Northumberland County Council

South East Locality Home Care

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 24 May 2016 and was announced. A previous inspection of the service in January 2014 found there were no breaches of legal requirements.

South East Locality Homecare is a short term support service providing domiciliary care and support to people in their own homes, often following hospital discharge. It is registered to deliver personal care. At the time of the inspection the registered manager told us they supported around 70 people in the urban area of south east Northumberland. He said this number fluctuated regularly depending upon when people were discharged from hospital and referrals from primary care services.

The service had a registered manager who had been registered with the Care Quality Commission since October 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe when staff were supporting them with personal care. They told us care workers were very helpful and pleasant. Staff told us they had received training in relation to safeguarding adults and would report any concerns. Processes were in place to recruit staff and to carry out checks to ensure they were suitably experienced and were of good character to work with people who were potentially vulnerable. People told us staff attended their agreed care appointments within prescribed time slots and there were no missed appointments. A system was in place to monitor late visits and take action to avoid any delays.

The provider had in place systems to support staff out of office hours. A new call centre system had recently been introduced and this was said to be working well.

The provider had a comprehensive policy on how people should be supported with medicines and staff had received training on the safe handling of medicines. Staff had a good knowledge of the important aspects of prompting and administering medicines and records related to this activity were complete and up to date. Audits of medicine support were regularly undertaken.

People told us staff had the right skills to support their care needs. Staff said they received training and there was a system in place to ensure this was updated on a regular basis. Staff told us, and records showed there was regular supervision and annual appraisals. Staff were aware of the Mental Capacity Act 2005 and issues relating to personal choice and best interest decisions. The registered manager confirmed that no one using the service was subject to restrictions imposed by the Court of Protection.

People told us they found staff caring and supportive. They said their privacy and dignity was respected during the delivery of personal care. Staff had a clear understanding about supporting people to develop and regain their independence. Staff were able to describe how they supported people to maintain their

health and wellbeing. People said they were supported by care staff to access adequate food and drinks.

Professionals said the service was very responsive to people's needs and flexible in its approach. People's needs were assessed and care plans detailed the type of support they should receive. Care plans contained goals that people wished to achieve and these were reviewed and updated as support progressed and people's abilities improved. There had been no formal complaints and five informal concerns logged in the previous 12 months and these had been dealt with appropriately. People we spoke with told us they were happy with the care provided and they had no complaints about the service. A number of compliments had been received by the service about the support provided by staff.

The provider had in place systems to effectively manage the service and monitor quality. A range of meetings and monitoring systems were in place to ensure the service was meeting both internal quality standards and Health and Social Care Act regulations. New systems were being introduced to improve person centred care. Regular spots checks took place to review care provision, hand hygiene, medicines management and ensure people were receiving appropriate levels of care. People were also contacted to solicit their views and there was a high level of satisfaction with the service. Staff told us there were regular meetings and information was provided to ensure they were up to date about any changes in care. An electronic contact system supported care workers and allowed them to be aware of changes to people's care needs quickly, through the use of mobile technology. Records contained good detail, were up to date and stored appropriately.

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 felt safe when staff visited and supported them. Staff had received training in relation to safeguarding adults and said they would report any concerns. Risk assessments were in place regarding the risks around delivering care in people's own homes.

Appropriate recruitment systems were in place to ensure staff were suitably experienced and qualified to provide care. Staff told us there were enough staff employed by the service and there had been no missed appointments in recent months. People said staff attended on time and stayed to support them for as long as required.

Plans were in place to deal with emergency or untoward situations. People were supported effectively with their medicines.

Is the service effective?

Good

The service was effective.

People told us staff had the attributes required to support their care. Staff confirmed they received regular training and development and there was a system in place to ensure this was up to date. Staff received regular supervision and annual appraisals.

Staff were aware of the Mental Capacity Act 2005 and issues relating to personal choice. The registered manager confirmed that no one using the service was subject to restrictions imposed by the Court of Protection. People's consent was sought during care.

People told us staff supported them to access food and drink to maintain their health and well-being.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care and support they received. People said care staff were flexible in their approach to support and always pleasant.

Staff understood about maintaining people dignity during care delivery and people said that staff supported them in a respectful way.

People confirmed they were supported to maintain and improve their independence as part of the care delivered.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and care plans were in place which identified the goals people wished to achieve. Care plans and care delivery was adapted as people's needs changed.

Professionals told us the service was flexible to people's needs. Staff told us they made time for people and could extend the period they spent with them, if necessary.

There had been five formal complaints received by the provider in the last 12 months which had been dealt with appropriately. People told us they had no concerns about the service. We saw a number of compliments had been received by the service.

Is the service well-led?

Good

The service was well led.

The registered manager and senior staff undertook a range of checks to ensure people's care was monitored. People confirmed visits were undertaken by supervisors. People were asked for their views of the service through the use of questionnaires. Comments about the service were overwhelmingly positive.

Staff told us they enjoyed their jobs and felt well supported by the service supervisors and registered manager.

There were regular meetings to ensure staff were up to date about care and service issues. There were wider management meetings to discuss service issues, monitor quality and implement changes. Records were appropriate and up to date.

South East Locality Home Care

Detailed findings

Background to this inspection

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

This inspection took place on 24 May 2016 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service and we needed to be sure that someone would be present at the service offices.

The inspection team consisted of an adult social care inspector and an expert by experience (ExE), who conducted telephone interviews. An ExE is a person who has personal experience of using or caring for someone who uses this type of service.

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 information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group. We used their comments to support our planning of the inspection.

Prior to the inspection we sent questionnaires to people who used the service, relatives, staff members and other professionals who worked with the service. We asked them questions about the service and used their responses to support our inspection planning and the writing of the report. We received 14 responses from people who used the service, three responses from staff, three responses from relatives and seven responses from professionals. Additionally, we spoke with three people who used the service on the telephone to obtain their views on the care and support they received.

During the inspection we spoke with the registered manager, the operations manager, a team manager/ professional lead, a team supervisor/ acting deputy manager and four care workers. We also spoke with two professionals who worked closely with the service.

We reviewed a range of documents and records including; three care records for people who used the service, three records of staff employed by the service, training records, complaints and compliment records and accidents and incident records. We also looked at a range of records related to meetings, quality audits and the overall management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us, "They are no bother, I always feel fine with them."

The provider had in place a safeguarding policy and information regarding the safeguarding of vulnerable adults was displayed prominently on a staff notice board. The registered manager told us that there had been no safeguarding incidents within the previous 12 months. Staff told us, and records confirmed that they had received training around the protection of vulnerable adults and safeguarding. Staff said that if they had any concerns they would immediately report the matter to a supervisor or senior staff member. Information in relation to reporting any safeguarding concerns was available on staff notice boards at the provider's administrative base. Results from our pre inspection questionnaire, for both people who used the service and relatives showed that 100% of respondents felt they or their relatives were safe when using the service. This meant appropriate systems were in place to deal with any concerns regarding possible abuse of people using the service and staff were aware of how to report such matters.

Care records contained copies of risk assessments which looked at issues related to delivering care in people's homes. These covered such areas as trips and falls in the home, infection control and lone working by staff. The provider demonstrated the electronic scheduling system for logging calls. Staff logged in and out of visits, using a mobile phone and this was then registered on the provider's computer monitoring system. The registered manager told us that if a call was not logged within 60 minutes of the scheduled time then the system would alert office staff. Similarly, if a staff member did not log out of their final visit at night then the system would alert on-call staff. Call centre staff, who handled calls for the service after office hours, had clear protocols to follow if they were alerted that a staff member had not logged out following a care appointment. Electronic staff records contained information about people's mobile phones and emergency contact details, which could be accessed by on-call staff to ensure staff safety. All the staff who responded to our pre inspection questionnaire were aware of the provider's lone worker policy. This meant that risks associated with the delivery of care in people's homes were considered and processes put in place to reduce these risks.

The provider had a range of emergency plans and protocols in place to deal with any untoward situations, such as severe weather or communications systems failure. The manager described how there had been a recent incident in the service that had required one of the protocols to be utilised and how it was successfully and effectively implemented. The registered manager told us there had been no recent accidents and incidents involving people who used the service. Staff told us they could always access support and advice on the telephone, if they required it. A supervisor told us that a detailed process had been followed when out of hours support was transferred over to a call centre system, from the team supervisors. Call centre staff had been trained to deal with emergencies or concerns and clear protocols developed. The registered manager confirmed that there was always a manager on call for staff or the call centre to contact for additional guidance. The registered manager said any accidents would be recorded on the provider's electronic logging system and action take to review the circumstances, if necessary. This meant there were appropriate systems in place to deal with any urgent or emergency situations and

systems to records and deal with accidents and incidents.

The registered manager told us there were currently 48 care workers employed by the service, along with nine supervisors, two deputy managers and four administrative staff. Additionally, the service also employed nine therapists and eight technical instructors, to provide assessments of need and support the planning and delivery of care alongside care staff. The registered manager told us staff were split into two teams and they used the teams' resources flexibly to meet the demands on the service. The registered manager showed us that the number of different carers people received was regularly monitored. He said the aim was to keep the number as low as possible so that appropriate relationships could be developed. 83% of people who responded to our questionnaire said they received support from regular care staff. 85% of people said that staff always arrived on time and 100% said they stayed for the allotted time to support them. All relatives who responded confirmed that staff arrived on time and complete all allotted care tasks.

Staff we spoke with told us there were enough staff in the service to undertake the required care calls. One staff member, who responded to our questionnaire, said they sometimes arrived later and did not always have time to complete tasks. Other staff told us they did not feel rushed and described how they could extend visits if they needed more time with people, and other visits were covered by additional care staff. All staff confirmed that the provider tried to ensure there were consistent care staff to support people. This meant the provider employed sufficient staff to deliver the service safely and effectively.

The provider had in place a recruitment policy and procedure. Staff personal files indicated an appropriate recruitment process had been followed. We saw evidence of an application being made, references received, one of which was from their previous employer, Disclosure and Barring Service (DBS) checks being undertaken and proof of identity obtained. The registered manager told us that staff now had their DBS renewed every three years and that the system was electronic, meaning records could be checked on a regular basis. There was evidence that staff had followed an induction process when they first started in the service. The Registered manager told us that they were looking to recruit new staff at the current time and were in the process of planning for the future to deal with impending retirements. This meant that appropriate systems were in place for the safe and effective recruitment of staff.

Some people were supported with medicines. The registered manager told us that before accepting responsibility for supporting people with medicines they required an up to date list from the person's GP or the hospital on discharge. Hospital to home professionals confirmed that this was the case and that the safety of people was paramount for the service. We saw that where medicines were supported the assessment of care needs was specific about the type of support they required, whether this was simple prompting or help with administering medicines. A supervisor told us that when a list was received at the service it was always checked by two supervisors, to ensure that all the medicines listed had been done so correctly. They also told us that when people were supported with medicines there were weekly home visits to check that they were being supported appropriately and safely. Staff told us they had received training regarding the safe management of medicines. One staff member said they could not deal with medicines at the moment as they had not yet been fully trained. The operations manager told us that they had recently taken part in an audit by a pharmacy advisor, to check how the service complied with the provider's medicines policy. She said that any issues raised were immediately dealt with and that future training was tailored to ensure that any matters were addressed. We saw copies of the latest pharmacy review and saw that only minor issues had been noted as requiring action. People's care records contained risk assessments related to the effective management of medicines. This meant people were supported with their medicines in a safe and effective way.

Staff told us they had access to sufficient supplies of personal protective equipment (PPE), such as gloves

and aprons. People told us that staff wore this appropriately. Observation visits by supervisors ensured that staff carried out care using all necessary PPE equipment and also monitored that staff employed effective hand washing techniques. Over 90% of people who used the service and 100% of relatives confirmed that staff used PPE equipment during care delivery. This meant appropriate systems were in place to manage infection control in the service.

Good

Is the service effective?

Our findings

Staff told us they had undertaken a range of learning and records confirmed this. They told us the provider had recently introduced a new ELearning system, which meant they could schedule some learning to fit in with their own particular circumstances. Staff also told us they had face to face training in some subjects, such as fire training, in addition to the online learning modules. The registered manager said that the online training system monitored when staff undertook training programmes and would alert staff to the fact they needed to rebook or review training on a regular basis. He said the system allowed staff to schedule their own training, whilst an overview was maintained. They could also request additional training through the system. 93% of people who responded to our questionnaire said that staff had the right skills and knowledge to support them with their care. All relatives who responded said that staff had the required skills and training and this view was supported by professionals who returned our questionnaire.

Staff told us, and records showed they had access to regular supervision and appraisal. The manager showed us that a record was kept of when appraisals and supervisions took pace, to ensure they were carried out regularly. Records showed that staff were able to discuss a range of issues, both work related and personal, if they wished. Staff were also subject to regular observational visits by supervisors. Supervisors would attend people's homes at the same time as care workers and ensure that care was carried out in line with the care plans in place and the provider's own procedures. This meant staff were able to update their skills and knowledge and there was effective monitoring of training within the service.

People told us that communication with the service was good. All the people and relatives who responded to our questionnaire told us that information they received from the service was clear and easy for them to understand.

Professionals we spoke with told us the communication between them and the service was good. They said that the service always got back to them if they raised any queries. They confirmed that where possible members of the service would attend planning meetings and responded quickly with care plans or suggested interventions.

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

The service provided support in people's own homes and therefore the provisions of the MCA Deprivation of Liberty Safeguards (DoLS) were not applicable. The registered manager confirmed that no one currently using the service was under any orders from the Court of Protection. The Court of Protection is a court established under the MCA and makes decisions on financial or welfare matters for people who can't make decisions at the time they need to be made, because they may lack capacity to do so. Staff understood

about supporting people to make decisions and supporting choice. Staff who returned our questionnaires all said that they had been made aware of people's individual preferences and choices prior to delivering care and support. This meant the service respected people's choices and decisions were made in line with people's human rights.

People were supported to maintain effective health and well-being. Records showed that there was contact with other health professionals, such as GPs, and staff said they would contact other agencies or alert the office that action needed to be taken, if they were concerned about people's health. People and professionals were highly complementary about the joint working between the care and therapy elements of the service. They said that where people needed assessments, for items such as walking aids, then this was arranged quickly and people has access to this equipment very soon after they had returned home. This meant that people's health and welfare was supported by the service.

People told us that staff always asked permission before commencing any care support. People's care files contained consent forms related to the delivery of care and sharing important information with other care agencies. Staff told us they constantly checked with people that they were happy with the care they were offered. This meant people were encouraged to give explicit consent around the delivery of their care.

People told us staff supported them to access food and drink, where necessary. We saw some care plans included actions for staff to prepare meals and drinks and make sandwiches for mealtimes when no care support was being provided. We witnessed at a handover meeting that any concerns about peoples' dietary intake were discussed and passed between shifts, to ensure the situation was monitored.

Good

Is the service caring?

Our findings

People told us they were well supported by the service and thought the staff were caring and all very friendly. Comments included, "They are lovely"; "I can't fault them; they were very helpful" and "They were all very pleasant."

100% of people who responded to our questionnaire all told us that staff who supported them where caring and kind. They said they were happy with the support they received from the service. This view was fully supported by both relatives and professionals who returned questionnaires. This demonstrated that people received support in a caring manner.

People told us they had been involved in the planning of their care and professionals confirmed that staff often attended meetings with people, prior to their discharge from hospital, to both ascertain their needs and to ensure they noted individual preferences. Responses from people and relatives confirmed people were involved in important decisions and that relatives were also asked their views, as part of the support process.100% of people who responded to our questionnaire said they were effectively involved. One of the issues raised as part of a survey carried out by the service was the importance of involving relatives or friends in care decisions. We saw that the service had responded to this by emphasising to staff the need to communicate with relatives if there were any significant changes or concerns, providing the person had given permission for them to do so. 85% of people in our questionnaire said that relatives were appropriately involved in supporting care decisions. This meant people were involved in making decisions about the care and support they received.

People told us staff respected their privacy and dignity. Staff told us they knocked on people's doors before entering their homes. They talked knowledgably about maintaining people's dignity during care delivery, including ensuring people remained predominately covered at all times. One staff member told us about a specific solution they had agreed with an individual that helped reduce any embarrassment they felt when bathing.

The majority of people told us they were introduced to care workers before support was provided, so that they could establish a relationship with them. Relatives' and professional questionnaire responses all indicated that staff supported people in an appropriate and dignified manner. People also told us care was delivered in a way that maintained their dignity.

People told us they had sufficient information about the service. They told us that supervisors had called at their homes as part of a checking process and they were able to raise any queries with them. None of the people we spoke with had contacted the service's office base, but all said they knew how to, if they had any issues or questions.

People told us they were always encouraged to do as much as possible for themselves and that they appreciated the help and support they received, whilst they were returning to their previous capabilities. 100% of questionnaire responses indicated people were supported to be independent. Staff talked in detail

about the remit of the service, and how the primary role was to develop and enhance people's independence. The registered manager told us about one person, who had previously resided in a care home. He said that the person had initially returned home on a trial basis, to see how they would cope. He said that, with support, the person had come on considerably and there had been a dramatic improvement in their abilities and independence, allowing them to continue to live in the community. This meant the service supported people to maintain and develop their independence.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their individual needs and any changes in their care were always made with their agreement.

People received an assessment of their needs before they received care from the service. People and professionals both said assessments were undertaken quickly to ensure they received the support they required as soon as possible. This may have taken place in hospital, prior to discharge, or immediately the person had returned home. The registered manager and professionals told us that all potential new referrals into the service were discussed at a daily multi-professional meeting. At this meeting decisions were made about how best to meet people's needs and what additional support they may require, such as access to equipment. If the short term support service was deemed not to be the most appropriate service, then alternative packages were quickly sought and put in place. Professionals said that the short term support service would often provide an interim visit until the fuller package could be established.

In addition to the daily referral meeting the service also operated an email referral mailbox. This was monitored by the service every 15 minutes and would pick up referrals as they were received. Professionals said staff would often contact them for further discussions or advice, following a referral made in this way, but said the response from the service was invariably made within a couple of hours and usually, at the very latest, the following morning. Professionals we spoke with told us this response from the service had facilitated people's early discharge from hospital. This had improved people's wellbeing, as they were able to recover in their own homes, in more relaxed and familiar surroundings, which aided their wellbeing. The operational manager highlighted the recent nationally published figures for readmissions to hospital, after people had contact with short term support services. This is a national audit which measures the percentage of people readmitted to hospital within 91 days of a previous admission. In 2015 the service overall had achieved a rating of 90.5%, meaning less than 10% of people who used the service had been readmitted within 91 days. In 2016 this figure had risen to 94.4%, meaning only around 5% had been readmitted. The service was noted to be third overall against 12 regional teams and had a percentage success rate well above the national average. This meant the service was responsive to people's needs and supported them to return home at an early stage in their recovery.

Care records included assessments covering people's health and medical conditions, communication, family and home circumstances and any particular or special requirements. For example, we saw one person's care plan indicated they may have difficulty hearing and may not be able to respond to the telephone or door bell. We saw from this assessment, and information provided via a referral form or through the multi-disciplinary meeting, that a care plan had been devised, identifying goals to be achieved and the support required. This meant an appropriate assessment of people's needs was undertaken.

The registered manager and other professionals told us about the admission avoidance service which linked with local general practitioners. This was a service that would support people in their own homes as a way of preventing their admission to hospital. Professionals were very positive about this service. The manager told us that he regularly contacted GP practices to remind them of the service and how to access it. The

registered manager told us the service had also contributed to the contingency arrangements around the recent national doctor's strikes. He said the service had reported their capacity daily and had been involved in some short term support to help prevent people being admitted to hospital during the period of the strike action.

The registered manager and a team supervisor told us about the service use of agile working. This involved supervisors carrying tablet computers on which they could immediately input assessment information. This could then be uploaded directly onto the service's computer system, avoiding lengthy delays in care information being added. The system also linked to the wider local authority records system, which meant up to date information was also available to other professionals with access, such as social workers. Information gleaned from reviews of care was also quickly updated on the system. Changes in people's care plans and care needs could also be electronically sent to care staff via a secure mobile phone system. This meant people's views and needs could be incorporated directly into the care planning process and updated information about people's care made available quickly to a range of professionals.

People had care plans that were person centred and had goals, identified jointly with them, that supported them to become independent in each area. These included supporting people with medicines, washing and dressing and support with meals and drinks. We saw care plans and care delivery was reviewed on a regular basis. A supervisor told us that review visits were undertaken weekly, if medicine assistance was involved, and at least two weekly in all other circumstances. We saw in one person's care plan they had been initially assessed as requiring one visit a day for support. However, this support had been quickly increased to two and then four visits a day, within the space of five days, as further needs were identified. This meant the service was responsive to people's changing care needs.

The registered manager and staff demonstrated the service's electronic scheduling tool that was used to plan visits. The system could be programmed with full information about people's needs and situation. The number of required support visits and their length was then programmed into the system and this information was then transferred onto a live diary system. Office staff were then able to allocate care staff to the care visit. The system kept a track of which care staff had already provided support, so that they could be reallocated, to provide a consistent care team, where possible. Information about any changes in people's care needs were added to the system, such as if a person cancelled a visit, and this information could be electronically sent to care staff via the secure phone system. Additional care visits could also be added to the system in the same way. The system would also highlight any missed or late visits, although there had been no recent missed visits. This meant the service could immediately update the system to respond to people's changing care needs.

Staff told us that people were not given a specific time for appointments but a window when someone would call, such as early morning or late morning. They said this allowed them to be flexible when supporting people and that if someone needed extra time with their care they could give them the required support. The registered manager said important tasks, such as supporting people to take their medicines, were always prioritised, but as the service was a reablement service it was important to give people time and support them to develop their abilities and to complete as much of their own care as possible. He told us, "Part of the role of the service is to give people time to complete tasks; not rushing off to the next appointment." Some people told us not having a specific call time could be frustrating, but the majority of people were happy with this approach.

A daily handover meeting took place between the afternoon and the morning shift staff. This provided an opportunity for staff to pass on important information about people's needs and also to update the office staff on any concerns or matters. We sat in on this meeting and found it was a useful tool to ensure care was

up to date. Staff were able to pass on any information or concerns. This included people potentially not eating well, not drinking, going to hospital appointments and so were liable to late back, or going to visit relatives. Staff also discussed how people were improving and debated with a member of the supervisory staff whether a reassessment and potential reduction in visits was required. Information from this meeting was then promptly added to individual care records, to ensure they were up to date. This meant there was good exchange of information between staff to provide immediate changes in people's care and ensure that care records were updated.

The provider had a complaints policy in place and information about how to raise a complaint was provided in people's care record folders. Everyone who responded to our questionnaire, both people and relatives, said they knew who to contact if they had any concerns. All relatives said any concerns were responded to and had been dealt with appropriately. 83% of people who responded said that any concerns were dealt with fully. Records showed there had been no formal complaints and five informal concerns in 2015 and a further five informal concerns logged in 2016, to date. We saw that the nature of the concern had been noted, an investigation undertaken and a response given, including a note of any remedial actions or changes to how the service operated. All complaints/ concerns were countersigned by the operations manager to confirm they had been dealt with appropriately. We were aware that one person's MP had approached the provider about a care issue and this had been responded to in a timely and appropriate fashion. The registered manager told us he often went to see people who had raised a complaint personally with the outcome of the investigations, as he felt this was a more personal and responsive approach. This meant the provider responded to complaints and concerns in a timely and appropriate manner.

The service had received 15 formal compliments since the start of 2016. These highlighted the flexibility of the service and the caring and responsive nature of the care staff.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed he had been formally registered with the Care Quality Commission since October 2010. He was present on the day we visited the service and supported us during the inspection.

Staff told us they felt well supported by the management structures in place. They said that if they had any problems they could contact the office and speak to a supervisor. They said they could also seek advice and support through an on call system or, if necessary, the social care emergency duty team. One staff member told us that the new call centre support model was much better and described it as, "brilliant." All staff and professionals, who responded to our questionnaire, said that managers were accessible, approachable and responded positively to any issues or concerns. This meant appropriate management and support systems were in place.

Staff told us they felt settled in their roles and enjoyed working for the service. One staff member told us they found the job interesting, enjoyed meeting different people and helping them achieve their goals. Another staff member told us, "I like helping people and seeing how they progress. I also enjoy the training we do."

There were daily handover meetings and these could be used to update staff on any changes at the service, as well as care issues. Staff were also advised at this meeting on any compliments recently received. The manager told us about potential changes to the location of the service. He told us that there had been consultation meetings with staff about the changes, to pass on information, but also for them to raise any concerns. He said that the process was being supported by the provider's HR department and a range of flexible options were being offered, including flexible working. All staff had also been offered an individual meeting opportunity to discuss any personal concerns. We noted an application to add a location had been made to the CQC.

The registered manager told us that on the back of some of the consultation work over the proposed change of location, work was also being undertaken on a staff satisfaction questionnaire; to help monitor staff satisfaction with their role and also to help them become more involved in service development. He told us about a quality event where a range of staff had come together to look at what "Good" and "Outstanding" services looked like. He said it had been an opportunity for staff to meet and share ideas, identify their own unique contribution to the service and also to talk about how their colleagues supported them and the service in general. We saw a range of information from this quality day about how people contributed to the delivery of care for the service. This meant processes were in place to involve staff in development and decisions and demonstrated a culture of openness and transparency.

The registered manager demonstrated that a range of quality monitoring and audits were in place. These included medicine audits by a pharmacy team, reviews of care documentation to ensure it was up to date, including areas such as valid consent. There was also a process to consider lessons learnt from recent complaints. One recent review had highlighted some contacts with people were not always recorded on files. This was being followed up with staff to ensure future contacts were noted for reference. The service

was also subject to a range of quality monitoring processes by the provider, with regular updates about performance against key criteria. For example, mandatory training was at 85.5% completion level, 95 % of annual appraisals had been undertaken and 92% of staff subject to a hand hygiene audit had passed successfully first time.

In addition to the quality monitoring systems specific to the service, the manager told us there were also wider meetings to bench mark the service and wider provision of short term care. He told us, and documents confirmed that management looked at key CQC outcomes and they discussed approaches to achieving or developing these areas. This group also examined issues such as medicine errors, or any untoward incidents, and looked at lessons learned and future prevention systems. Managers also shared ideas for improvement. There was also a 'CQC compliance meeting' which involved a range of service areas, where managers where held to account to ensure compliance with CQC essential standards. The registered manager told us that he was also part of a regional group of managers for short term support, who were meeting to share wider ideas and information. This meant there were systems in place to monitor the quality of the service and to bench mark the service against wider services or national information.

The operations manager and team manager also talked about how lessons learned from other inspections were being taken forward. The operations manager talked about work they had undertaken to improve care plans so that they were more person-centred and how this had resulted in the development of a range of 12 standards by which they could measure the care provided. She said that audits of care and care records where going to be undertaken to look at how services complied with these internal standards and how there could be a change in culture and mind set, to make person centred care a key issue. The team manager told us about work being undertaken on outcome measures, where people were asked to rate their abilities at the start of the service's involvement and at the end of the care package. This not only provided a very personal picture of how people had improved, but also helped demonstrate how the service had supported people back to independence.

The operations manager showed us the provider's action plan for all short term support services. She said this was developed centrally each year, taking into account quality information. She said there were regular reviews of progress of the action plan. Objectives set out in the action plan included a training needs analysis for the service, monitoring and developing appraisals and gathering evidence of improvements in person centred planning. This meant there were systems in place to question practice and learn lessons from past reviews.

The registered manager explained that the service had staff from both the local authority and the local acute health Trust. He said that because of this the service participated in the Trust's user satisfaction survey termed, "Two minutes of your time". This was a brief survey that looked at people's perceptions of services they had recently used. Areas surveyed included whether people felt they were treated with dignity, felt involved in care, were satisfied with the services and felt confident in staff skills. For the period September 2015 to December 2015 63 people who used the short term support service had replied. We saw all areas surveyed had satisfaction rates above 90%; with 99% of people indicating they were treated with dignity and 98% saying they were satisfied with the service.

The registered manager told us that although the "Two minutes of your time" survey was useful they felt it wasn't always appropriate for the type of service provided. He told us that the service had initiated their own user satisfaction survey, with around 1000 people who had used the service in the past being sent questionnaires and a number of people approached for face to face interviews. We saw that 96% of people contacted were satisfied with the service and 97% were satisfied with the information provided. The registered manager told us there had also been a "You said – We did" plan, where the service mapped out

how they would respond to key issues. For example, people had said it was important for their relatives to be involved and informed about their care and progress. Work had been undertaken to remind staff to communicate with people's family, where permission had been given. This meant there were systems in place to gather the views of people who used the service and where necessary take action to further improve provision.

The registered manager told us that he was constantly raising the profile of the service and also linking in with community based projects to improve people's well-being overall. He said he regularly met with general practitioners to remind them about the service and was also involved in supporting local information and involvement forums, developed to support people to have improved health in older age. He said the service had contributed to events about keeping safe and aging well with dementia. He said involvement helped people know about the service but was also a further forum for feedback. This meant the service worked in partnership with other local services.

Records held by the service were up to date and stored securely. Information held electronically was maintained on a secure and protected system.