

Care at Home Services (South East) Limited

Care at Home Services

(South East) Limited -

Bexhill

Inspection report

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28 February 2017

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Ratings

Overall rating for this service	Good	
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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 between 20 and 28 February 2017. The inspection involved visits to the agency's office and telephone conversations with people, their relatives and staff. The agency was given two working days' notice of the inspection.

The agency provided 200 people with a domiciliary service, which was for approximately 1,870 hours a week. Most people were older people or people who lived with long-term medical conditions. People received a range of different support in their own homes. Some people received occasional visits, for example weekly support to enable them to have a bath. Other people needed more frequent visits, including daily visits, and visits several times a day, to support them with their personal care. This could include two care workers and the use of aids to support their mobility. Some people needed support with medicines and meal preparation. The agency also provided some people with care workers at night, including for sleeping-in duties and care workers who remained awake for some or all of the night.

Care at Home – Bexhill, supplies a service to people in the Sussex town of Bexhill, and surrounding rural areas. The provider is Care at Home Services (South East) Limited who provide domiciliary care services to people from different offices in the South East of England.

Care at Home – Bexhill had a registered manager in post. 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.

Care at Home - Bexhill was last inspected from 23 November to 21 December 2015. At that inspection, it was rated as requires improvement. The service was in breach of Regulations 12, 17 and 19 of the HSCA Regulations 2014 which relate to safe care, quality of care and recruitment of staff. Following the inspection, the provider sent us an action plan to outline how they would address these areas. At this inspection, we found the provider and registered manager had been successful in making the necessary improvements.

The provider had ensured the safety of people and others by developing its risk assessment and care planning processes. Staff we spoke with were aware of people's risks and how they were to be reduced. This included, among other areas, supporting people with moving safely and reducing their risk of pressure damage.

People's safety when taking medicines had also been ensured. Care workers now had clear information on people's medicines and accurately completed records when they had supported people in taking them.

The provider had audited its recruitment processes and ensured new staff were safely recruited, to reduce risk to people as much as possible.

The provider's systems for reviewing quality of care had been improved, to include regular audit of a wide range of areas of service provision. The opinions of both people and staff were sought, using a variety of means, and action had been taken when relevant following comments made by people and staff. Any complaints and concerns raised by people were documented and actions taken where needed.

People and staff said there were no issues about missed calls due to staff shortages. The visit rotas showed the provider had successfully reduced the number of very late or very early visits to people during the past year. The provider had also introduced systems to ensure people received improved continuity of care from the same team of care workers.

People said they were fully involved in developing their own care plans. Staff told us people's care plans gave them the information they needed to meet people's needs. Where a person's needs changed, their care plans were up-dated to reflect their current needs.

People said staff respected their wishes and supported their independence. People spoke warmly about the supportive nature of staff and how they respected their privacy and dignity. People said staff knew how to support them if they became unwell. Where people needed support with eating and drinking, they said staff were supportive and flexible.

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's risk assessments and care plans identified relevant areas of risk and actions to be taken to reduce risk.

People were appropriately supported in taking their medicines.

Staff were recruited in a safe way

Staff were aware of how to safeguard people from risk of abuse.

People and staff said staffing levels were satisfactory.

Is the service effective?

Good 

The service was effective.

Training was provided in key areas and staff received regular supervision and spot checks. Staff were also trained in meeting people's specific needs.

Where relevant, people were assessed in accordance with the Mental Capacity Act 2005.

Staff were fully aware of how to support people in an emergency and if they showed changes in their condition.

Where people's care package included support with meals, people said they were helped in the way they needed.

Is the service caring?

Good 

The service was caring.

People said they were supported in a kind and caring way and staff respected their privacy and dignity.

People said staff supported them in being independent and sought their agreement when providing care.

People told us staff were consistently polite and supportive to

them.

Is the service responsive?

Good 

The service was responsive.

People said they were involved in developing their own care plans. Staff said people's care plans outlined the information they needed so they could meet people's individual needs.

The provider had made improvements in the timing of people's visits and continuity of care workers sent to them.

People said their concerns and complaints were appropriately responded to.

Is the service well-led?

Good 

The service was well led.

Both people and staff said the service was well-led.

The provider had identified relevant areas for action in their audits and had taken action to address any deficits.

Staff commented on the friendly and supportive approach from the managers for the agency.

Care at Home Services (South East) Limited - Bexhill

Detailed findings

Background to this inspection

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

The inspection took place between 20 and 28 February 2017. The inspection involved visits to the agency's office on 20 and 28 February 2017. Between these dates, we spoke with people, their relatives and staff on the phone. We also met with staff in the office on 20 and 28 February 2017. The provider was given two working days' notice because the location provides a domiciliary care service.

The inspection was undertaken by 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.

Before our inspection we reviewed the information we held about the agency, including previous inspection reports. The provider had sent us an information return (PIR) in which they outlined how they ensured they were meeting people's needs and their plans for the next 12 months. We reviewed the provider's information return (PIR) and responses from questionnaires sent by us to people, their relatives, staff and community professionals. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We reviewed 21 questionnaires from people and their relatives which were sent to us before the inspection.

We spoke with 17 people and/or their relatives. We reviewed 14 questionnaires from members of staff which were sent to us before the inspection. We spoke with 10 members of staff, the office manager, the registered manager and one other senior manager for the provider.

During the inspection we looked at people's records and staff recruitment, supervision and spot check records. We also looked at training records, quality audits and policies and procedures.

Is the service safe?

Our findings

At the last inspection, this agency was rated as requires improvement in relation to safety. This was because there were areas where people were not protected from risk of avoidable harm. The provider had put an action plan in place, and with the staff team, had made substantial improvements in ensuring a safe service was provided to people.

At the last inspection, we identified that all risks to people's health and safety were not being identified and appropriate action taken to reduce these risks. At that time, we identified the service was in breach of Regulation 12 of the HSCA Regulations 2014, which relates to safe care and treatment. The provider had taken action to address this matter. At this inspection, everyone we spoke with told us they feel very safe and had no concerns at all around safety. A person told us, "I feel very safe," and a person's relative told us, "We keep a very careful eye and if there were any safety problems, we would know and do something about it." A member of staff said, "Staff do as much as they can to make sure the client is safe."

We spoke with staff about how they ensured people's safety. Staff we spoke with were aware of risks to people's safety. For example, one of the care workers told us about how they knew they needed to ensure people who were not able to move independently had their pressure areas checked regularly. They knew the importance of documenting any red area on skin they observed and informing relevant persons about this. Another care worker told us about an occasion when they thought a person might have developed a urine infection. They were aware this could put the person at risk. They said they had taken a sample of the person's urine, informed their GP and relative, as well as documenting the matter and informing the office.

The office manager had reviewed all people's files since the last inspection and had ensured people had relevant risk assessments in place, this included risks of pressure damage. Where issues were identified, they took appropriate action to ensure people's safety. For example, a person's records showed when the agency started providing them with a service, they identified issues in relation to their smoke detectors. They made a referral on behalf of the person to the local fire safety officer. Another person had been supplied with bed rails by a therapist. The person's file included full information on risks to them from their use. People's care plans clearly recorded the support they needed when being moved, including any aids used. Information included the precise type of aid the person needed, how it was to be used and checks on the maintenance of the equipment.

At the last inspection, we identified the provider did not have effective systems to ensure the proper and safe management of people's medicines. At that time, we identified the service was in breach of Regulation 12 of the HSCA Regulations 2014, which relates to safe care and treatment. The provider had taken action to address this matter. People told us they were supported in the way they needed in taking their medicines. A person told us they appreciated the way, "Staff always check my medicine blister pack to make sure I've remembered to take my medicines."

Staff said they had clear records to inform them of how to support people in taking their medicines. They told us all people now had information sheets on each medicine they were taking in their folder. One care

worker described this information as, "Pretty handy." Staff knew about how to support people in different ways of taking their medicines. A care worker told us one of the people they cared for was prescribed pain patches. They knew about the importance of regularly rotating the sites for the pain patches, to ensure good uptake of the medicine and reduce risk of skin damage for the person. They also said keeping clear records was important to ensure the person was safely given their medicines, in the way they needed.

We looked at people's files. People had clear medicines administration records (MAR). These had all been fully completed by staff. Where a person was prescribed a skin cream, there were clear instructions in each person's records, including where skin creams were to be applied on their body. We spoke with one of the care coordinators. They said they had identified there needed to be clear information when people were prescribed Warfarin, because the dose could vary, depending on the person's blood test results. They had been working with people's GPs to ensure the agency had up-to-date information about any changes in dose of the medicine, so their staff had necessary information about this and people's safety was ensured.

At the last inspection, we identified the provider's recruitment procedures did not operate effectively to ensure the staff recruited were of good character, and had the qualifications, competence, skills and experience which were necessary. At that time, we identified the service was in breach of Regulation 19 of the HSCA Regulations 2014, which relates to ensuring fit and proper persons were employed. The provider had taken action to address this matter.

All of the staff files had been audited since the last inspection. All staff files now included relevant documents such proof of identify, an employment history, references and a Disclosure and Barring Service (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable adults. Where a prospective member of staff did not have recent employment in this country, relevant police checks were obtained from the country where they had been working. Where issues were identified in prospective staff's employment records, such matters were reviewed. For example, one person had significant gaps in their past employment record. The reasons for this had been discussed with the prospective employee and full records made to show why this was. All prospective staff were interviewed using an interview assessment record. This identified their strengths and any potential weaknesses. All of the prospective member of staff's interview records were fully completed.

All of the people who sent us questionnaires before the inspection reported the agency ensured they, or their relative, felt safe from abuse. When we spoke with staff during this inspection, we discussed a range of scenarios where a person might be at risk of abuse. Staff were fully aware of their responsibilities for safeguarding people. One care worker said they knew they had to, "Always report it, always." Another member of staff said, "Without a doubt the office would deal with it if I phoned any concerns through." Another member of staff said they would, "Be happy to phone social services if I needed to," if they felt the office had not taken appropriate action.

A person's records showed staff had identified some bruising on their limbs. This had been promptly reported to both social services and their GP to ensure they were safeguarded. The person's records showed how staff were now carefully monitoring and reporting on the person's bruising, which had been identified as relating to a medical condition. Staff had also identified and reported on where a person could be at risk from other people.. For example a referral had been made to social services when staff had felt a person might be at risk of financial abuse from a third party.

None of the people we spoke with reported they had ever experienced a call being missed through staff shortage. Care workers confirmed this to be the case. A care coordinator told us there were sufficient care coordinators on duty so they could go out and cover for a care worker if necessary, for example if a care

worker had needed to remain with a person where they had called an ambulance, so other people would receive the help they needed.

Is the service effective?

Our findings

At the last inspection, improvements were required to ensure people received effective care. This was because people who had specific care and support needs were not consistently supported by staff who had the training and skills to meet their needs. This had been addressed by this inspection. All of the people who completed our questionnaires before the inspection confirmed staff had the skills and knowledge to meet their needs. At this inspection, one person's relative told us, "Staff are well trained, especially the regular carers who have been around for a while."

Staff confirmed they had the training and support needed for their role. One care worker who said they had not worked in care before described their induction as, "Fantastic." They said they had shadowed experienced staff until they felt safe to work on their own. They said the period spent shadowing had been decided by them, not managers from the agency. We looked at a new employee's file. They had a recent 'spot check' on their performance shortly after they started working on their own, to ensure they felt supported. Another care worker told us they had been transferred in from another care agency. The care worker told us they had been supported in revisiting key areas of training and had also shadowed staff from this agency when they first started working for them.

Staff said they received regular training. One care worker told us, "We seem to get quite a lot of good training here," and another, "The training's definitely relevant." An experienced care worker who had started working at this agency recently, told us the training programme provided by this agency was, "Probably one of better ones." Another care worker said the training had, "Made me feel more confident," and another that their dementia care training had been, "Very useful." Staff were keen to develop their skills, an experienced care worker said to us enthusiastically, "I'm still learning." The registered manager had a training plan, so they could see which members of staff were up to date with relevant training. The provider had their own training manager for their group of agencies. Staff we spoke with said this was "A bonus."

Staff said they received supervision, annual appraisals and spot checks on their performance in people's own homes. A care worker said that they could, "Bring anything up" at supervision and, "You can be frank, you can be honest," during supervision. A care worker told us, "I've had quite a few spot checks," and, "They watch everything." A care worker who had transferred in from another agency said they had always wanted to be supported in doing National Vocational Qualifications (NVQ) but had not been able to do so before. They had brought this up during supervision and they were confident the agency would support them in gaining the qualification. A person's appraisal showed they had asked for more training, particularly in relation to customer care, and this was being progressed.

All of the staff we spoke with confirmed they had been trained in the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. The provider had introduced a

mental capacity assessment across their whole group of agencies since the last inspection. The assessment conformed with the principals of the MCA.

Some of the people the agency cared for had been assessed as lacking in capacity in some areas of their life. For example, a person's records showed they were having difficulties in taking their medicines in a safe way. An assessment of their capacity had been completed and a best interests meeting held with relevant persons, including members of their family and their GP, to ensure the person's safety. In their best interests, a decision had been taken to place their medicines in a locked container. This ensured the person could be safely given their medicines in accordance with their prescriber's instructions. Where other people needed similar restrictions, the agency had developed clear protocols about the locking away of people's medicines. Care workers understood about the importance of supporting people in making decisions when they wanted to. A person's care plan documented they were to be assisted in going to bed in the evening. One of their daily records clearly showed they had decided they did not want to go to bed one evening and care workers had respected the person's right to choose to do this.

People we spoke with said they thought the agency would take appropriate action if they were unwell and needed support. Care workers also understood their responsibilities. A care worker told us about when they had found a person had fallen over when they let themselves into their home. They said they had not moved the person. They had made sure the person was warm enough and had phoned for an ambulance and informed the office. They said they had written down what had happened in the person's records and had waited with the person, trying to comfort them, until the paramedics arrived. The agency had clear protocols about actions care workers were to take if they were unable to gain access to a person's home. Care coordinators said they were aware if they could not get into a person's home, this could indicate a medical risk for a person. One of them told us, "I would not let it be until I know the person's OK." A care worker said if a person's condition changed and they needed a referral to a healthcare professional, the office were, "Very good at getting the OT [Occupational Therapist] or others in." A person's records documented they were showing signs of confusion, which was unusual for them. Their care worker had informed the office about this, who had contacted the person's GP. The person had been prescribed an antibiotic for an infection.

Some people said the agency supported them with eating and drinking. One person told us, "They make my breakfast, lunch, hot drinks etc. They organise my shopping and are really lovely." Another person told us, "They will even cook me bacon and eggs and it's really great". People had clear information about the support they needed to eat and drink. A person's records showed they were living with hearing difficulties. Their care plan documented their favourite foods, including shepherd's pie and sausages, so care workers knew about their meal preferences. Another person had a clear care plan which directed staff during their morning call to prepare half a jug water or type of juice, depending on what the person wanted. Care workers were to check on the person's jug of fluid at the next two visits, to ensure they continued to have enough to drink. Care workers we spoke with said how useful such directions were in ensuring people had the food and drink they wanted.

Where people had specific needs about their meals, they were supported. A care coordinator told us about a person who had been seen by the speech and language therapist (SALT) due to their difficulties in swallowing. The SALT had said the person needed a fork-mashable diet, to ensure they swallowed safely. The care coordinator said they had up-dated the person's care plan and now checked regularly with the care workers who visited the person to ensure they knew about the SALT's directions, so the person ate what they needed and was not put at risk of choking.

Is the service caring?

Our findings

At the last inspection improvements were required because some people felt certain staff were not caring in their approach and also the agency did not consult on their wishes relating to gender of care workers providing personal care. At this inspection people told us these matters had been addressed.

People said they were given personal care by the gender of care worker they had asked for. The provider had introduced new assessment records when people were first provided with a service. This included a section on the preferred gender of care worker. One person told us they had been, "Very clear" about their wishes on gender preference and confirmed this was always, "Kept to." People's records were completed individually. For example a person's records documented they did not want a person of the same gender as themselves for personal care.

People said staff were caring in approach. A person told us about care workers, "All the ones I have met are all very kind and good. I have every confidence in them." Another person told us, "The willingness of the carers to go that extra mile is magic." A person had sent the agency a 'thank you' card in what they stated their care worker was, "A credit to your profession."

Everyone we spoke with told us that having a care package made an important difference to the quality of their lives. One person told us, "They are all very kind and caring. I love it when they come. They chat along with me whilst they do what they have to do. I can't walk. I'd be lost without them." One person's relative told us, "We couldn't manage without them. They wash him thoroughly and get him up and dressed. They always chat to him and ask him if it's ok to do what they have to do. They're very good." Another person's relative described the, "Wonderful help," from care workers who, "Show such care and attention," and said that care workers were, "Very courteous and professional"

All of the people who completed our questionnaire before the inspection said staff treated them with respect and dignity. This was confirmed by everyone we spoke with. One person told us, "All the carers are lovely. They treat me with dignity and respect. They are very kind to me". When we looked at people's records, they showed staff worked in a flexible way to ensure people's dignity. A person's records showed they had experienced unexpected continence difficulties. The member of staff with them, though a care worker, was in their home in a domestic role. Because of the person's continence needs, they stopped doing their domestic role and provided the care the person needed, to ensure their dignity.

All of the people who completed questionnaires said the agency helped them be as independent as they wanted to be. A person commented in their questionnaire, "We would not be managing without the support my wife receives. She would not be able to remain at home. We are generally very pleased with the quality and caring support this agency provides." Everyone we spoke with told us it was important to them to be able to stay in their own homes. One person told us, "They make a huge difference to my life; they allow me to stay in my own home." Another person told us, "They always do everything I need and they do it well and with a smile! They always talk to me and check with me as to how I am and they always check before they go to make sure that I have everything that I need." People's care plans stated staff were to support people in

being as independent as they wanted to be. A person's care plan documented the person, 'can assist with talking you through what she would like,' and that staff were to follow what the person wanted.

People told us about how they were treated as individuals, and how much this meant to them. A person told us, "They're always kind and gentle when they do things like cream my legs and put my pressure socks on. And they always make me a cup of coffee as soon as they get here. They know I like a cup of coffee then," Another person told us "Before they leave they check that I have everything I need within easy reach, things like fluid, medication. Everyone is really helpful. It means so much to me." A person's relative told us, "The carers are lovely; they make mum laugh and it means she is able to stay in her own home. That means everything to her." People's care plans reflected people's individual needs and preferences. A person's care plan documented they liked to always have their bathroom window opened after their morning call. The person's records showed care workers were doing this. A person had a range of different pets, which were important to them. Their care plan documented actions staff were to take to ensure the person could continue to have their pets around them as they wanted.

People's relatives told us they appreciated the way staff cared for them too. One person's relative told us, "They are lovely. They always ask how I am as well. And they chat to me and tell me what they're doing. I trust them with him, and I didn't think I would. I always feel that they are helping us, doing what we want and not just what they want to do." A person told us that because of the support their relative got from the agency, they could continue to be in employment, which was what they wanted and was important to both of them.

We asked care workers about how they ensured people's confidentiality was respected. Care workers were aware they must not discuss people's personal information with others, particularly where people lived in close-knit communities like warden accommodation. A care worker told us, "I try never to get into all of that" about confidentiality, "If I chat to other people there, I make it a rule to be conversational, not personal."

Is the service responsive?

Our findings

At the last inspection, improvements were required to ensure people were provided with a responsive service. The provider had taken action to ensure improvements were made.

At the last inspection people said they did not receive visits from care workers they knew, so did not receive continuity of care. A person told us this was improving, they said, "I feel safer when I get to know the carers. It's much better. Usually it is very good." Another person told us changes in care workers allocated to them, "Happen at times, not often." Another person told us, "I've only one recently who wasn't regular and that was because they were new." The office manager said since the last inspection, they had divided the agency's catchment area into three zones and the same team of staff worked across each zone. This meant people were visited by the same group of staff. Most of the care workers said they now usually cared for the same group of people. We looked at random records for visits over five days, including two weekend days, in the four week period before the inspection. These records showed people were receiving much more consistent care, from the same group of care workers, than at the last inspection.

At the last inspection, people reported the timings of their visits did not meet their needs. People said improvements were being made in this area. One person said, "I have called the office to say that I need my care at specific times or 'no later than...' and for the most part things have improved." The office manager told us after comments made by people at the last inspection, they had been trying to adapt call times to what people wanted. They were also making sure that if care workers were running late, people were informed about this. We looked at random records for visit times for five days, including two weekend days, during the four week period before the inspection. This showed the number of visits of over an hour late had significantly decreased from the last inspection and the majority of late visits were less than 20 minutes. We looked at people's records. These showed people were now being informed it they were going to have a visit later than 20 minutes. Care coordinators spoke positively about this change in approach, one of them saying positively, "It's working well".

At the last inspection, we found some people's care plans were not clear and did not outline how care workers were to meet their individual needs. The office manager said they had reviewed people's care plans to ensure improvements were made. They had also established clear processes for agreeing each person's care plan with the person and/or their relative. People said they were regularly consulted about their care plans. One person's relative told us, "The manager was very thorough at making sure the care plan was tailored to my relative's needs, we were all there together in my relative's house. I think they are very good." Another person told us they had their care plan on the wall, so all instructions were there and very visible to each care worker, which, "Makes me feel safe". Another person told us, "I know the care co-ordinator very well; they came out three weeks ago to check everything was ok. They check very regularly."

Staff told us people's care plans were clear. One care worker told us, "Most of the time the care plan tells you everything, if not I phone office – they know," and another that each person's care plan, "Absolutely tells you what to do, in lots of detail." We looked at people's care plans. They provided clear information about how the person wanted to be supported in their daily life. This included the type of personal care they wanted

and what they wanted to be encouraged to do for themselves. A person had a care plan about their changing mobility. This clearly showed how they had been supported over time, including when they were able to manage their stairs with support, when they had decided they were going to sleep downstairs, as they felt safer that way, and how they were now supported with their personal care as their bathroom was upstairs. Another person had a detailed care plan about their continence care needs, this included the type continence aid they used and where they wanted their used aids to be disposed of in their home.

People said staff followed their care plans. One person said, "They do everything that I ask them to do and it makes such a difference to my life". One person's relative said, "Having carers three times a day, and with family members helping, means he can stay at home. It makes such a difference. He wouldn't get out unless they took him". A care worker's spot check record from their line manager documented that they were, "Knowledgeable of client's needs." The office manager had introduced a folder which could be used by on-call staff about people's current key needs so they could support care workers when they may not have ready access to office computers in the evenings and weekends, so people's immediate needs could be effectively responded to.

At the last inspection, we received mixed comments about responses to complaints and concerns from the agency. At this inspection, people said their concerns and complaints were responded to and all of the people said they felt safe about complaining if they needed to do so. One person told us, "They always respond to complaints," and another, "The management team always try to put things right." One person told us they had asked not to have that a particular care worker again. They said it had been dealt with and they had not been sent that care worker again. One person's relative told us, "The people at the office are lovely and I would feel very safe phoning them if there was a problem." Another person's relative told us, "We would not feel that his safety would be compromised if we complained." A care coordinator told us they were aware they needed to, "Respect what the person says, if they want to raise issues – we have to sort it." A care worker said if they passed on issues of concern from a person to the office, "It's always looked into."

The office manager had ensured people's complaints and concerns were documented. This included verbal concerns raised by people on the phone. For example a record showed a person had complained about not being told about a change in the timing of their visit. This was investigated in an open and honest way; the outcome included an apology to the person. A person had raised concerns about a particular worker's attitude. Relevant action took place to investigate the issue, including a spot check on the care worker, to follow up on the matters raised.

Is the service well-led?

Our findings

At the last inspection, improvements were required because the provider did not have effective systems to ensure they assessed, monitored and improved the quality and safety of services. They also did not ensure they acted on feedback from relevant persons about the services provided. At that time, we identified the service was in breach of Regulation 17 of the HSCA Regulations 2014, good governance. The provider and their team had made improvements in this area and was no longer in breach of the Regulation.

People told us about improvements since the last inspection. One person's relative told us, "Changes made by the current office manager means morale has improved and the team are a more cohesive force." A member of staff told us in their questionnaire, "This current period feels like the most stable, organised and focused that I have experienced working for this agency." A member of staff commented in their appraisal, describing developments in communication which they wrote, "Has already improved a lot."

During the inspection, people also commented positively on management of the agency. One person told us, "We are very pleased with their service. They keep us totally informed and go beyond what I would expect. They always return our telephone calls and keep us informed of any changes however small." Another person told us, "I get less hours now than with the previous care provider but I much prefer Care at Home. Having good care makes such a difference to my life and it means I can stay in my own home. That means everything to me." Another person told us they were, "Very happy with the service received," and were, "Impressed" by the management of the agency.

Staff were positive about management of the agency. A member of staff who had transferred in from another agency said it was, "Certainly better here," describing the management as, "Very friendly – I think it's quite efficient." Another member of staff said, "My manager, is fantastic, approachable, flexible and extremely professional and all of the other coordinators are people that I have a great working relationship with."

The office manager had performed a wide range of audits since the last inspection. This included audits of people's assessments, care plans and medicines records. Following this, they had updated all people's files. They now performed regular spot checks on people's files to ensure their standards were maintained. Where issues were identified, they took action. For example, they had identified a person's records did not include all relevant details about the hoist they used to support them in moving about. The office manager had performed an audit of all accidents to both people and staff. Where issues were identified, their audit showed relevant action had been taken to ensure the safety of people and staff, for example, by referring a person who used specific aids back to their therapist.

The office manager had reviewed comments made by staff in meetings and taken action where relevant. For example a member of staff had raised issues in their appraisal about travelling time between visits. This had been reviewed and visit timings adjusted. Another member of staff had raised issues in their appraisal about the difficulty of daily records in their then format. The office manager had looked at ways of supporting staff and was currently introducing a new system for daily records to make them easier for staff to complete.

The registered manager had sent out questionnaires about the quality of service provision to people since the last inspection. The findings of these questionnaires had been sent to people. Where issues had been identified, such as always informing people about late calls, the office manager had taken action to address matters. Following comments from people and staff, the office manager had consolidated care provision into zones to improve continuity of care for people and reduce travel times for staff.

The provider had taken action in other relevant areas. A senior manager for the provider reported they had identified more and more people who they provided care packages to were being provided with bed rails, which was an area where they had not often provided care before. They were developing records which could be used across the group to ensure where people were provided with bed rails all people had consented to their use and there were full individual risk assessments about their use. The senior manager reported a quality manager had recently been appointed for the whole group. One of the areas they would be reviewing would be the data held in offices, for example about visit times, so they could use this data to develop performance indicators for people across the whole group.

The office manager said they were aiming to develop an open and inclusive culture in the agency, so staff felt able to report issues and ensure quality of care for people. A care worker said they would be happy to report any issues to the managers. One care worker said, "Office staff are very approachable," and another said, "They go beyond what they need to." A care worker told us about an occasion when they had not felt safe working with one particular person. They said management had taken prompt action to ensure their safety and the person was promptly referred for appropriate support. Staff supported an honest and inclusive culture. Records showed a member of staff had made a medicines error for a person. Because of the culture of the service, they had understood the importance of reporting this error, so the safety of the person was ensured, rather than acting inappropriately by not informing management of what had happened. Another person's records showed a care worker had promptly reported to the office an occasion when another care worker had not followed all of the person's care plan. This meant management could ensure the person's preferences were respected by all staff.

The office manager held regular staff meetings, so they knew of changes and developments in the agency. We looked at minutes of staff meetings and saw they were very well attended with nearly all care workers, including those who were not on duty, taking time to attend them. A care worker told us they made sure they attended staff meetings because they were, "Very useful." The office manager said the aim of meetings was for staff to, "Come to solutions together." For example care workers reported they had found access to one warden controlled accommodation was difficult, so the agency's managers had approached the managers of the building to find a solution, which suited everyone.

Staff were positive about working for the company. One care worker said, "It's a nice company to work for." Another care worker said, "It's flexible, you get lots of responsibility with hours to fit in to what I'm doing" and another, "No questions, I'd recommend a friend to work for them."