribution was valued and when they had raised concerns they had been listened to and responded to appropriately. Another member of care staff told us, "The managers make sure everyone knows it's a team effort and that everyone has an important role to play." People were supported by staff who were encouraged to raise issues.

The provider had a system for reporting, recording, and monitoring adverse incidents, which was operated effectively by the registered manager. People told us that the registered manager and complex care manager had created an open and honest culture where care staff were confident of management fairness and support if they made a mistake. Records contained relevant details about the incident and identified action taken and lessons which might be learnt to prevent a future recurrence. The registered manager took appropriate action to minimise risks to people from receiving unsafe care.

Where people were prepared to receive spot checks of their care these had been completed by senior care staff. Spot checks were field supervisions where senior care staff directly observed care staff practice. Spot checks covered aspects of the service such as staff presentation, care plans and records, moving and handling, and medicines management. If changes were required as a result of checks these were noted and any actions taken. People were asked for their views of the service they received.

There were other systems in place to drive improvement and ensure the quality of the care provided. The registered manager and the senior staff regularly undertook audits on a number of aspects of the service, including the completion of care records, medicine records, and ensuring all the correct staff recruitment documentation had been

Good

Is the service well-led?

requested and received. Care staff told us they were notified when issues were identified to be addressed. We looked at staff meeting minutes which recorded where issues had been identified these had been discussed with the wider staff group and how improvements could be made. For example, feedback following the auditing of the duration of care staff visit times and the medicine administration records. People and care staff had the opportunity to complete a quality assurance questionnaire in 2014. These had been collated and the areas highlighted for further improvement which senior staff told us they were working on. These included ensuring that staff had the opportunity to develop leadership skills.

The registered manager completed a monthly report to the provider covering areas such as complaints and compliments, safeguarding, accidents and incidents, recruitment and staffing. Records confirmed this. The monthly report ensured the provider was aware of information which impacted on the quality of the service people received and was used to inform the annual business plan. The quality of care people received was monitored.

Care staff told us how they liaised with other agencies in the provision of people's care such as social services and healthcare professionals. For example, staff had completed joint visits to people with other agencies and healthcare professionals. The provider ensured the provision of people's care was planned in partnership with other agencies where required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.