Unity Care Solutions Limited

Unity Care Solutions

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

Unity Care Solutions is a domiciliary care agency (DCA), based in Eastbourne. The office is close to the town centre and has parking spaces to the rear of the building and on local roads. It provides personal care and nursing care to people living in their own homes covering Eastbourne town and the surrounding areas. People receiving this care had varied care and support needs. This included help with personal hygiene, the administration of medicines and support in the preparation of food. Some people had memory loss and lived with dementia. Other people had mobility problems and needed assistance in moving, sometimes with the support of two staff and equipment. Some people in receipt of nursing care had complex care needs that required 24 hour nursing care.

This inspection was announced with the provider given 48 hours' notice. The inspection took place on the 12 January 2016. At the time of this inspection the DCA was providing a service to 16 people.

The DCA had a registered manager who was also the provider of the service. A registered manager is a person who has registered with the Care Quality Commission

Summary of findings

(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.

All feedback from people regarding the service and the staff was positive. They told us they felt safe with the staff who they said were well trained to do their work. One person said "The carers are all lovely, they are very friendly and are almost like members of my family and I couldn't manage to be at home without them."

Despite this positive feedback we found some areas for improvement.

All staff had undertaken training on the MCA and had an understanding of consent and people's individual rights. However we found when people lacked capacity it was not clear how consent was sought or how decisions were made in their best interest. For example capacity assessments were not recorded. The registered manager could not be assured that all people's rights had been considered in the provision of care and treatment.

Some systems for quality monitoring and assurance were not fully developed to ensure best practice was followed. This included the lack of effective auditing systems to ensure organisational procedures were being followed.

The service had good systems in place to keep people safe. Assessments of risks to people had been developed and reviewed. The service employed enough, qualified and well trained staff, to meet people's needs. Staff had a good knowledge and understanding of what constituted abuse and how to respond to any suspicion of abuse.

Staff received an induction, essential training and additional specialist training in areas where people had specialist care needs for example when people had artificial feeding or a tracheostomy.

Staff had group and one to one meetings were held regularly for staff, in order for them to discuss their role and share any information or concerns.

If needed, people were supported with their food and drink and this was monitored regularly.

The needs and choices of people had been clearly documented in their care plans. Where people's needs changed or were complex other health care professionals were involved and worked with for the best outcomes for people.

People were looked after by staff who were caring and kind and took account of people's privacy and dignity. People had their health care needs attended to with the support and guidance of additional health and social care professionals when required. People said they were happy with the care and support staff provided to them and that it met their individual needs.

The needs and choices of people had been clearly documented in their care plans. Where people's needs changed people's care and support plans were reviewed to ensure the person received the care and treatment they required.

There was an established complaints procedure that people were happy to use. Records identified that the investigation into complaints were completed in a thorough and robust way.

The registered manager and the office team provided sound leadership for staff, who found them approachable and willing to listen. The DCA had clear aims and objectives and strove to improve the service by using external resources and responding to internal and external investigations and feedback from other agencies.

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.

People and their relatives told us that they felt safe with the staff that supported them. Staff ensured that people's care calls were covered with appropriate staff.

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

Risk assessments were completed to ensure people and staff were safe within their home.

A recruitment procedure was in place in order to recruit new staff.

There were systems in place to manage people's medicine safely.

Is the service effective?

Requires improvement

The service was not always effective.

Staff had a basic understanding of consent and ensured people were provided with choice. However when people lacked capacity it was not clear how consent was sought or how decisions were made in their best interest.

Staff had effective support, induction and training to support them in their designated roles.

Staff knew people well and were matched to ensure they met people's needs and preferences.

Care staff understood people's health and care needs and responded to these when they changed.

Where required, staff supported people to eat and drink and maintain a healthy diet.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness, and respect.

People were happy with the care and support they received. They felt their individual needs were met and understood by staff.

They told us they felt they were listened to and their views and preferences taken into account.

People and staff were able to give us examples of how people's dignity was respected.

Summary of findings

They were also able to explain the importance of confidentiality, so that people's privacy was protected.

Is the service responsive?
The service was responsive.

People told us they were involved in planning the care and support provided and changing needs were responded to.

People's choices were respected and supported.

There was a complaints procedure and people felt comfortable raising any concerns or making a complaint.

Good

Is the service well-led?
Some aspects of the service were not well-led.

Some systems for quality monitoring and assurance were not fully developed to ensure best practice was followed.

The management and leadership of the service was approachable and supportive. There was a clear vision and values for the service. Staff understood their roles and lines of accountability.

Statutory notifications had been consistently submitted to the Care Quality Commission.

The registered manager responded positively to feedback and used this to improve the service

Requires improvement

Unity Care Solutions

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.

We carried out this inspection on 12 January 2016 and it was announced. The provider was given 48 hour notice. Notice was provided to ensure relevant people were in the office to facilitate the inspection process. The inspection was undertaken an 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 inspection included a visit to the main office that was the registered location and telephone contact with people who used the service and staff working for the DCA.

Before our inspection we reviewed the information we held about the DCA, which included previous inspection reports, safeguarding alerts, associated investigations undertaken by the local authority and notifications received. A notification is information about important events which the service is required to send us by law. The provider also 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.

Following the inspection visit we spoke with the Local Authority Contracting Team and the commissioners for Continuing Health Care, both are responsibie for monitoring the quality and safety of the service provided to funded people. We also spoke with a health care professional who had recent experience of working with staff from the DCA.

On the day of the office visit we spoke to the registered manager, the business manager, care co-ordinator, community assessor and a care support worker. We looked at five staff files, complaint and safeguarding records and quality review checks. We looked at staff scheduling records and systems for staff training and supervision. Six people's care files were reviewed along with a selection of policies and procedures that supported the provision of care.

Following the office visit we spoke to ten people or their relatives, with their consent, who were receiving a service, two further care support workers along with one registered nurse who provided direct care to people.

Good

Is the service safe?

Our findings

People and their relatives were positive about the service provided they felt it was delivered by staff who had time skills and were not rushed to provide the care in a safe way. People told us they had regular staff and this helped them feel comfortable and safe. Staff always arrived except when there was an emergency and people accepted that staff could be a little late as there were often problems with the traffic. One person said, "My carer is very good and because there's only two of them I have confidence that they will arrive when they are supposed to. I think they would probably phone me now to let me know if they were going to be running very late. They have certainly never not turned up at all."

The DCA had established systems completed by the office staff to ensure there were enough suitable staff to look after people who needed care and support. A weekly schedule was sent to people and to staff to ensure both were aware of what visits were to be completed by whom. Staff told us there were enough staff to ensure people got a visit from a staff member when they needed it. Staff recorded the time of each visit within the records held at each home and on their time sheets. People told us staff stayed the time they were supposed to and undertook their work in an unrushed manner. The schedules confirmed that staff were allocated time between each visit to allow for travelling. The office staff knew where staff and people lived and had the information to organise work in an emergency situation for example in the event of severe weather conditions. People told us when staff were changed they were usually notified by the office. These changes were made in response to staff sickness and holidays. Short notice cancellations and changes were now being covered by contracted senior care staff. This meant people received the care and support they needed at the appropriate time.

The security of people's homes was assessed and key locks were used to maintain the security when required. Staff were aware to keep this information secure. They were issued with identity badges and these were updated and renewed on a regular basis. This ensured people knew that staff were sent by the DCA and staff could confirm who they were and that they worked for the DCA. Each person's records included an environmental assessment for areas inside and outside of the home.

When people's mobility became more limited staff reported this to office staff who arranged for further review and assessment. For people with complex care needs appropriate health care professionals were involved with this process and included Occupational Therapists when necessary. For people who needed equipment to move them two staff were supplied to use the equipment safely. Staff and relatives told us that when two staff were needed on a visit this was always provided. One relative told us "Because of my sons severe condition he has to have two carers with him most of the time. They usually arrive together and certainly one carer on their own wouldn't be able to look after my son without the help of the other." The systems in place identified environmental and moving and handling risks and protected people and staff from harm.

The provider had a number of policies and procedures to ensure all staff had guidance about how to respect people's rights and keep them safe from harm. This included clear systems on protecting people from abuse. All staff confirmed that they had completed training on safeguarding people. This included the completion of questionnaire that checked their understanding. Staff were clear about their role and responsibilities and how to identify, prevent and report abuse.

One staff member told us, "I have raised concern about safeguarding to the office staff and they have followed these up with contact with social service." The registered manager and office manager described had a good understanding of the local multi-agency policies and procedures for the protection of adults. They described how they had used these in the past and worked with social services to protect people.

The DCA had a recruitment procedure and allocated staff members to process the recruitment of staff. Staff files included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) completed by the provider. There was also a system in place to update these checks every two years. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. Staff files contained information on staff employment including terms and

Good

Is the service safe?

conditions of employment. There were systems in place to ensure staff working as registered nurses had a current registration with nursing midwifery council (NMC) which confirms their right to practice as a registered nurse.

People who were supported with medicines and the application of creams all reported that the care staff provided appropriate support. One person said “The nurses are responsible for looking after my son’s medication. This is kept in a locked cabinet and they take this out and sign the drugs record each time they give him his medication." Another described how staff had worked with them to organize the safe management of medicines for their mother. "My mother gets very confused about whether she has taken her tablets or not. Each carer ensures that she has the tablets and then signs in the book to state that this is happened.”

Medicines policies and procedures meant there were systems in place to manage medicines safely. The care support workers told us they had received medication training, and they were aware of the procedures to follow in order to administer medicines safely. The registered nurses had procedures to follow. The registered manager told us staff training was being improved and competency assessments were being completed on all staff involved in the administration of medicines.

Medicine Administration Records (MAR) charts were used to confirm what medicines were to be given and staff completed these to demonstrate the medicines given. the MAR charts were returned to the office each month to be audited. This audit checked that charts were completed correctly and that the correct medicines were being administered at the correct times.

MAR charts seen were well completed and provided an accurate record of medicines administered. When staff had any questions about medicines they contacted the office who followed up on any discrepancies. One staff member told us, “I was concerned about a change in dose and so I contacted the office staff for advice.”

Requires improvement

Is the service effective?

Our findings

People and their relatives told us they liked the staff that looked after them, they felt they were well trained and dedicated to the work they did. They were confident that they knew them well and took account of their choices and preferences. People told us it was important to them that they were sent regular staff who they knew, and who knew them. We were told this was mostly the case although holiday and sickness cover did cause some problems. The DCA had taken steps to address this problem with the employment of further contracted staff to cover such issues. The DCA understood the importance of regular staff that understood people's needs and preferences and responded to this. One person told us "I am very particular how I like things done and in fact I had to ask the agency not to send one carer back to me again because she wanted to do things the way she thought they should be done. None of my other carers made any bother about the way I like things done. It's really important to me that I am in control of what happens to me."

The provider had a number of policies in place to ensure staff had guidance about how to respect people's rights and to work in accordance with the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA). Staff were aware decisions made for people who lacked capacity had to be in their best interests. The DCA was aware that capacity assessments needed to be in place but had not ensured these had been progressed by the appropriate health /social care professionals. Some people receiving personal and nursing care were said not to have capacity but there was no evidence how this decision was made. In addition there was no documentation to support some decisions that had been made in their best interest. For example, one person had bed rails in place to support their safety however there was no evidence that consent issues had been considered or that this was being provided in accordance with their best interests following discussion with appropriate representatives. This meant that people's rights may not have always been taken into account when care and treatment was planned. This was identified as an area for improvement.

People told us they were consulted about their care and were always asked for consent before any care or treatment was given. We found people signed service agreements that identified the service agreed to. It was evident where appropriate family and advocates had been involved in this process to support people. One relative said, "My sons carer's always keep up the conversation with him whilst they are looking after him and they always make sure they ask him if he is happy for them to get on and do something even though it is hard for him to communicate willingness back to them. Because they have been with him a long time they can sense when he is happy and when he is not."

There were established systems in place to provide staff with a training programme to support them in their roles and meet peoples specific care needs. Staff received essential training, which included moving and handling, medication, safeguarding, health and safety, food hygiene, and infection control. Staff told us the training provided was thorough and full. One said, "The training is very good, we all get regular training that is well organized and covers all key areas." When people had specific care needs additional training was provided to staff to ensure they had the skills necessary to provide safe care. For example when people had complex care needs that included the care of a tracheotomy or artificial feeding. One relative told us "My husband needs to have suction from time to time to clear his throat. Before we started with the agency I explained how important it was that his carers knew how to do this and were properly trained. I was impressed that the agency went straight out and trained four or five of the carers so that when they started looking after my husband they knew exactly what to do. This was such a relief to me."

All staff employed have worked within the care industry before and complete a tailored induction programme before working with the DCA unsupervised. The induction process consisted of a period of shadowing a more experienced staff member. The length of time a new staff member shadowed was based on their experience,

Is the service effective?

whether they felt they were ready, and a review of their performance. Information about their performance was obtained from the people they had supported and the staff they shadowed.

When staff allocation was changed for example when the person's regular staff member was on holiday the covering staff also completed a shadowing period in order for them to understand the needs of this person. One relative told us, "We sometimes have to have a new carer particularly to cover holidays and sickness. If this is the case, the agency will send a new carer in to have four hours induction with one of his regular carers so that they have a chance to see how my son is looked after before they come in themselves."

There were opportunities for staff to complete further accredited training such as a Diploma in Health care. One staff member told us they wanted to develop their skills with children and were being supported to complete a relevant qualification. The registered nurses also had opportunities for skill and competency development. This included updates on nursing procedures for example the changing and care of a tracheotomy and urinary catheter. One nurse told us that meetings had taken place with the management team about ensuring staff were supported in meeting the new requirements relating to nurse's continued registration. These requirements ensure registered nurses meet a certain standard in order to continue to practice.

Staff told us they felt well supported and met with senior staff to review any concerns and to monitor their progress. Supervision meetings included an opportunity for discussion and for senior staff to discuss training opportunities and review practice, an annual appraisal was also completed. In order to review practice effectively senior staff carried out 'spot checks' when they arrived unannounced to observe staff working directly with people.Supervision notes identified that staff were provided with an opportunity to discuss all aspects of their role. Staff told us these meetings were helpful and felt supported in their role. The registered manager acknowledged that the number of supervisions had fallen short of those expected over the past year and was taking action to establish an effective system.

Staff told us the relationship between people and staff was key to ensure the care met people's expectations and respond to their individual preferences. Any difficulties with forming a good relationship were responded to quickly by senior staff.

When required, staff supported people to eat and drink and maintain a healthy diet. Most people met their own nutritional needs with help from a family member. However those that required assistance said that the staff were very good at helping and supporting them with this care need. Initial assessments took account of people's nutrition and hydration needs and responded to these. This included ensuring people had a cup of tea made for them and dealing with artificial feeding regimes for those with complex care needs. All staff undertook a food hygiene course.

The DCA worked with health and social care professionals closely as part of the care and management of people with complex and changing health and care needs. For those people with complex needs links and regular contact was maintained with a range of professionals that supported the agency and family to provide safe and appropriate care. For example senior staff were liaising with an Occupational Therapist to ensure adaptations to the environment supported staff to meet one individuals personal hygiene needs safely. Staff told us the office was very good at informing and involving other health professionals if concerns were raised. This had recently included contacting a GP for a medication review.

Good

Is the service caring?

Our findings

All feedback from people was very complimentary about the staff providing the service and the way that they delivered the care and support. People also complimented the office staff who were described as friendly and helpful, with phone calls being returned promptly. People said that they were treated with dignity and respect at all times and felt comfortable with and confident in the staff who supported them. Their privacy was respected and staff promoted their independence as far as possible, and were patient in their approach. One person told us, “My carer always make's sure that she asks me if I am ready before she goes to run the water in the bath. That way the water stays warm long enough for me to get into it. There are some mornings when I am perhaps going a little slower, but then she will do some of the other jobs first so I have time to get myself ready." This demonstrated staff promoted people’s independence taking the extra time to allow them to do things for themselves.

Staff described how they treated people with respect and dignity and talked about maintaining people’s privacy. They confirmed they received training on privacy and dignity and this took account of people’s individuality. Staff were able to describe the importance of people’s rights and they were entering people’s homes as a guest only. Relatives confirmed staff took account of people’s privacy and dignity. One said, "It is very important to me that the carers respect and protect my son’s privacy. He has his own rooms in our house and the carers always ensure that they knock at the door of his room and wait for him to say come in. As his mother, I also make sure that I do this. His carers will also make sure that things like the curtains are drawn if it is getting dark before they start to undress him at night." Another talked about respecting people as individuals and said, "Although my wife has little comprehension and communication skills her carers always ensure that they talk to her explaining what it is they are doing. They always make sure that she has fresh bedding and clean clothes to wear and can usually spot when something is dirty quicker than I can."

Staff talked about spending time with people saying it was important to them to do things properly and treat people correctly. Relatives told us staff made an effort to do the extras for people with one giving an example of them doing extras that they were not asked to do. "My mother came to stay with me over Christmas and I have to say the carers definitely helped me because when I got to her house to pick her up they had already done all of her packing for me and had left me a note to that effect. I thought that was really considerate of them as it wasn't within the care plan for them to do this and nobody had asked them to, but it certainly helped me out.”

Staff took an interest in people and referred to them by their preferred name. One person told us "Whenever a new carer starts, they ask me what name I would like to be called and I always tell them that I prefer being called by my first name.” A relative talked about how a staff member treated their husband as a friend would. They said “They have a shared interest in motorsport and I have to say his carer is one of the few people who treats my husband as if he is just his friend rather than someone who has a medical condition."

Confidential information was handled appropriately by staff. The service had a policy and procedure on confidentiality and a staff signed a confidentiality agreement. Confidential records were held in the office and were locked in filing cabinets. The staff training programme included handling information, and staff had a good understanding of how they maintain confidentiality. People felt information held about them was handled appropriately. One told us "I have never heard my carers speaking about any other clients. No, never."

Good

Is the service responsive?

Our findings

People said felt they were consulted about what care they needed and in what way they wanted it provided. People knew what a care plan was and all said that they had been involved in writing it. One relative described how the care plan was first agreed. "A lady came to see us before we started having care from this agency. She explained that we would need put together a care plan that sets out everything that my husband needed doing for him. She asked us lots of questions and we were able to fill in any of the gaps once she had written it up. I know there is a copy of it here in our folder at home that the carers can look at."

Most people knew they had had a review of some type and as a result of the process, knew that the care was changed or adjusted as a result of changing needs. "My mother has a care plan and this was recently looked at when we had a review meeting following her spending some time in respite care. It was decided that we needed to increase the amount of visits she was having from one a day to three times a day. X went away and rewrote the care plan and then sent it to me so that I could say whether I was happy with it. It is now back in the folder for the carers to look out when they coming to attend to my mother."

Staff told us they had time to read the care plans and always read the care plan of any new person before they visited and this was recorded within the office records. Care staff told us they felt they had enough information about people to give the care people needed. They felt the care documentation was clear and comprehensive. 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 a personalised service.

Staff said they had enough time to spend with people and if they ever felt rushed they would raise this with the office. Staff told us the time to care for people 'properly' was important to them. One member of care staff said, "The time allocated for visits allows us a good amount of time for the care and the travel between visits." This view was supported by people with one telling us "My carer never rushes me, I'd soon tell her if she did! We like to have a chat and she usually make's sure that I have a hot drink ready for me before she leaves every day." We saw evidence the provider had liaised with families and commissioners regarding the amount of time people had with care staff to ensure needs were responded to.

People told us how staff signed in the care documentation each time they visited and this included the time of the visits. They confirmed staff always stayed the whole time they were supposed to and often offered to extra tasks to ensure people's comfort. For example, providing an extra drink before leaving. People said staff made notes in the care documentation at every visit and that other staff read these before they provided care. We reviewed people's daily care notes that had been returned to the office, these provided clear detail of the care that had been delivered whilst staff were supporting people in their own homes.

The DCA was introducing a new care plan format which focusses on a person centred approach to care. Where the new system had been used the care documentation reflected an individualised approach to care demonstrating a thorough assessment and recognition of people's diversity. For example exploring and explaining the best way to support people who have a different way of viewing the world around them.

The complaints policy gave information to people and staff on how to make a complaint, and how the service would respond. The policy was included in the information pack given to people on the commencement of a service. The policy set out the timescales that the organisation would respond in, as well as contact details for outside agencies that people could contact if they were

unhappy with the response. The information provided to people encouraged them to raise any concerns that they may have. Everyone spoken to was aware of the complaints procedure and felt confident that if they had issues these would be dealt with fairly. One person said, "I've only been with the agency about 10 months and I haven't had to complain about anything but I remember when we first met that I was shown the complaints leaflet and I know that it's in my folder if I did ever need it. I think from my experience so far they would actually listen to my concerns and do something about it."

Some people had requested certain carers not be sent back to them because of personality clashes and in every case the DCA had listened and ensured that that particular carer wasn't sent to the person again. One person told us "I

Good

Is the service responsive?

had to make a complaint about a year ago about one particular carer who I was not getting on with and who really wanted to do things her own way. I contacted the office and after I had spoken with them they said that they would ensure that she was changed for a more suitable person. I haven't seen her since."

Complaint records confirmed that these were taken seriously and responded to. For example a recent concern around the time of medicine administration were resolved with a change visits to ensure suitable time between medicines was maintained.

Requires improvement

Is the service well-led?

Our findings

Feedback received about the management of the DCA was positive. People felt the service had a good management structure, they felt they were listened to, treated as an individual and had their care needs suitably assessed and responded to. People told us they were well received whenever they spoke to any of the office staff who were helpful and were able to respond to any issues.

Whilst all feedback about the management was positive we found the leadership of the service was not effective in all areas. The quality systems and audits had not identified a number of shortfalls.

This included the lack of supporting audit systems to ensure safe and best practice was followed in all areas and that the organisational procedures were being followed. For example, there was no system to ensure staff working in the service all had appropriate checks completed. Two staff references had not included the previous employer as identified within the associated procedure.

In addition not all MAR charts for people having their medicines administered by DCA staff had been returned to the office for auditing. Therefore any possible problems or discrepancies were not being identified quickly.

We also found that for people receiving nursing care that the care documentation was not completed in a consistent way. For example, evidence of regular review including risk assessment review was not available. These areas relating to accurate records and appropriate audits were identified to the registered manager for improvement.

There was a clear management structure with identified leadership roles. Staff understood this structure and who to report to. The registered manager attended the office three days a week and was supported by a team working from the office base. This included a business manager, care co-ordinator and community assessor. The registered manager advised that a restructuring of the DCA was taking place which would include some senior staff changes to respond to the service provision. She was also looking to replace a clinical lead for the nursing provision as the current lead had retired. Staff had clear job descriptions and terms and conditions of employment.

The service had a clear set of aims and objectives which were clearly recorded within the documentation shared with people and staff. Aims of the service included a commitment to deliver personal care and/or clinical nursing in people's own home that embraces fundamental principles of good care. Staff demonstrated an understanding of the purpose of the service, the importance of people's rights and individuality, and an understood the importance of respecting people's privacy and dignity.There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Staff had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the service's whistle blowing process and that they could contact the managers or outside agencies if they had any concerns. Staff said that they felt there was an open and inclusive management style in place and they felt very well supported by the registered manager and senior staff working in the office.

The office management systems supported people and staff to maintain effective communication for the smooth running of the service. People told us they could ring the office at any time and could speak to someone who they knew. Staff felt communication with the office was effective and staff were always there for them. A 24 hour on-call service was available and covered by the office staff to ensure changes in the service provision could be responded to. One relative told us "I live some two and half hours away from my mother but the office have given me a mobile telephone number that I can contact them on 24 hours of the day and seven days of the week. It really helps knowing that I can contact someone to check how she is if the need arises."

People were also able to comment on the care provided through the completion of quality assurance questionnaires. The results of which had been collated and discussed between the managers of the service and used to inform the quality of the service provided. Feedback was also obtained through regular telephone contact with people, during the review process and 'spot checks' on staff. People felt they were able to share their views on the service and the care they received.

We found the registered manager responded to feedback and internal investigations positively and used this information to improve the service. For example a recent safeguarding investigation around medicines had been

Requires improvement

Is the service well-led?

responded to quickly with improved checking systems being implemented. A relative told us about their experience when an internal investigation was undertaken around discrepancies noted on a MAR chart. “I was kept informed throughout the process and have to say that I was very impressed with the way in which the incident had been handled. The agency really did put the paramount importance on my mother's wellbeing." The registered manager told us they engaged with an external adult social care support network which enabled the sharing of best practice and provided professional support for them. The service has also been working with an external consultant and trainer to ensure they had taken account of all relevant legislation and guidelines. The PIR confirmed improvements to quality assurance processes are to be progressed as a result of this.

Staff meetings were held on a regular basis and these were used to update staff on organisational matters and to allow general feedback and discussion around practice. These meetings were minuted and shared with staff. Staff told us they had the opportunity to share their views on the service and care through the staff meetings are in supervisions. Staff felt they were listened to and could approach the senior staff at any time. One staff member said, “Senior staff are always available and I will contact them at any time if I feel a need to.”

The registered manager understood their responsibilities and consistently notified the Care Quality Commission of significant events as per the legal requirements of the Health and Social Care Act 2008.